

# Benefit Summary



## MEDICARE ELIGIBLE RETIREE HIGH OPTION WITH PRESCRIPTION DRUG COVERAGE

JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
<b>LIFETIME MAXIMUM</b>	Unlimited
<b>DEDUCTIBLE AMOUNT PER CALENDAR YEAR</b> Per Individual	\$233 for Private Duty Nursing \$250 for Foreign Travel Emergency Care
<b>CHOICE OF HOSPITALS</b>	Unlimited
<b>MEDICARE PART B DEDUCTIBLE: \$233 PER CALENDAR YEAR</b>	Not Covered
<b>INPATIENT HOSPITAL FACILITY</b> Covered by Medicare Part A. Medicare covers: <b>Days 1—60:</b> All but \$1,556 <b>Days 61—90:</b> All but \$389 per day <b>Days 91—150:</b> All but \$788 per day  <i>*Days 91—150 are the 60 Lifetime Reserve Days. Medicare will cease until a new Benefit Period begins. A new Benefit Period begins after you have been out of the hospital or facility for at least 60 days. In a new Benefit Period, all Medicare Part A will renew except for the Lifetime Reserve Days.</i>	100% up to \$1,556 100% up to \$389 per day 100% up to \$788 per day  *365 additional lifetime days after Medicare Lifetime Reserve Days are exhausted  Covered at 100% of Medicare eligible expense  Must be Medically Necessary Limiting semi-private room (unless Medically Necessary) & board amount
<b>HOSPITAL OUTPATIENT/PHYSICIAN</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>SKILLED NURSING FACILITIES</b> Days 1—20: Covered by Medicare Part A Days 21—100: Covered all but \$194.50 per day Days 101 & beyond: all costs	Days 1—20: Not Covered Days 21—100: 100% up to \$194.50 per day Days 101 & beyond: Not Covered
<b>PHYSICIAN VISITS/ILLNESS</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>EMERGENCY AND URGENT CARE SERVICES</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>PHYSICIAN'S OFFICE VISIT</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>SPECIALIST'S OFFICE VISIT</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>SURGICAL PROCEDURES</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>PREVENTIVE CARE</b> Covered by Medicare Part B  Includes, but is not limited to: Annual Screening Mammogram Pap Smear & Pelvic Exam Bone Mass Measurement Prostate Cancer Screening Physical Exam (Yearly "Wellness" Exam) Colorectal Screening  <i>Subject to Preventive Care guidelines outlined in the "2022 Medicare &amp; You" publication from Centers for Medicare &amp; Medicaid Services (CMS)</i>	No Charge

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JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
<b>ACUPUNCTURE</b> (Chronic Low Back Pain) only <i>Covered by Medicare Part B</i>  Includes, but not limited to: 12 acupuncture visits in 90 days for chronic low back pain lasting 12 weeks or longer. No more than 20 Acupuncture treatments annually <i>Subject to additional details outlined at <a href="http://www.medicare.gov">www.medicare.gov</a>.</i>	Remainder 20% of Medicare approved amount
<b>AMBULATORY SURGERY CENTERS</b> <i>Covered by Medicare Part B</i> <i>*Facility where surgical procedures are performed, and you're expected to be released within 24 hours.</i>	Remainder of 20% of Medicare approved amount
<b>MEDICARE TELEHEALTH, E-VISITS AND VIRTUAL CHECK-INS</b> <i>Covered by Medicare Part B</i>	Remainder of 20% of Medicare approved amount
<b>ALLERGY INJECTIONS</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>DURABLE MEDICAL EQUIPMENT</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>IMMUNIZATIONS</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>X-RAYS</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>ADVANCED RADIOLOGICAL IMAGING (I.E. MRIs, MRAs, CAT Scans and PET Scans)</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>PHYSICAL THERAPY SERVICES</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>TMJ</b> <i>Covered by Medicare Part B</i> Surgical and Non-Surgical	Remainder 20% of Medicare approved amount
<b>OTHER LAB/RADIOLOGY SERVICES</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount
<b>SHORT-TERM REHABILITATION</b> <i>Covered by Medicare Part B</i>  Includes: Cardiac Rehab Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Chiropractic Therapy (includes Chiropractors)	Remainder 20% of Medicare approved amount
<b>AMBULANCE</b> <i>Covered by Medicare Part B</i>	Remainder 20% of Medicare approved amount

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JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
<b>HOME HEALTH CARE</b> When covered by Medicare When not covered by Medicare	No Charge Plan will pay up to \$40 per visit limited to \$1,600 per calendar year
<b>FOREIGN TRAVEL/EMERGENCY CARE</b> Not covered by Medicare	80% of Medicare approved amount after \$250 calendar year deductible, up to a lifetime maximum of \$50,000
<b>PRIVATE DUTY NURSING</b> Medicare Part A Covered by Medicare Part B (While Inpatient In a Hospital or Other Health Care Facility Only)	Not Covered 80% of the Reasonable & Customary charges after \$233 calendar year deductible
<b>MATERNITY SERVICES</b> Covered by Medicare Part B  Initial Visit to confirm pregnancy  All subsequent prenatal and postnatal visits  Covered by Medicare Part A Delivery (Inpatient Hospital or Birthing Center)	Remainder 20% of Medicare approved amount  Remainder 20% of Medicare approved amount  Days 1 to 60: 100% up to \$1,556 Days 61 to 90: 100% up to \$389 per day Days 91-150: 100% up to \$778 per day
<b>ABORTION-NON-ELECTIVE</b> Covered by Medicare Part A Inpatient	Payable as Inpatient
<b>OUTPATIENT SURGICAL FACILITY\</b> Covered by Medicare Part B Surgical sterilization procedures for Vasectomy/Tubal Ligations	Remainder 20% of Medicare approved amount
<b>BLOOD</b> First three pints of blood not covered by Medicare	First three pints of blood covered at 100% of the Reasonable & Customary charges
<b>OUTPATIENT FACILITY</b> Covered by Medicare Part B Services in Operating and Recovery Room, Procedures Room and Treatment	Remainder 20% of Medicare approved amount
<b>HOSPICE</b> Inpatient Services  Outpatient Services (same coinsurance level as Home Health Care)	Plan pays 100% of amount approved but not paid by Medicare, when Medicare certification and election requirements are met
<b>INFERTILITY - OFFICE VISIT FOR DIAGNOSIS</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount
<b>ORGAN TRANSPLANT</b> Covered by Medicare Part A	Payable as Inpatient Hospital
<b>EXTERNAL PROSTHESES</b> Covered by Medicare Part B	Remainder 20% of Medicare approved amount

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JACKSON HEALTH SYSTEM	SCHEDULE OF BENEFITS
<b>MENTAL HEALTH /SUBSTANCE ABUSE INPATIENT</b> <i>Covered by Medicare Part A</i>  <u>Mental Health</u> Acute: based on ratio of 1:1  Partial: based on a ratio of 2:1  <u>Substance Abuse</u> Acute detoxification: requires 24 hour nursing; based on a ratio of 1:1  Acute Inpatient Rehab: requires 24 hour nursing; based on a ratio of 1:1  Partial: based on a ratio of 2:1  Residential: based on a ratio of 2:1	Plan pays 100% of amount approved but not paid by Medicare; if charges not approved by Medicare, there is no coverage
<b>MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT HOSPITAL/FACILITY</b> <i>Covered by Medicare Part B</i>	Coverage assumes enrollment in Medicare Part B; Plan pays remainder of charges approved, but not paid by Medicare Part B and member has \$0 responsibility
<b>EYEGLASSES</b> <i>Covered by Medicare Part B</i>	Not Covered
<b>PRESCRIPTION DRUG COVERAGE</b>  Retail (30-day supply)  Specialty (30-day supply at Participating Specialty Pharmacy)  Mail Order (90-day supply at Participating Pharmacy)  Mail Order at Non-Participating Pharmacy	80% after \$200 calendar year deductible  \$100 copayment per prescription for Specialty drugs  100% after \$10 copayment for Generic 100% after \$20 copayment for Preferred Brand 100% after \$30 copayment for Non-Preferred Brand  Not Covered

For specific information on benefits, exclusions and limitations please see your Summary Plan Description (SPD).