

# Medicare Benefit Summary



## MEDICARE ELIGIBLE RETIREE HIGH OPTION WITHOUT PRESCRIPTION DRUG COVERAGE

MIAMI-DADE COUNTY	SCHEDULE OF BENEFITS
<b>MEDICARE PART B DEDUCTIBLE:</b>	\$226 Per Calendar Year Not Covered
<b>LIFETIME MAXIMUM</b>	Unlimited
<b>DEDUCTIBLE AMOUNT PER CALENDAR YEAR Per Individual</b>	\$226 for Private Duty Nursing – Medically Necessary \$250 for Foreign Travel Emergency Care
<b>CHOICE OF HOSPITALS</b>	Unlimited
<p><b>INPATIENT HOSPITAL FACILITY</b>            Covered by Medicare Part A. Medicare covers:  <b>Days 1—60:</b> All but \$1,600  <b>Days 61—90:</b> All but \$400 per day  <b>Days 91—150:</b> All but \$800 per day</p> <p><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></p>	<p>100% up to \$1,600            100% up to \$400 per day            100% up to \$800 per day</p> <p>*365 additional lifetime days after Medicare Lifetime Reserve Days are exhausted</p> <p>Covered at 100% of Medicare eligible expense</p> <p>Must be Medically Necessary</p> <p>Limiting semi-private room (unless Medically Necessary) &amp; board amount</p>
<p><b>HOSPITAL OUTPATIENT/PHYSICIAN</b>            Covered by Medicare Part B</p>	Remainder 20% of Medicare approved amount
<p><b>SKILLED NURSING FACILITIES</b>            Days 1—20: Covered by Medicare Part A            Days 21—100: Covered all but \$200 per day            Days 101 &amp; beyond: You pay all costs</p>	<p>Days 1—20: Not Covered            Days 21—100: 100% up to \$200 per day            Days 101 &amp; beyond: Not Covered</p>
<p><b>PHYSICIAN VISITS/ILLNESS</b>            Covered by Medicare Part B</p>	Remainder 20% of Medicare approved amount
<p><b>EMERGENCY AND URGENT CARE SERVICES</b>            Covered by Medicare Part B</p>	Remainder 20% of Medicare approved amount
<p><b>PHYSICIAN'S OFFICE VISIT</b>            Covered by Medicare Part B</p>	Remainder 20% of Medicare approved amount
<p><b>SPECIALIST'S OFFICE VISIT</b>            Covered by Medicare Part B</p>	Remainder 20% of Medicare approved amount
<p><b>SURGICAL PROCEDURES</b>            Covered by Medicare Part B</p>	Remainder 20% of Medicare approved amount
<p><b>PREVENTIVE CARE</b>            Covered by Medicare Part B</p> <p>Includes, but is not limited to:            Annual Screening Mammogram            Pap Smear &amp; Pelvic Exam            Bone Mass Measurement            Prostate Cancer Screening            Physical Exam (Yearly "Wellness" Exam)            Colorectal Screening</p> <p><i>Subject to Preventive Care guidelines outlined in the "2023 Medicare &amp; You" publication from Centers for Medicare &amp; Medicaid Services (CMS)</i></p>	No Charge

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<p><b>ACUPUNCTURE</b> (Chronic Low Back Pain) only <i>Covered by Medicare Part B</i></p> <p>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 <b>Subject to additional details outlined at <a href="http://www.medicare.gov">www.medicare.gov</a>.</b></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><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></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>MEDICARE TELEHEALTH, E-VISITS, AND VIRTUAL CHECK-INS</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>ALLERGY INJECTIONS</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>DURABLE MEDICAL EQUIPMENT</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>IMMUNIZATIONS</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>X-RAYS</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>ADVANCED RADIOLOGICAL IMAGING (I.E. MRIs, MRAs, CAT Scans and PET Scans)</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>PHYSICAL THERAPY SERVICES</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>TMJ Surgical and Non-Surgical</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>OTHER LAB/RADIOLOGY SERVICES</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>SHORT-TERM REHABILITATION</b> <i>Covered by Medicare Part B</i></p> <p><u>Includes:</u> Cardiac Rehab Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Chiropractic Therapy (includes Chiropractors)</p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>AMBULANCE</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>

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MIAMI-DADE COUNTY	SCHEDULE OF BENEFITS
<p><b>HOME HEALTH CARE</b> When covered by Medicare</p> <p>When not covered by Medicare</p>	<p>No Charge</p> <p>Plan will pay up to \$40 per visit limited to \$1,600 per calendar year</p>
<p><b>FOREIGN TRAVEL/EMERGENCY CARE</b> Not covered by Medicare</p>	<p>80% of Medicare approved amount after \$250 calendar year deductible, up to a lifetime maximum of \$50,000</p>
<p><b>PRIVATE DUTY NURSING</b> <i>Medicare Part A</i> <i>Covered by Medicare Part B – Medically Necessary (While Inpatient In a Hospital or Other Health Care Facility Only)</i></p>	<p>Not Covered</p> <p>80% of the Reasonable &amp; Customary charges after \$226 calendar year deductible</p>
<p><b>MATERNITY SERVICES</b> <i>Covered by Medicare Part B</i> Initial Visit to confirm pregnancy</p> <p>All subsequent prenatal and postnatal visits</p> <p><i>Covered by Medicare Part A</i> Delivery (Inpatient Hospital or Birthing Center)</p>	<p>Remainder 20% of Medicare approved amount</p> <p>Remainder 20% of Medicare approved amount</p> <p>Days 1 to 60: 100% up to \$1,600 Days 61 to 90: 100% up to \$400 per day Days 91 -150: 100% up to \$800 per day</p>
<p><b>ABORTION-NON-ELECTIVE</b> <i>Covered by Medicare Part A</i> Inpatient</p>	<p>Payable as Inpatient</p>
<p><b>OUTPATIENT SURGICAL FACILITY</b> <i>Covered by Medicare Part B</i> Surgical sterilization procedures for Vasectomy/Tubal Ligations</p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>BLOOD</b> <i>First three pints of blood not covered by Medicare</i></p>	<p>First three pints of blood covered at 100% of the Reasonable &amp; Customary charges</p>
<p><b>OUTPATIENT FACILITY</b> <i>Covered by Medicare Part B</i> Services in Operating and Recovery Room, Procedures Room and Treatment</p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>HOSPICE</b> Inpatient Services Outpatient Services (same coinsurance level as Home Health Care)</p>	<p>Plan pays 100% of amount approved but not paid by Medicare, when Medicare certification and election requirements are met</p>
<p><b>INFERTILITY - OFFICE VISIT FOR DIAGNOSIS</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>
<p><b>ORGAN TRANSPLANT</b> <i>Covered by Medicare Part A</i></p>	<p>Payable as Inpatient Hospital</p>
<p><b>EXTERNAL PROSTHESES</b> <i>Covered by Medicare Part B</i></p>	<p>Remainder 20% of Medicare approved amount</p>

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MIAMI-DADE COUNTY	SCHEDULE OF BENEFITS
<p><b>MENTAL HEALTH /SUBSTANCE ABUSE INPATIENT</b>  <i>Covered by Medicare Part A</i></p> <p><u>Mental Health</u>                      Acute: based on ratio of 1:1</p> <p>Partial: based on a ratio of 2:1</p> <p><u>Substance Abuse</u>                      Acute detoxification: requires 24 hour nursing; based on a ratio of 1:1</p> <p>Acute Inpatient Rehab: requires 24 hour nursing; based on a ratio of 1:1</p> <p>Partial: based on a ratio of 2:1</p> <p>Residential: based on a ratio of 2:1</p>	<p>Plan pays 100% of amount approved, but not paid by Medicare; if charges not approved by Medicare, there is no coverage</p>
<p><b>MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT HOSPITAL/FACILITY</b>  <i>Covered by Medicare Part B</i></p>	<p>Coverage assumes enrollment in Medicare Part B 20% of Medicare approved amount; Plan pays remainder of charges approved, but not paid by Medicare Part B, and member has \$0 responsibility.                      \$0 for yearly depression screening</p>
<p><b>PARTIAL HOSPITALIZATION MENTAL HEALTH CARE</b>  <i>Covered by Medicare Part B</i></p>	<p>Remainder of 20% Medicare approved amount                      Coinsurance each day for partial hospitalization services you get in a hospital outpatient setting or community mental health center</p>
<p><b>EYEGLASSES</b>  <i>Covered by Medicare Part B</i></p>	<p>Not Covered</p>
<p><b>PRESCRIPTION DRUG COVERAGE</b></p>	<p>Not Covered</p>

**FOR ADDITIONAL INFORMATION, PLEASE CALL: 800-68-AVMED (1-800-682-8633)**

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