



MEDICARE PART A – HOSPITAL SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,700 DEDUCTIBLE, BLUESECURE PAYS	IN ADDITION TO \$2,700 DEDUCTIBLE, YOU PAY
1st thru 60th Day	All but \$1,600	\$1,600*	\$0
61st thru 90th Day	All but \$400 / day	\$400 / day*	\$0
91st thru 150th Day	All but \$800 / day	\$800 / day*	\$0
151st thru 365th Day	\$0	100% M/E*	\$0
366th thru 515th Day	\$0	100% M/E*	\$0
516th thru 820th Day	\$0	\$0	All costs
Skilled Nursing Facility 1st thru 20th Day	100%	\$0	\$0
Skilled Nursing Facility 21st thru 100th Day	All but \$200 / day	\$200 / day*	\$0
Skilled Nursing Facility 101st thru 365th Day	\$0	\$0	All costs
Hospice Care	All except Medicare Copay/ Coinsurance Amount	Medicare Copay/ Coinsurance Amount*	\$0
Blood	All but first 3 pints	First 3 pints*	\$0
MEDICARE PART B – MEDICAL SERVICES			
\$226 Medicare Deductible	\$0	100%*	\$0
Part B Excess Charges*	\$0	100%*	\$0
Medicare-approved amount for Inpatient Physician*	80% M/E	20% M/E*	\$0
Medicare-approved amount for Outpatient Hospital*	80% M/E	20% M/E*	\$0
Medicare-approved amounts for Medical Supplies, Speech/ Physical Therapy, Ambulance, Diagnostic Lab, X-Ray, Home/ Office Visits, Durable Medical Equipment, Prosthetics*	80% M/E	20% M/E*	\$0
Foreign Country	\$0	††	20% after \$250 deductible
Medicare-approved amount for Preventive Medical Care*	100% M/E	Remaining Amount*	\$0
Clinical Laboratory Services	100%	\$0	\$0
Blood – first 3 pints*	\$0	First 3 pints*	\$0
Blood – after first 3 pints*	80%	20%*	\$0
MEDICARE PART A AND B SERVICES			
Home Health Care	100%	\$0	\$0

M / E = Medicare Eligible

*Member must meet the annual \$2,700 deductible before benefits are available.

† This plan represents the 2023 Medicare amounts. These amounts may change for 2024.

†† Foreign Country: Pays 80% after \$250 annual deductible up to a Lifetime Max. of \$50,000. Services must be rendered within 60 days of travel outside the U.S.

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