<table>
<thead>
<tr>
<th>MEDICARE PART A – HOSPITAL SERVICES</th>
<th>MEDICARE PAYS</th>
<th>BLUESECURE PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st thru 60th Day</td>
<td>All but $1,556</td>
<td>$1,556</td>
<td>$0</td>
</tr>
<tr>
<td>61st thru 90th Day</td>
<td>All but $389 / day</td>
<td>$389 / day</td>
<td>$0</td>
</tr>
<tr>
<td>91st thru 150th Day</td>
<td>All but $778 / day</td>
<td>$778 / day</td>
<td>$0</td>
</tr>
<tr>
<td>151st thru 365th Day</td>
<td>$0</td>
<td>100% M/E</td>
<td>$0</td>
</tr>
<tr>
<td>366th thru 515th Day</td>
<td>$0</td>
<td>100% M/E</td>
<td>$0</td>
</tr>
<tr>
<td>516th thru 820th Day</td>
<td>$0</td>
<td>$0</td>
<td>All costs</td>
</tr>
<tr>
<td>Skilled Nursing Facility 1st thru 20th Day</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Skilled Nursing Facility 21st thru 100th Day</td>
<td>All but $194.50 / day</td>
<td>$194.50 / day</td>
<td>$0</td>
</tr>
<tr>
<td>Skilled Nursing Facility 101st thru 365th Day</td>
<td>$0</td>
<td>$0</td>
<td>All costs</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>All except Medicare Copay/ Coinsurance Amount</td>
<td>Medicare Copay/ Coinsurance Amount</td>
<td>$0</td>
</tr>
<tr>
<td>Blood</td>
<td>All but first 3 pints</td>
<td>First 3 pints</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICARE PART B – MEDICAL SERVICES</th>
<th>MEDICARE PAYS</th>
<th>BLUESECURE PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>$233 Medicare Deductible</td>
<td>$0</td>
<td>$0</td>
<td>$233</td>
</tr>
<tr>
<td>Part B Excess Charges*</td>
<td>$0</td>
<td>100%</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare-approved amount for Inpatient Physician*</td>
<td>80% M/E</td>
<td>20% M/E</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare-approved amount for Outpatient Hospital*</td>
<td>80% M/E</td>
<td>20% M/E</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare-approved amounts for Medical Supplies, Speech/ Physical Therapy, Ambulance, Diagnostic Lab, X-Ray, Home/ Office Visits, Durable Medical Equipment, Prosthetics*</td>
<td>80% M/E</td>
<td>20% M/E</td>
<td>$0</td>
</tr>
<tr>
<td>Foreign Country</td>
<td>$0</td>
<td>**</td>
<td>20% after $250 deductible</td>
</tr>
<tr>
<td>Medicare-approved amount for Preventive Medical Care</td>
<td>100% M/E</td>
<td>Remaining Amount</td>
<td>$0</td>
</tr>
<tr>
<td>Clinical Laboratory Services</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Blood – first 3 pints</td>
<td>$0</td>
<td>First 3 pints</td>
<td>$0</td>
</tr>
<tr>
<td>Blood – after first 3 pints*</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICARE PART A AND B SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Care</td>
</tr>
</tbody>
</table>

M/E = Medicare Eligible
* These benefits are not covered until you have met your Part B deductible of $233.
** 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.
† This plan represents the 2022 Medicare amounts. These amounts may change for 2023.
BlueSecure, a retiree group supplemental medical plan, is offered by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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