

Traditional Medicare and the Medicare Supplemental Plan



The following chart is a summary of how PEBA’s Medicare Supplemental Plan coordinates (pays secondary) with traditional Medicare when Medicare is your primary coverage. This chart assumes the member is retired and enrolled in both Part A and B of traditional Medicare. For further details, please see the [Insurance Benefits Guide](#) or visit Medicare’s website at www.Medicare.gov. You may have other coverage options available through PEBA. Learn more about your options in the [Insurance Coverage for the Medicare-eligible Member](#) handbook. The comparison chart for retired subscribers and covered family members who are not eligible for Medicare is in the Health insurance chapter of the [Insurance Benefits Guide](#).

	Medicare Parts A and B	Medicare Supplemental Plan
Coverage availability	United States (Contact Medicare about any services outside the U.S.)	Same as Medicare
Cancellation policy	Call Medicare for details.	Canceled for failure to pay premiums.
Annual deductible¹	You pay \$1,556 Part A deductible per benefit period. You pay \$233 Part B deductible per benefit period.	Plan pays Medicare Part A and Part B deductibles.
Coinsurance² Maximum excludes copayments and deductible.	Medicare pays 100% for Part A. Medicare pays 80% for Part B and you pay 20% . There is no coinsurance maximum.	Plan pays Part B coinsurance of 20%. There is no coinsurance maximum.
Physician’s office visits	You pay 20% and Medicare pays 80%. Medicare covers a “Welcome to Medicare” preventive visit and a yearly wellness visit. No charge if from a doctor who accepts assignment.	Plan pays Part B coinsurance of 20%.
Copayments³	You pay the Part A deductible of \$1,556 for inpatient hospital services.	Plan pays Part A deductible. Call BlueCross’ Medi-Call for hospital stays over 150 days, skilled nursing, private duty nursing, home healthcare, durable medical equipment and VA hospital services.



	Medicare Parts A and B	Medicare Supplemental Plan
Prescription drugs⁴ 30-day supply/90-day supply at a Preferred90 pharmacy	Coverage provided under Medicare Supplemental Plan. Prescription drugs are not covered by Medicare Parts A and B. You do not need to sign up for a Medicare Part D Plan.	Tier 1 (generic): \$9/\$22 Tier 2 (preferred brand): \$42/\$105 Tier 3 (non-preferred brand): \$70/\$175 You pay up to \$3,000 in prescription drug copayments.
Inpatient hospitalization⁵	Medicare pays 100% for days 1-60 (Part A deductible applies). You pay \$389/day for days 61-90; \$778/day for days 91-150 (subject to 60 lifetime reserve days); and all costs beyond 150 days.	Plan pays Medicare deductible and coinsurance for days 61-150. Medicare benefits may end sooner than day 150 if member has previously used any of his 60 lifetime reserve days. Plan pays 100% beyond 150 days.

¹Medicare deductible rates are for 2022.

²Out of network, you will pay 40 percent coinsurance, and your coinsurance maximum is different for the Medicare Supplemental Plan. An out-of-network provider may bill you more than the Medicare Supplemental Plan's allowed amount.

³For the Medicare Supplemental Plan, must call Medi-Call for hospital stays over 150 days, skilled nursing, private duty nursing, home healthcare, durable medical equipment and VA hospital services.

⁴Prescription drugs are not covered at out-of-network pharmacies.

⁵For the Medicare Supplemental Plan, Medi-Call or CBA approval required if hospital stay exceeds 150 days.