

# South Carolina Conference of the United Methodist Church

## STANDARD PLAN MEDICAL SUMMARY

Underwritten by United American Insurance Company

Medicare (Part A) – Hospital Services – Per Benefit Period			
Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but Part A Deductible	Part A Deductible	<b>\$0</b>
61 <sup>st</sup> through 90 <sup>th</sup> day	All but Part A coinsurance per day	Part A coinsurance per day	<b>\$0</b>
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but Part A coinsurance per day	Part A coinsurance per day	<b>\$0</b>
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare-Eligible expenses	<b>\$0</b>
Beyond the Additional 365 days	\$0	\$0	<b>All Costs</b>
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	<b>\$0</b>
21 <sup>st</sup> through 100 <sup>th</sup> day	All but Part A coinsurance per day	All but Part A coinsurance per day	<b>\$0</b>
101 <sup>st</sup> day and after	\$0	\$0	<b>All Costs</b>
<b>Blood</b>			
First 3 pints	\$0	100%	<b>\$0</b>
Additional amounts	100%	\$0	<b>\$0</b>
<b>Hospice Care</b>			
Available as long as your doctor certifies that you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	<b>Balance</b>

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## STANDARD PLAN MEDICAL SUMMARY

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Medicare (Part B) – Medical Services – Per Calendar Period			
Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses</b> – In or Out of the Hospital and Out-patient Hospital Treatment, such as Physician's services, in-patient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible**	\$0	\$0	<b>Part B Deductible</b>
Next Medicare-approved amounts	Generally 80%	\$0	<b>20% up to \$500 (includes Part B Deductible)</b>
Remaining Medicare-approved amounts	Generally 80%	16%	<b>4% up to \$1,500 (includes Part B and Plan Deductible)</b>
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	<b>\$0</b>
<b>Blood</b>			
First 3 pints	\$0	100%	<b>\$0</b>
Medicare Part B deductible**	\$0	\$0	<b>Part B Deductible</b>
Next Medicare-approved amounts	Generally 80%	\$0	<b>20% up to \$500 (includes Part B Deductible)</b>
Remaining Medicare-approved amounts	Generally 80%	16%	<b>4%% up to \$1,500 (includes Part B and Plan Deductible)</b>
<b>Clinical Laboratory Services</b>			
Blood tests for Diagnostic Services	100%	\$0	<b>\$0</b>

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Medicare Parts A & B			
Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care:</b> Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b>			
Medicare Part B deductible **	\$0	\$0	<b>Part B Deductible</b>
Next Medicare-approved amounts	Generally 80%	Generally 20%	<b>20% up to \$500 (includes Part B Deductible)</b>
Remaining Medicare-approved amounts	Generally 80%	16%	<b>4% up to \$1,500 (includes Part B and Benefit Deductibles)</b>
Other Benefits Not Covered by Medicare			
Services	Medicare Pays	Plan Pays	You Pay
<b>Foreign Travel:</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	<b>\$250</b>
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	<b>20% and amounts over the \$50,000 lifetime maximum</b>

\*A benefit period begins on the first day you receive service as inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*Once you have been billed the Part B deductible amount of Medicare approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

**The summary of benefits described herein is for illustrative purposes only. In case of difference or errors, the Group Policy governs.**