

Skilled Nursing Facility Coinsurance

(continued...)

Qualifying Requirements:

- A three-day prior hospital stay
- Care provided by a Medicare-certified skilled nursing provider (this may be a nursing home, hospital area, or hospital “swing bed”)
- Need for daily skilled care certified by a physician

Medicare pays all eligible costs for the first 20 days. For days 21 through 100, Medicare pays all but a coinsurance amount of \$144.50 per day. The “Skilled Nursing Coinsurance Benefit” pays the coinsurance amount.

Medicare does not provide coverage beyond 100 days. Standardized Plans cannot pay benefits beyond 100 days; however, some older policies may offer additional coverage. Only a small portion of Medicare beneficiaries require skilled care in a skilled nursing facility, and the average stay in skilled care is less than 30 days.

This benefit pays only if you qualify for Medicare coverage. Most nursing home care in Oklahoma is intermediate or custodial, and neither Medicare nor standard Medicare supplement policies pay for these levels of care.

Part B Deductible

Medicare has a \$140 (per calendar year) deductible for Part B covered services. The first \$140 of Medicare-approved Part B charges each year is your responsibility. Under plans C and F, the “Part B Deductible Benefit” pays the \$140 deductible each year.

Foreign Travel Emergency

Medicare does NOT cover care received outside the United States. Standard plans C through G and M and N include a “Foreign Travel Emergency Benefit” which pays as follows:

- Only for emergency care
- \$250 calendar year deductible
- 80% of billed charges paid for Medicare eligible expenses for medically necessary emergency hospital, physician, and medical care received in a foreign country
- \$50,000 lifetime maximum

An additional health insurance travel policy is probably unnecessary when the “Foreign Travel Emergency” benefit is a part of your Medicare supplement policies.

