

WISCONSIN MEDICARE SUPPLEMENTS

POLICY BENEFITS—TRADITIONAL INSURERS

Basic Benefits

All Medicare Supplement policies offered by traditional insurance companies provide the following benefits:

1. Copayment for 61st to 90th day of hospitalization (**\$371 a day**)
2. Copayment for 91st to 150th day of hospitalization (**\$742 a day**) – full coverage after Medicare days are exhausted
3. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility (**\$185.50 a day**)
4. 175 days per lifetime of inpatient psychiatric care in addition to Medicare’s 190 days per lifetime
5. First 3 pints of blood
6. 40 home health care visits in addition to Medicare – must also meet the insurance company’s standards as medically necessary
7. 20% of Medicare’s Part B services with no lifetime maximum or, in case of hospital outpatient department services under a prospective payment system, applicable copayments
8. Coverage for full usual and customary cost of non-Medicare-covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges, anesthetics for dental care, and non-Medicare-covered breast reconstruction – must also meet the insurance company’s standards as medically necessary.
9. Coverage for 30 days non-Medicare skilled nursing facility care – no prior hospitalization required but must meet the insurance company’s standards as medically necessary

Note: Policies may also include preventive health care services, such as routine physical examinations, immunizations, health screenings, and private duty nursing services.

Optional Benefits

Insurance companies may offer the following optional benefits as a separate benefit for an additional premium:

1. Part A deductible (**\$1,484**)
2. Additional home health care (up to 365 visits per year). The care also must meet the insurance company’s standards as medically necessary.

Taken from: State of Wisconsin, Office of the Commissioner of Insurance Wisconsin Guide to Health Insurance for People with Medicare—2020 (Updated 12/9/2020 to reflect 2021 copays)

Optional Benefits

(continued)

3. Part B deductible (**\$203**) - not available to people who are newly eligible for Medicare on or after January 1, 2020

4. Part B excess charges up to the actual charge or the limiting charge, whichever is less

5. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.

6. Medicare 50% Part A deductible

7. Part B copayment or coinsurance rider. After the Part B deductible is met, it will cover the lesser of \$20 per office visit or the Medicare Part B coinsurance and the lesser of \$50 per emergency room visit or the Medicare Part B coinsurance. The emergency room copayment or coinsurance is waived if the emergency room visit results in hospitalization