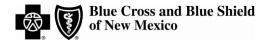
New Mexico State University Medigap Plan G



Medicare (Part A) Hospital Services - Per Benefit Period*

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*			
Semiprivate room and board, general nursing, and miscellaneous services and supplies	All but \$1,556	\$1,556 (Part A Deductible)	\$0
61st through 90th day	All but \$389	\$389 a day	\$0
91st day and after			
While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare-eligible expenses	ΨΟ
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care*			
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	All approved amounts	\$0	\$0
21st through 100th day	All but \$194.50 a day	Up to \$194.50 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints (100%)	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	100% for hospice care	\$0	
	All but \$5 for Rx	\$0	
	95% for inpatient (all but very limited coinsurance for outpatient drugs and inpatient respite care)	5% for inpatient	\$0

^{*} A benefit period begins on the first day you receive service as an 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.

Medicare (Parts A and B)

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment	\$0 until you meet \$233 (Part B deductible)	\$0 until you meet \$233 (Part B deductible)	\$233 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Outpatient Psychiatric Care			
Medicare-approved services	\$0	\$0	\$233
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0

Medicare (Part B) Medical Services – Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay
In or out of the hospital and outpatient hospital trea surgical services and supplies, physical and speed			
First \$233 of Medicare-approved amounts	\$0	\$0	\$233 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100% of the 15% Part B excess charge allowed	\$0
Blood			
First 3 pints	\$0	100%	All costs over \$40 per visit
Next \$233 of Medicare-approved amounts	\$0	\$0 until you meet \$233 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Blood tests for diagnostic services	100%	\$0	\$0
Home Health Care - At Home Recovery (Not Co	overed by Medicare)		
Each visit (additional visits to assist you with activities of daily living during recovery from an illness, injury or surgery)	\$0	Up to \$40 per visit	All costs over \$40 per visit
Annual Maximum – At Home Recovery	\$0	\$1,600	n/a
Medicare-covered Preventive Care			
Routine checkups and screening tests	80%	20%	\$0

Other Benefits - Not Covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay	
Routine checkups and screening tests	\$0	\$0	All costs	
Foreign Travel – Not Covered by Medicare				
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA				
First \$250 each calendar year	\$0	\$0	\$250	
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum	

NOTE: BCBSNM Medigap Plan G does <u>not</u> include coverage for outpatient prescription drugs. NMSU offers the MedicareBlue Rx plan. The Medicare Part B premium shown is the standard monthly Part B premium that most people will pay. Some people pay a higher premium based on their modified adjusted gross income.