

**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	All but \$1,556	\$1,556 (Part A Deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$389	\$389 a day	\$0
91 <sup>st</sup> day and after			\$0
While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare-eligible expenses	
Beyond the additional 365 days	\$0	\$0	All costs
<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	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$194.50 a day	Up to \$194.50 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints (100%)	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	100% for hospice care	\$0	\$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	

\* 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
<b>Home Health Care</b>			
<b>Medicare-approved services</b>			
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
<b>Outpatient Psychiatric Care</b>			
Medicare-approved services	\$0	\$0	\$233
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## Medicare (Part B) Medical Services – Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay
In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
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
<b>Blood</b>			
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
<b>Clinical Laboratory Services</b>			
Blood tests for diagnostic services	100%	\$0	\$0
<b>Home Health Care – At Home Recovery (Not Covered by Medicare)</b>			
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
<b>Medicare-covered Preventive Care</b>			
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
<b>Foreign Travel – Not Covered by Medicare</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	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

**Part A and Part B Medicare deductibles are subject to change for 2023 when updated by CMS (Centers for Medicare and Medicaid Services).**

**NOTE:** BCBSNM Medicare Plan G does not 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.