

Medicare Supplement Insurance Approved Policies List 2020

**For more information on health insurance call:
MEDIGAP HELPLINE
1-800-242-1060**

This is a statewide toll-free number set up by the Wisconsin Board on Aging and Long Term Care and funded by the Office of the Commissioner of Insurance to answer questions about health insurance and other health care benefits for the elderly. It has no connection with any insurance company.

**State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
OCI's Web Site:
oci.wi.gov**

***Deaf, hearing, or speech impaired callers
may reach OCI through WI TRS.***

POLICY BENEFITS—TRADITIONAL INSURERS

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

Basic Benefits

1. Copayment for 61st to 90th day of hospitalization **(\$352/day)**
2. Copayment for 91st to 150th day of hospitalization **(\$704/day)** - full coverage after Medicare days are exhausted
3. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$176/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
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 and anesthetics for dental care, and non-Medicare breast reconstruction
9. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

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 **(\$1,408)**
2. Additional home health care (up to 365 visits per year)
3. Part B deductible **(\$198)** *
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. 50% of the Part A deductible
7. Part B copayment or coinsurance rider. After the Part B deductible is met, will cover the lesser of \$20 per office visit or the Part B coinsurance and the lesser of \$50 per emergency room visit or the Part B coinsurance. The emergency room copayment or coinsurance is waived if the emergency room visit results in hospitalization.

** Effective 1-1-20, this rider will only be available to people eligible for Medicare before that date. New Medicare enrollees in 2020 will not be able to choose this rider.*