

Montgomery County Public Schools  
**Medicare Supplemental Chart\***

2014	Medicare	Cigna Medicare Supplemental Plan	BlueChoice HMO**	Cigna Open Access Plus In Network**	Kaiser Medicare Plus HMO**
Durable Medical Equipment	<b>Pays 80% of approved amount (after Medicare Part B deductible)</b>	Pays the Medicare Part B deductible, 20% Medicare coinsurance	Pays the Medicare Part B deductible, 20% Medicare coinsurance, up to 75% of the allowed charge	Pays the Medicare Part B deductible, 20% Medicare coinsurance, up to 75% of the allowed charge	Pays the Medicare Part B deductible, 20% Medicare coinsurance (covered in full)
Hospice Care (Prescription coverage through Caremark)	<b>Pays all but limited costs (outpatient drugs and 5% of inpatient respite care)</b>	Pays the 5% of inpatient respite care	Pays the 5% Medicare coinsurance inpatient respite care	Pays the 5% Medicare coinsurance inpatient respite	Hospice care covered in full
Medical Expenses: Surgery, X-Ray/Lab, ER treatment within 72 hours of inpatient hospital visit	<b>Pays 80% of approved amount (after Medicare Part B deductible)</b>	Pays the Medicare Part B deductible, 20% Medicare coinsurance	Pays the Medicare Part B deductible and 20% Medicare coinsurance, after \$10 co-pay for routine illness and \$20 co-pay for specialist visits (after \$100 co-pay for emergency room visit—waived if admitted)	Pays the Medicare Part B deductible and 20% Medicare coinsurance, after \$10 co-pay for routine illness and \$15 co-pay for specialist visits (after \$100 co-pay for emergency room visit—waived if admitted)	Pays the Medicare Part B deductible and 20% Medicare coinsurance, after \$5 co-pay for routine illness and \$5 co-pay for specialist visits (after \$50 co-pay for emergency room visit—waived if admitted)
Outpatient Hospital Treatment	<b>Pays 80% of approved amount (after Medicare Part B deductible)</b>	Pays the Medicare Part B deductible and 20% Medicare coinsurance	Pays the Medicare Part B deductible, 20% Medicare coinsurance after \$25 co-payment	Pays the Medicare Part B deductible and 20% Medicare coinsurance after \$25 co-payment	Pays the Medicare Part B deductible, and 20% Medicare coinsurance; covered in full
Preventive Care	<b>Pays full cost for certain services (see current Medicare handbook or <a href="http://www.medicare.gov">www.medicare.gov</a>)</b>	Covers yearly mammograms, pap smears at 100%, pays 20% Medicare coinsurance for vaccinations approved by Medicare***	Covered in full after \$10 co-pay***	Covered in full after the \$10 co-pay***	Medicare-covered preventive care covered in full

\*Benefits provided per calendar year unless otherwise specified.

\*\*HMOs provide standard benefit package. Reimbursement is obtained from Medicare up to the limits shown.

\*\*\*Some preventive care services are covered by Medicare with zero co-payments. Please see the Medicare website for additional information.

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Hospitalization: Days 1–60	<b>Pays all but Part A deductible</b>	Pays Part A Deductible	Pays Part A Deductible	Pays Part A Deductible	Pays Part A Deductible
Days 61–90	<b>Pays all but Part A deductible</b>	Pays Part A Deductible	Pays Part A Deductible	Pays Part A Deductible	Pays Part A Deductible
Days 91–150	<b>Pays all but Part A deductible</b>	Pays Part A Deductible	Pays Part A Deductible	Pays Part A Deductible	Pays Part A Deductible
Days 151+	<b>Pays nothing</b>	Covered in full up to the 180th day	Covered in full	Covered in full	Covered in Full
Blood (Inpatient)	<b>Pays all but the first 3 pints per calendar year</b>	Pays for the first 3 pints per calendar year	Pays for the first 3 pints per calendar year	Pays for the first 3 pints per calendar year	Pays all but the first 3 pints per calendar year
Blood (Outpatient)	<b>Pays 80% of approved amount (after Medicare deductible and starting with 4th pint)</b>	Pays for the first 3 pints, the Medicare Part B deductible, and 20% Medicare coinsurance	Pays for the first 3 pints, the Medicare Part B deductible, and 20% Medicare coinsurance	Pays for the first 3 pints, the Medicare Part B deductible, and 20% Medicare coinsurance	Pays all but the first 3 pints per calendar year
Post Hospital Skilled Nursing Facility Care: Days 1–20	<b>Pays 100%</b>	Coverage not provided	Coverage not provided	Pays 100% up to 60 days/calendar year	Pays 100%
Days 21–100	<b>Pays all but Part A Deductible</b>	Pays Part A Deductible	Pays Part A Deductible up to 60 days a year	Pays Part A Deductible up to 60 days a year	Pays Part A Deductible (covered in full up to 100 days per benefit period)
Home Health Care	<b>Pays 100% of approved amount</b>	Coverage not provided	Coverage not provided	Pays 100% up to 60 visits/calendar year	Pays 100%

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