Group Plan65[®] Plan G with SNF



Our Group Plan65 Plan G is a Medicare Supplement "Medigap" plan that picks up where Medicare leaves off, making it easier for you to budget your healthcare expenses. You can get care from Original Medicare-participating providers of your choice nationwide. This plan pays for Original Medicare's cost-sharing deductibles and coinsurance. It does not cover services beyond what Original Medicare provides, unless otherwise noted.

Part A Services Hespitilization First 60 days • Days 61 - 90 • Days 61 - 90 • Days 91 and after while using 60 lifetime reserve days are used, an additional 365 days • Once lifetime reserve days are used, an additional 365 days Skilled nursing facility care • First 20 days • Days 101 and after > Days 21 - 100 \$204.00 per day • Days 21 - 100 • Days 101 and after Part B services Part B testices (Medicare-covered) • Immunizations • Diabetes screening • Non-routine podiative exams • Dotor visits • Doctor visits • Doctor visits • Doctor visits • Non-routine podiative services • Non-routine podiative services • Non-routine vision care	Benefit Features	With Original Medicare, you pay:	With Medicare and Group Plan65 Plan G, you pay:
• First 60 days \$1,632 per benefit period • Days 61 - 90 \$408 per day • Days 91 and after while using 60 lifetime reserve days are used, an additional 365 days \$816 per day • Nore lifetime reserve days are used, an additional 365 days All costs Skilled nursing facility care \$0 • First 20 days \$0 • Days 21 - 100 \$204.00 per day • Days 101 and after All costs Part B Services All costs Part B Services All costs Part B Services All costs Immunizations & screenings All costs • Immunizations & screening exams \$0 • Diabetes screening \$0 • Annual mammography screening \$0 • Pay tests and pelvic exams \$0 • Pay tests and pelvic exams \$0 • Postate cancer screening exams \$0 Lab services (Medicare-covered) Medicare copay/coinsurance Office visits • Doctor visits • Doctor visits \$0 • Non-routine hearing services \$0% of Medicare-approved amounts after \$240 annual deductible • Non-routine podiatry services \$240 annual deducti	Part A Services		
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Urgently needed care	• •		
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Foreign travel care All costs 20% after \$250 deductible ¹		All costs	20% after \$250 deductible ¹

1. \$250 deductible is annual. There is a \$50,000 lifetime maximum for the foreign travel care benefit.

Enrolling in Group Plan65[®] Plan G?

Contact Mark Thomas, Group Medicare Account Executive, at (401) 459-2409 for more information.

Already a Group Plan65[®] Plan G Member?

Contact the Medicare Concierge team at 1-800-267-0439 (TTY: 711) for more information.

Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday, 8:00 a.m. to noon. (Open seven days a week, 8:00 a.m. to 8:00 p.m., October 1 - March 31.) You can use our automated answering system outside of these hours.

This is a summary of benefits. It is not a contract. For details about cost and coverage, including any limits and exclusions not noted here, please call the Group Medicare Account Executive at the number listed above or refer to the plan's subscriber agreement online at bcbsri.com. To be eligible for Group Plan 65, you must be enrolled in both Part A and Part B of the Original Medicare Program. All services should be received from an Original Medicare-participating provider, except in emergencies. 2024 Part A Deductible = \$1,632 per benefit period. 2024 Part B Deductible = \$240 per calendar year. Medicare amounts are current for 2024 and may change on an annual basis. Part B deductible may apply to Medicare approved doctor's visits. Not contracted with or endorsed by the U.S. Government or the federal Medicare program. Insured by Blue Cross & Blue Shield of Rhode Island. The purpose of this communication is the solicitation of insurance. You may be contacted by a licensed insurance producer or insurance company. These policies have exclusions or limitations. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

