



PO Box 19207 Springfield, Illinois 62794 217.529.2040

## 2021 IGRC MEDICARE SUPPLEMENT PLAN G - SCHEDULE OF BENEFITS

### High Deductible Plan G Benefit Per Calendar Year

MEDICARE- APPROVED SERVICES COVERED	MEDICARE PAYS	PLAN PAYS	Medicare Member
All Medicare-approved services excluding Part B annual deductible.	\$0	\$2,370	\$0

### Medicare Part A – Hospital Services Per Calendar Year

MEDICARE-APPROVED SERVICES COVERED	MEDICARE PAYS	PLAN PAYS	Medicare Member
<b>Inpatient Hospital Services</b> Semi-Private room and board, general nursing and miscellaneous services and supplies: <ul style="list-style-type: none"> <li>• First 60 days</li> <li>• 61<sup>st</sup> thru 90<sup>th</sup> day</li> <li>• 91<sup>st</sup> day and after:               <ul style="list-style-type: none"> <li>- While using 60 lifetime reserve days</li> <li>Once lifetime reserve days are used:                   <ul style="list-style-type: none"> <li>- Additional 365 days</li> </ul> </li> </ul> </li> </ul>	All but \$1,484  All but \$371/Day  All but \$742/Day  \$0	\$1,484 Part A Deductible  \$371/Day  \$742/Day  100% of Medicare Eligible Expenses	\$0  \$0  \$0  \$0
Beyond the additional 365 days	\$0	\$0	All Costs
<b>Skilled Nursing Facility Care**</b> Medicare requirements must be met, including having been in a hospital for at least 3 days and enter a Medicare-approved facility within 30 days after leaving the hospital <ul style="list-style-type: none"> <li>• First 20 days</li> <li>• 21<sup>st</sup> thru 100<sup>th</sup> day</li> </ul>	All Approved Amounts  All but \$185.50/Day	\$0  Up to \$185.50/Day	\$0  \$0

<b>MEDICARE-APPROVED SERVICES COVERED</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>Medicare Member</b>
<ul style="list-style-type: none"> <li>• 101<sup>st</sup> day and after</li> </ul>	\$0	\$0	All Costs
<b>Blood</b> <ul style="list-style-type: none"> <li>• First 3 pints</li> <li>• Additional amounts</li> </ul>	\$0 100%	3 Pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as the attending physician certifies the covered person is terminally ill and elects to receive these services.	All, but limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
<b>**Benefit period begins on the first day services are rendered as an inpatient in a hospital and ends after the covered person has been out of the hospital and has not received skilled care in any other facility for 60 consecutive days.</b>			

### **Medicare Part B – Medical Services Per Calendar Year**

<b>MEDICARE-APPROVED SERVICES COVERED</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>Medicare Member</b>
<b>Medical Expenses – In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as: Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment – First \$203 of Medicare-Approved Amounts (Part B Deductible) Remainder of Medicare Approved Amount Part B excess Charges (up to the allowed percentage above Medicare-Approved amounts)	\$0  Generally 80% \$0	\$0  Generally 20% 100%	\$203  \$0 \$0
<b>Blood</b> First 3 Pints per Calendar Year Remainder of Medicare-Approved Amounts	\$0 80%	All Costs 20%	\$0 \$0
<b>Clinical Laboratory Services – Blood Tests for Diagnostic Services</b>	100%	\$0	\$0

## Medicare Parts A & B

MEDICARE-APPROVED SERVICES COVERED	MEDICARE PAYS	PLAN PAYS	Medicare Member
<b>Home Health Care</b>			
Medicare Approved services Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment - First \$203 of Medicare Approved Amounts - Remainder of Medicare Approved Amounts	\$0 80%	\$0 20%	\$203 \$0

## Additional Benefit

COVERED SERVICES	MEDICARE PAYS	PLAN PAYS	Medicare Member Pays
<b>Foreign Travel Not Covered by Medicare</b>	\$0	\$0	All Costs
For <b><i>medically necessary emergency care</i></b> services during the first 60 days of each trip outside the United States of America: - First \$250 each calendar year - Remainder of charges	\$0 \$0	\$0 80% up to a Lifetime Maximum benefit of \$50,000	\$250 20% plus all amounts over the \$50,000 Lifetime Maximum benefit

The specific amounts noted in this Schedule of Benefits are informational and based on Medicare deductibles and co-insurance for the year 2021. The amounts may change as Medicare deductibles and co-insurances change. These changes do not constitute plan amendments.

**REMEMBER: If Medicare does NOT pay (non-approved procedure) then the IGRC Medicare Supplement Plan will NOT pay.**

For information concerning the IGRC Medicare Supplement Plan contact:

Brenda Harris  
 Medicare Supplement Plan Administrator  
 Illinois Great Rivers Conference of the United Methodist Church  
[bharris@igrc.org](mailto:bharris@igrc.org)  
 Direct line: 217-529-2308  
 Fax: 217-529-4107  
 United Methodist Center  
 PO Box 19207  
 Springfield, IL 62794-9207

## Using the IGRC Medicare Supplement Plan

Make sure that your doctors and other providers know that **Medicare A & B are primary for you** and present your Medicare card to them. The IGRC Medicare Supplement Plan G (administered by HealthScope Benefits) is secondary. If Medicare pays (Medicare-approved procedure), then HealthSCOPE **pays**. If **Medicare does NOT pay** (non-approved procedure) then **HealthSCOPE will NOT pay**.

Your provider will know which procedures are covered by Medicare or go to [www.medicare.gov](http://www.medicare.gov) or call 1-800-633-3957.

Present your Medicare card to your doctor, hospital, therapist, anyone from whom you are receiving medical services. **You can see any provider who accepts Medicare assignment.** Medicare assignment means that the *provider will accept the Medicare-approved amount as full payment for covered services*. Providers who accept Medicare assignment will not ask you to pay “up front” for Medicare-approved procedures. Your provider will file your claim with Medicare.

HealthSCOPE receives Medicare claims electronically, so **you do not have to submit claims to HealthScope. It is done automatically.**

After Medicare pays a claim, the Centers for Medicare & Medicaid Services (CMS) will send you a *Medicare Summary Notice (MSN)* which shows how much Medicare paid.

It is imperative that you **keep all CMS Medicare Summary Notices!** If there is a problem with a claim, HealthScope **MUST** have the information from the *Medicare Summary Notice* in order to issue or correct payments.

**After paying your annual Part B deductible, never pay a provider until you contact HealthScope Benefits at 1-800-398-6415 or Preachers' Aid Society & Benefit Fund (PASBF)\***

Between Medicare and the IGRC Medicare Supplement Plan, rarely are you required to pay for Medicare-approved services after you have met your Part B annual deductible. You do not have co-payments for office visits or hospital visits. (Emergency rooms and out-patient visits at a hospital might have a Medicare co-pay, which you will have to pay at the time of service.) If a hospital insists that you pay them a Part A deductible, have them contact HealthScope at the number on the back of your IGRC Med Supp card (1-800-398-6415) or Brenda Harris, IGRC Medicare Supplement Admin, 217-529-2308, [bharris@igrc.org](mailto:bharris@igrc.org).

Also, **you must be enrolled in a Medicare PART D Plan** for you to have prescription drug coverage. (The IGRC Med Supp plan does NOT include a prescription plan.) To find a Medicare Part D prescription drug plan, go to [www.medicare.gov](http://www.medicare.gov) or contact **PASBF\*** If you need help with monthly premiums or prescription costs, contact PASBF. They also have low interest loans for dental procedures and hearing aids (neither are covered by Medicare).

### **\*PASBF**

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Program Assistants info at <http://www.pasbf.org/about-us/staff/>