

Questions, Answers and Information about Medicare Supplement Insurance:

Q. Why do I need Basic Supplement insurance?

A. Medicare does not pay for everything. Basic Supplement insurance is designed to help pay for some of the charges the Medicare program does not. The Comprehensive Health Association of North Dakota (CHAND) has two supplement plans to choose from. The information in this brochure is about the Basic Supplement.

Q. What is Basic Supplement coverage?

A. The Basic Supplement is the most basic of the supplement plans offered. The Basic Supplement provides for basic coverage of Medicare approved services including the hospital benefits coinsurance, plus coverage for 365 additional days in the hospital after Medicare benefits end. The 20 percent coinsurance for Medicare approved physician benefits is also covered.

Waiting Periods

There is a waiting period of 180 consecutive days beginning on the effective date of this benefit plan that must be fulfilled before benefits will be available for any services, supplies or charges for the treatment of any condition for which medical advice, diagnosis, care or treatment was recommended or received during the 180 days immediately preceding the signature date of application. The waiting period does not apply to nonelective treatment or procedures for congenital or genetic diseases.

A waiting period of 270 consecutive days beginning on the effective date of this benefit plan must be fulfilled before benefits will be available for maternity services. Exception: A subscriber who qualifies for coverage due to a catastrophic condition or major illness who is also pregnant at the time of application for coverage will be eligible for maternity benefits after completing a waiting period of 180 consecutive days of coverage.

The waiting period may be reduced by qualifying previous coverage, if the signature date of application and the effective date of your benefit plan are no more than 63 days following termination of previous coverage.

The CHAND Board of Directors, by a two-thirds majority vote, may exempt a subscriber from the provisions of the waiting periods when required under emergency circumstances to allow the applicant access to medical procedures determined to be necessary to preserve life.

Glossary

Benefit Period

A benefit period begins on the first day you enter a hospital or skilled nursing facility as a Medicare patient and ends 60 consecutive days after you are discharged. A new benefit period begins when 60 days without a hospital or skilled nursing facility stay have elapsed.

Calendar Year

Each calendar year begins on January 1 and ends on December 31 of that year.

Covered Services

This term refers to covered services or supplies specified in your benefit plan for which benefits will be provided.

Medicare Coinsurance

A part of the charge for your hospital or medical care which Medicare does not pay.

Medicare Copayment Amount

A predetermined dollar amount established by Medicare under a prospective payment system for some outpatient hospital services that Medicare does not pay.

Medicare Deductible

A specified dollar amount of Medicare eligible expenses that you are responsible for paying before Medicare will begin making payments for covered services.

Medicare Eligible Expenses

Health care expenses that are covered services under Medicare Part A or Part B that are recognized as reasonable and medically necessary by Medicare.

Preexisting Condition

A condition, disease, illness or injury for which you receive medical advice or treatment within the 180-day period immediately preceding the date of application under your benefit plan.

For enrollment information and rates, contact any agent who is licensed to sell health insurance in North Dakota or one of the offices listed below.

Fargo District Office

4510 13th Ave. S.
Telephone: 277-2232

Bismarck District Office

1415 Mapleton Ave.
Telephone: 223-6348

Grand Forks District Office

3570 S. 42nd St., Ste. B
Telephone: 795-5340

Minot District Office

1308 20th Ave. SW.
Telephone: 858-5000

Jamestown Office

300 2nd Ave. NE,
Suite 132
Telephone: 251-3180

Dickinson Office

1674 15th St. W., Ste. D
Telephone: 225-8092

Devils Lake Office

425 College Dr. S., Ste. 13
Telephone: 662-8613

Williston Office

1137 2nd Ave. W., Ste. 105
Telephone: 572-4535

📞 Call Toll-Free: (844) 363-8457

🖱️ www.CHAND.org

This brochure presents a brief explanation of the covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written benefit plan between you and CHAND governs what benefits are available.

Lead Carrier Service by:



Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association



Basic Supplement

for Individuals age 65 and older or with disabilities who are eligible for Medicare



Medicare and Basic Supplement Benefits and Coverages – 2021

| Medicare (Part A) Hospital Services Per Calendar Year | | | |
|--|--|------------------------------------|--------------------------------|
| Services | Medicare Pays | Basic Supplement Pays | You Pay |
| HOSPITALIZATION* – Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,484 | \$0 | \$1,484 (Part A deductible) |
| 61st thru 90th day | All but \$371 a day | \$371 a day | \$0 |
| 91st day and after: | | | |
| While using 60 lifetime reserve days | All but \$742 a day | \$742 a day | \$0 |
| Once lifetime reserve days are used: | | | |
| Additional 365 days | \$0 | 100% of Medicare-eligible expenses | \$0** |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| SKILLED NURSING FACILITY CARE* – You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st thru 100th day | All but \$185.50 a day | \$0 | Up to \$185.50 a day |
| 101st day and after | \$0 | \$0 | All costs |
| BLOOD | | | |
| First three pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| HOSPICE CARE – You must meet Medicare's requirements, including a doctor's certification of terminal illness. | | | |
| | All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care | Medicare copayment / coinsurance | \$0 |

These are Some Items Not Covered:

- Services that are experimental or investigative in nature or that are not medically necessary as determined by Medicare.
- Services received prior to the effective date of your benefit plan.
- Services that are applicable to Medicare deductible amounts.
- Services when benefits are provided by any governmental unit or social agency except Medicaid or when payment has been made under Medicare Part A or Part B.
- Outpatient prescription drugs, unless eligible under Medicare.
- Custodial care provided in a hospital or by a home health agency.
- Skilled nursing facility care costs beyond what is covered by Medicare, including swing bed services in a hospital.
- Surgery to improve appearance.
- Services, treatments or supplies that are not a Medicare eligible expense.

| Medicare (Part B) Medical Services Per Calendar Year | | | |
|--|---------------|-----------------------|---------------------------|
| Services | Medicare Pays | Basic Supplement Pays | You Pay |
| MEDICAL EXPENSES – 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, and durable medical equipment | | | |
| First \$203 of Medicare-approved amounts*** | \$0 | \$0 | \$203 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (Above Medicare-approved amounts) | \$0 | \$0 | All costs |
| BLOOD | | | |
| First three pints | \$0 | All costs | \$0 |
| Next \$203 of Medicare-approved amounts*** | \$0 | \$0 | \$203 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| CLINICAL LABORATORY SERVICES – Tests for diagnostic services | | | |
| | 100% | \$0 | \$0 |
| Parts A and B | | | |
| Services | Medicare Pays | Basic Supplement Pays | You Pay |
| HOME HEALTH CARE – Medicare-approved services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| First \$203 of Medicare-approved amounts*** | \$0 | \$0 | \$203 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

*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.

****Notice:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

***Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.