



Educators' Medicare Supplement

**GROUP MEDICARE SUPPLEMENT
PLAN F AND PLAN G
WITH OPTIONAL DENTAL COVERAGE**

2022 Outline of Coverage

| Endorsed by
NSEA-Retired



Now That You're Eligible for Medicare

Your employer health plan has provided you with access, coverage and support, so you don't need to worry about the financial implications of medical care. Now that you are retired and age 65 or older, you need a different kind of health plan.

As a retiree, you now have the choice of Educators' Medicare Supplement Plan F or Plan G, available to you through your previous employer and Blue Cross and Blue Shield of Nebraska. Both of these plans include optional dental coverage. These plans provide valuable protection for expenses not covered by Medicare Parts A and B.

What Does Medicare Pay?

The federal Medicare program pays benefits for a wide variety of services. It's divided into two parts: Part A, which pays for covered hospital services, and Part B, which pays for covered doctor visits and other medical services.

Medicare only pays a portion of your medical bill, and that can result in significant out-of-pocket costs for you. For example, if you need to be hospitalized, Part A benefits are subject to an inpatient deductible. In 2022, that amount is \$1,556. That's a lot of money, and unfortunately, it isn't the only gap left by Medicare.



What's the Difference Between Educators' Medicare Supplement Plan F and Plan G?

Educators' Medicare Supplement Plan F and Plan G benefits are the same *except for the Part B deductible*.

Both plans fill the majority of gaps Medicare Part A and Part B do not pay. Both plans cover your Part A deductible and Part A daily coinsurance amounts, also known as your cost-share amount. Both plans provide you with up to 365 days of additional Part A hospital coverage after Medicare benefits end.

Educators' Medicare Supplement Plan F and Plan G cover all Part B services, but *Plan G does not cover the Part B deductible for Part B services*.

Both plans pay your Part B cost-share amounts for physician services, inpatient and outpatient medical and surgical services and supplies, physical, occupational and speech therapy, diagnostic tests and durable medical equipment. Both plans also cover your cost-share amounts for preventive services.

If you should require skilled nursing facility care, both Medicare Supplement plans pay the daily coinsurance amount not paid by Medicare. They also provide benefits for the cost share for certain home health care and hospice services.

If you need emergency medical care while traveling outside the U.S., both plans will pay for those services not covered by Medicare.

Educators' Medicare Supplement Plan Comparison

USE THIS CHART TO COMPARE THE BENEFITS

	PLAN F	PLAN G
Medicare Part A coinsurance and hospital costs	✓	✓
Additional days of hospitalization (up to 365 after Medicare benefits are used up)	✓	✓
Medicare Part B coinsurance or copayment	✓	✓
Blood (first three pints)	✓	✓
Part A hospice care coinsurance or copayment	✓	✓
Skilled nursing facility care coinsurance	✓	✓
Medicare Part A deductible	✓	✓
▶ Medicare Part B deductible	✓	
Medicare Part B excess charges	✓	✓
Foreign travel emergency (up to plan limits)	✓	✓

Important Information

Review the benefit summaries on the following pages for details about the benefits available under these plans.

To enroll in one of these group Medicare Supplement plans, you must:

- Be age 65 or older, and
- Be enrolled in Medicare Part A and Part B

Health and Wellness Savings

When you enroll in a Educators' Medicare Supplement plan, you will have access to health and wellness discounts and savings through our Blue365® program.*

Visit NebraskaBlue.com/Blue365 to learn more.

Optional Dental Coverage

With both Plan F and Plan G, you are eligible for optional dental PPO coverage. PPO stands for preferred provider organization. PPOs are special arrangements between insurers and a network of dentists to pay for covered services.

As a result of these arrangements, you save money, because in most cases, you pay less in deductible and coinsurance when you use in-network dentists. If you use out-of-network dentists, you'll pay more money out of pocket.

Note: If you do not select the optional dental coverage when you first enroll in an Educators' Medicare Supplement plan, you will not be able to add it at a later date.

What the Educators' Medicare Supplement Plans Do Not Cover

- Services that are not considered a Medicare-eligible expense or services which are not covered by Medicare
- Prescription drugs
- Benefits that would duplicate those provided by Medicare
- Services that are not specifically listed as covered under a Educators' Medicare Supplement plan
- Services provided prior to the start date of coverage or after your coverage has ended
- Services for which you have no obligation to pay (This contract does not pay for charges which exceed the amount a physician can lawfully collect under Medicare.)
- Services for an illness or injury for which benefits are provided or are available under any workers' compensation, employer's liability or similar law or motor vehicle no-fault plan, unless prohibited by law

Conversion Coverage

If this group Medicare Supplement contract is terminated by your previous employer and not replaced with another, we will offer you coverage under one of our individual Medicare Supplement plans. You will not be subject to medical underwriting if we receive your application for conversion coverage within 31 days of the end of your retiree coverage.

Please note: The benefits provided under the conversion coverage may not be the same as those provided under these plans.

*These value-added programs are not insurance and may be discontinued at any time. The Blue365 program is brought to you by the Blue Cross and Blue Shield Association.

This Outline of Coverage is not a Medicare Supplement contract. If you are eligible for Medicare, review the *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, available at [medicare.gov](https://www.medicare.gov).

Educators' Medicare Supplement Plan F

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN F PAYS	YOU PAY
HOSPITALIZATION ¹			
Semiprivate room and board, general nursing, miscellaneous services and supplies.			
First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
61st through 90th day	All but \$389 a day	\$389 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
• Once lifetime reserve days are used:			
- 365 additional days	\$0	100% of Medicare-eligible expenses	\$0 ²
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE ¹			
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 through 100th day	All but \$194.50 a day	Up to \$194.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	Three 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 coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ 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.

² When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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.

Educators' Medicare Supplement Plan F

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN F 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, occupational and speech therapy, diagnostic tests and durable medical equipment.			
First \$233 of Medicare-approved amounts ¹	\$0	\$233 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
BLOOD			
First three pints	\$0	All costs	\$0
Next \$233 of Medicare-approved amounts ¹	\$0	\$233 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0
PARTS A AND B HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: First \$233 of Medicare-approved amounts ¹	\$0	\$233 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0

¹ Once you have been billed \$233 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 *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, available at medicare.gov.

Educators’ Medicare Supplement Plan F

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN F PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Educators' Medicare Supplement Plan G

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G PAYS	YOU PAY
HOSPITALIZATION ¹			
Semiprivate room and board, general nursing, miscellaneous services and supplies.			
First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
61st through 90th day	All but \$389 a day	\$389 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
• Once lifetime reserve days are used:			
- 365 additional days	\$0	100% of Medicare-eligible expenses	\$0 ²
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE ¹			
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 through 100th day	All but \$194.50 a day	Up to \$194.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	Three 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 coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ 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.

² When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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.

Educators' Medicare Supplement Plan G

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G 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, occupational and speech therapy, diagnostic tests and durable medical equipment.			
First \$233 of Medicare-approved amounts ¹	\$0	\$0	\$233
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
BLOOD			
First three pints	\$0	All costs	\$0
Next \$233 of Medicare-approved amounts ¹	\$0	\$0	\$233
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0
PARTS A AND B HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: First \$233 of Medicare-approved amounts ¹	\$0	\$0	\$233
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0

¹ Once you have been billed \$233 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 *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, available at [medicare.gov](https://www.medicare.gov).

Educators’ Medicare Supplement Plan G

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Optional Dental Benefits

NOT COVERED BY MEDICARE

AVAILABLE WITH PLAN F AND PLAN G

	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE (the amount you pay each year for combined covered services before the coinsurance is payable)		
Individual	\$25	\$50
Calendar year deductible applies to the following coverages	B and C services	B and C Services
COINSURANCE BENEFITS (the percentage of the bill you pay after your deductible has been met)		
Coverage A (preventive and diagnostic dentistry)	0% of allowable charges	50% of allowable charges
Coverage B (maintenance and simple restorative dentistry; oral surgery, periodontic and endodontic services)	25% of allowable charges	50% of allowable charges
Coverage C (complex restorative dentistry)	50% of allowable charges	50% of allowable charges

Note: If you do not select the optional dental coverage when you first enroll in an Educators' Medicare Supplement plan, you will not be able to add it at a later date.

How to find an in-network dentist

By phone: 877-721-2583

On the web: NebraskaBlue.com/Find-A-Doctor

Coverage For Dental Services

COVERAGE A – Preventive and Diagnostic

- Comprehensive and/or periodic oral exams¹
- Prophylaxis (cleaning, scaling and polishing)¹
- Sealants (permanent first or second molar teeth)
(covered persons up to age 16)
(once every four calendar years)
- Pulp vitality tests
- Fluoride varnishes¹
- Topical fluoride (covered persons up to age 16)¹
- Space maintainers, including re-cementation (prematurely lost primary teeth)
(covered persons up to age 16)
- X-rays (bitewing, intraoral, occlusal, periapical, extraoral)
 - Supplement bitewings, including vertical bitewings
(one set of four every calendar year)
 - Intraoral, occlusal, periapical and extraoral
 - Panorex or full mouth series
(one every three calendar years)

COVERAGE B – Maintenance, Simple Restorative, Oral Surgery, Periodontic, Endodontics

Oral surgery consisting of:

- Simple extractions, including root removal
1st and 2nd bicuspids (orthodontic extractions are not covered)
- Impacted extractions
- Transseptal fiberotomy/supra crestal fiberotomy
- Bone replacement graft
- Appliance removal not by dentist who placed device
- Oroantral fistula closure
- Primary closure of a sinus perforation
- Alveoplasty
- Frenectomy/frenuloplasty
- Removal of torus
- Root removal
- Tooth replantation
- Excision of hyperplastic tissue

Periodontic services (non-surgical):

- Periodontic cleanings
(four per calendar year)
- Scaling and root planing
(four every two calendar years)
- Periodontal evaluations¹

Periodontic services (non-surgical) continued:

- Provisional or permanent periodontal splinting
- Treatment of acute infection and oral lesions
- Full mouth debridement
(one every three calendar years)

Periodontic services (surgical):

- Gingivectomy³
- Gingival flap procedures³
- Osseous surgery, including flap entry and closure³
- Osseous graft³
- Guided tissue regeneration including biologic materials
- Pedicle tissue graft procedures³
- Free soft tissue grafts³
- Connective tissue graft and double pedicle graft³
- Bone graft³
- Biologic materials to aid in soft and osseous tissue regeneration³
- Distal or proximal wedge procedures³
- Soft tissue allografts³
- Crown exposure
- Crown lengthening⁴

Continued

¹ Two every calendar year

² One per tooth every five calendar years

³ Four every five calendar years

⁴ Once per tooth while covered under the Plan

COVERAGE B – Maintenance, Simple Restorative, Oral Surgery, Periodontic, Endodontics *continued***Other services**

- General anesthesia (medically necessary)
- Limited oral evaluation
- Restorations
(one per tooth every two calendar years)
- Pin retention
- Palliative treatment
- Dry socket treatment
- Repair and re-cement of dentures, bridges, crowns, inlays/onlays and cast restorations
- Emergency oral examinations
- Consultation with dental consultant (medically necessary)
- Pre-formed crowns²
- Temporary crown (within 72 hours of accident)

Endodontic services (non-surgical):

- Pulp cap
- Vital pulpotomy⁴
- Pulpal therapy⁴

Endodontic services (non-surgical) continued:

- Pulpal debridement⁴
- Root canal therapy (treatment plan, diagnostic x-rays, clinical procedures and follow up care)
- Retreatment of previous root canal therapy covered after six months when performed by a different provider
- Apexification

Endodontic services (surgical):

- Apicoectomy⁴
- Retrograde filling⁴
- Bone graft⁴
- Biologic materials to aid in soft/osseous tissue regeneration in connection with periradicular surgery⁴
- Guided tissue regeneration⁴
- Periradicular surgery⁴
- Root amputation⁴
- Hemisection⁴

COVERAGE C – Complex Restorative Dentistry

- Pontics²
- Retainer (cast metal for resin bonded fixed prosthesis)
(one every five calendar years)
- Inlays/onlays (used as abutments for fixed bridgework)²
- Inlays/onlay restorations²
- Sedative filling
- Crowns²
- Permanent bridge installation
(one every five calendar years)
- Dentures – full and partial
(one every five calendar years)
- Denture adjustments
(after six months from the date of installation)
- Denture relining
(one every three calendar years)
- Post and core
- Core buildup

COVERAGE D – Orthodontic Dentistry (NOT COVERED)

- Surgical access, exposure or immobilization (unerupted teeth)
- Placement of device to facilitate eruption (impacted teeth)
- Diagnostic casts
(one every two calendar years)
- Orthodontic appliances (initial and subsequent installations)
- Cephalometric x-rays
- Extractions
- Casts and models

¹ Two every calendar year² One per tooth every five calendar years³ Four every five calendar years⁴ Once per tooth while covered under the Plan

Monthly Premiums

EFFECTIVE JAN. 1, 2022

Educators' Medicare Supplement Plan F

AGE BRACKET	Without Dental Coverage	With Dental Coverage
Through age 66	\$160.23	\$204.04
Age 67-69	\$177.17	\$220.98
Age 70-74	\$208.20	\$252.01
Age 75-79	\$242.38	\$286.19
Age 80-84	\$258.64	\$302.45
Age 85+	\$268.40	\$312.21

Educators' Medicare Supplement Plan G

AGE BRACKET	Without Dental Coverage	With Dental Coverage
Through age 66	\$148.05	\$191.86
Age 67-69	\$163.71	\$207.52
Age 70-74	\$192.38	\$236.19
Age 75-79	\$223.96	\$267.77
Age 80-84	\$238.99	\$282.80
Age 85+	\$248.00	\$291.81

Questions?

If you have any questions about your coverage, please call our Member Services department.

A representative will be happy to help you. Our hours are 7:30 a.m. to 6 p.m. CT Monday through Friday.

Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180-0001

Phone: 877-721-2583

Web: [NebraskaBlue.com/Contact](https://www.NebraskaBlue.com/Contact)

Notes



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