Minnesota

Basic benefits included in Medicare Supplement Policies

LAKES HEALTH INSURANCE

NO GOVERNMENT AFFILIATION

Inpatient Hospital Care: Covers the Medicare Part A Coinsurance
Medical Cost: Covers the Medicare Part B coinsurance (Generally 20% of the Medicare-approved payment amount)
Blood: Covers the 1st 3 points of blood each year
Part A: Hospice and respite cost-sharing
Part A and **B** home health services and supplies cost-sharing

Medicare Supplement benefits	PBCO Plan N*	Basic Plan No Riders Plan G	Basic Plan All Riders Plan G	Extended Basic Plan
Basic Benefits				
Part A inpatient hospital deductible	NO	NO		
Part A skilled nursing facility **(SNF)** coinsurance	Provides **100 days** of **SNF care**	Provides **100 days** of **SNF care**	Provides **100 days** of **SNF care**	Provides **120 days** of **SNF care**
Part B deductible[1]	NO	NO	NO	
Foreign travel emergency	**80%**[2]	NO	**80%**[2]	**80%**[2]
Outpatient mental health after Medicare-approved amount (your 20%)				
Part B Excess Charges[3]	NO	NO	**80%**	**80%**
Medicare covered preventive care				
Physical therapy				
Other Minnesota Mandated Benefits				

 = C: Yes (Affirmative) 100% of this benefit
% = The plan covers that percentage of this benefit, and you're responsible for the rest
1 Only for those who were eligible for Medicare before January 1, 2020.
2 Only for emergency medical situations only. Up to $50,000 **lifetime limit** after $250 deductible
3 Minnesota doesn't allow excess charges. This applies only if you seek care outside of MN.
***** Plan N - Primary Care Provider office visit - $20 copay per visit, $50 copay for emergency room visits that don't result in inpatient admission.

Optional Riders
Insurance companies can offer these four (4) riders to a Medicare supplement policyholder. 1. Medicare Part A Deductible 2. Medicare Part B Deductible[1] 3. Usual and customary fees (Excess Charges[3]) 4. Non-Medicare preventive care

1. Medicare Part A Deductible Rider

The Part A Deductible Rider is an optional add-on available with some Medicare Supplement plans that provides coverage for the Medicare Part A inpatient hospital deductible. This deductible is the amount a beneficiary must pay out-of-pocket for each benefit period before Medicare starts covering hospital expenses under Part A.

2. Medicare Part B Deductible Rider

Only for those who were eligible for Medicare before January 1, 2020. The Medicare Part B Deductible Rider is an optional add-on that is available with some Medicare Supplement plans that cover the annual Part B deductible. This deductible is the amount a beneficiary must pay each year before Medicare starts paying for outpatient services under Part B, including doctor visits, lab tests, and other medical services.

3. Excess Charges Rider

The Excess Charges Rider is an optional add-on with some Medicare Supplement plans that cover Part B excess charges. These charges occur when a healthcare provider does not accept Medicare assignment and bills more than the Medicare-approved amount for a service. Providers are allowed to charge up to 15% more than the Medicare-approved rate, which the beneficiary (you) typically needs to pay out of pocket.

Example:
If a provider charges $115 for a service but Medicare approves $100, the provider's excess charge is $15. Medicare pays 80% of the $100 ($80), and without the Excess Charges Rider, the beneficiary would be responsible for both the 20% coinsurance ($20) and the $15 excess charge. The rider would cover the $15 excess charge, reducing the beneficiary's out-of-pocket expense.

4. Non-Medicare Preventive Care Rider:

Non-Medicare preventive care refers to health services designed to prevent illness or detect health issues early but are not covered by Original Medicare. These services are intended to promote overall wellness and include screenings, tests, and procedures beyond what Medicare typically considers preventive. Examples of Non-Medicare Preventive Care:

Annual Physical Exams: While Medicare covers an annual "wellness visit," it does not cover comprehensive physical exams that may include more detailed evaluations and diagnostic tests.

Additional Screenings: Tests that may not be covered by Medicare, such as more frequent screenings for conditions like cholesterol levels, heart disease, or certain types of cancer, depending on the patient's health status and risk factors.
Vaccinations Beyond Medicare's Scope: Immunizations that are not covered under Medicare Part B, like certain travel-related vaccines or additional doses of vaccines that Medicare does not deem necessary.
Preventive Health Programs: Programs that support preventive health, such as nutrition counseling, weight management programs, or wellness classes that go beyond Medicare's standard offerings.

Minnesota Mandated Benefits

In Minnesota, there are several state-mandated benefits that Medicare Supplement plans must provide, which may not be required in other states. These benefits are designed to ensure comprehensive coverage for beneficiaries. Here are some of the key Minnesota-mandated benefits:

Reconstructive Surgery: Provides coverage for necessary reconstructive surgery due to congenital conditions, illness, or injury.
Diabetic Equipment and Supplies: Includes coverage for equipment, supplies, and education for diabetes management, going beyond what standard Medicare might offer.
Routine Cancer Screening: Covers routine cancer screenings, including mammograms, Pap smears, and prostate exams, helping to ensure early detection and preventive care.
Rehabilitation Services: Covers physical, occupational, and speech therapy, providing extended benefits for recovery and rehabilitation beyond what is typically covered by Medicare.
Extended Home Health Care: Provides expanded coverage for home health care services that exceed Medicare's standard coverage, offering more comprehensive support for beneficiaries who need care at home.
Immunizations: Includes broader coverage for immunizations beyond those covered by Medicare Part B, ensuring preventive care is more accessible.
Chiropractic Care: Covers chiropractic care, including adjustments and spinal manipulation, when deemed medically necessary.
Off-Label Drug Use Coverage: Provides coverage for drugs used off-label, meaning medications prescribed for uses other than those approved by the FDA, as long as the drug is recognized for that use in specified medical compendia. This can be crucial for patients requiring treatment that falls outside standard protocols but is still medically necessary.
Mental Health Services: Provides expanded coverage for mental health care, including outpatient therapy and inpatient psychiatric care, extending beyond Medicare’s coverage to include services traditionally not fully covered.
Preventive Services Beyond Medicare’s Standard: Includes a broader range of preventive services beyond what Medicare covers, such as routine cancer screenings (mammograms, Pap smears, prostate exams), additional immunizations, and wellness visits, ensuring comprehensive preventive care and early detection.
Alcohol and Substance Use Disorder Treatment: Covers treatment for alcohol and substance use disorders, including outpatient services, therapy, and rehabilitation, providing more comprehensive recovery support than what Original Medicare covers.
Podiatry Services: Covers medically necessary podiatry services, such as foot care related to diabetes. While Medicare covers some podiatry services, Minnesota-mandated benefits extend to more comprehensive foot care.

Medically Necessary:

Medically necessary services or supplies are those that are required to diagnose or treat a medical condition, illness, injury, or disease. These services must meet accepted standards of medical practice and be appropriate for the patient's condition. In the context of Medicare, a service or supply is considered medically necessary if it is:

- Reasonable and necessary for diagnosing or treating an illness or injury or improving the functioning of a malformed body part.
- Provided in accordance with established medical standards and guidelines.
- Not primarily for the patient's or healthcare provider's convenience, but rather essential for effective care.

Medicare and Medicare Supplement plans typically cover services that meet the medical necessity criteria, ensuring that beneficiaries receive the appropriate care and treatment for their health conditions.