



# Community College of Philadelphia 2023 MedigapSecurity Group – Plan F with Major Medical

<b>MEDICARE PART A - HOSPITAL SERVICES – PER BENEFIT PERIOD*</b> <b>2023 Medicare Deductibles and Coinsurance</b>			
SERVICES	MEDICARE PAYS	PLAN F PAYS	MAJOR MEDICAL
<b>HOSPITALIZATION</b> Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days  61st through 90th day 91st 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> - Beyond the additional 365 days	All but \$1,600  All but \$400 a day  All but \$800 a day  \$0  \$0	\$1,600 (Part A deductible)  \$400 a day  \$800 a day  100% of Medicare-eligible expenses  \$0	\$300 Individual      Additional Hospitalization
<b>INPATIENT PSYCHIATRIC CARE</b>	190 days lifetime maximum	***	See Group Major Medical Contract
<b>BLOOD</b> First three pints Additional amounts	\$0 100%	Three pints \$0	\$0

\* A benefit period begins on the first day you receive services 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.

\*\* Major Medical covers 80% of the Reasonable and Customary fee for those medically necessary services that are not covered by Medicare or MedigapSecurity, after payment of the Major Medical deductible. Major Medical is also subject to a lifetime maximum and certain exclusions.

\*\*\* If treatment is rendered in a freestanding psychiatric facility, no coverage beyond the Medicare maximum. If treatment is rendered in a general acute care hospital, it is treated the same as a regular admission.

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MEDICARE PART A – HOSPITAL SERVICES (continued)	CCP MedigapSecurity Group – Plan F with Major Medical		
SERVICES	MEDICARE PAYS	PLAN F PAYS	MAJOR MEDICAL
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  21st through 100th day  101st day and after	All approved amounts  All but \$200 a day  \$0	\$0  Up to \$200 a day  \$0	SNF days in excess of the basic coverage
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
MEDICARE PART B – MEDICAL SERVICES – PER CALENDAR YEAR			
+Once you have been billed \$226 of Medicare-approved amounts for covered services (which are noted with a plus sign), your Part B deductible will have been met for the calendar year.			
SERVICES	MEDICARE PAYS	PLAN F PAYS	MAJOR MEDICAL
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, durable medical equipment  First \$226 of Medicare-approved amounts+  Remainder of Medicare-approved amounts   Part B Excess Charges (Above Medicare-Approved Amounts)	\$0  Generally 80%  \$0	\$226 (Part B deductible)  Generally 20%  100%	\$226 Part B deductible  \$0 - Does not cover any Medicare coinsurance  Charges in excess of Medicare-approved amounts up to the Major Medical allowance
BLOOD First Three pints Next \$226 of Medicare-approved amounts+  Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$226 (Part B deductible) 20%	\$0 \$226 Part B deductible \$0

This summary is intended to highlight the benefits available to you.  
 For detailed information regarding benefits, exclusions and limitations, please refer to your contract.

**MEDICARE PARTS A & B****CCP MedigapSecurity Group –  
Plan F with Major Medical**

+Once you have been billed \$226 of Medicare-approved amounts for covered services (which are noted with a plus sign), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN F PAYS	MAJOR MEDICAL
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies  Durable medical equipment • First \$226 of Medicare-approved amounts+  • Remainder of Medicare-approved amounts	100%  \$0  80%	\$0  \$226 (Part B deductible) 20%	Outpatient Private Duty Nursing (RN or LPN) up to 240 hours per year  \$226 (Part B deductible)  Charges in excess of Medicare-approved amounts up to the Major Medical allowance

**OTHER BENEFITS - NOT COVERED  
BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN F PAYS	MAJOR MEDICAL
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 • Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	Foreign Travel medical care covered where not covered by Medicare or MedigapSecurity
BASIC OUTPATIENT PRESCRIPTION DRUGS-- NOT COVERED BY MEDICARE	\$0	\$0	Outpatient Prescription Drugs (unless paid under a Prescription Drug program)

Independence Blue Cross and Highmark Blue Shield are Independent Licensees of the Blue Cross and Blue Shield Association.

2023 MGS PLAN F W/MM CCP (10/11/22)

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