

Medicare Supplement Excellus Copay Plan

Prepared for Genesee Area Healthcare Plan

Effective: 01/01/2026

Medicare Supplement Plan G

Plan Feature Highlights		Medicare Supplement Excellus Copay Plan	
Type of Care/Plan Benefits			
Annual deductible		None	
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD			
Hospitalization days 1-60		Health Plan pays Part A deductible. Remainder of costs covered by Original Medicare.	
Hospitalization days 61-90, and 365 lifetime reserve days		Covered In full.	
Hospitalization beyond 365 lifetime reserve days		No coverage. Member is responsible for 100% of the costs.	
Skilled nursing facility days 1-20		Covered in full by Original Medicare.	
Skilled nursing facility days 21-100		Health Plan responsible for copayment per day. Remainder of costs covered by Original Medicare.	
Skilled nursing facility days 101+		No coverage. Member is responsible for 100% of the costs.	
Blood		Covered in full by Original Medicare.	
Hospice care		Original Medicare pays for all but very limited copayment/coinsurance for outpatient drugs and inpatient respite care. Health Plan is responsible for the remainder of costs.	
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR			
Medical expenses		Member pays Part B deductible. Covered in full for Part B services. Original Medicare pays 80% of the costs. Health plan pays 20% of the costs.	
Part B excess charges		Health Plan is responsible for 100% of the costs.	
Blood		Member pays Part B deductible. Covered in full (Health plan pays 1st 3 pints. Original Medicare pays for any additional pints.)	
Clinical laboratory services		Covered in full by Original Medicare.	
Other Services			
Home health care		Covered in full by Original Medicare.	
Durable medical equipment		Member pays Part B deductible. Covered in full for Part B services. Original Medicare pays 80% of the costs. Health plan pays 20% of the costs.	

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. This plan supplements Original Medicare and only applies to items and services covered by Original Medicare.

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Type of Care/Plan Benefits			
Foreign travel		To be used for emergency care within the 1st 60 days outside the United States. Subject to \$250 deductible after which member pays 20% coinsurance (health plan pays 80% coinsurance). There is a \$50,000 lifetime maximum.	
Prescription drugs			
Prescription drug coverage		Not Covered	

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