Medicare Supplement Excellus Copay Plan
Prepared for Genesee Area Healthcare Plan
Effective: 01/01/2026

Medicare Supplement Plan C

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	Health Plan 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	Member is responsible for 100% of the costs.
Blood	Health Plan 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	Health Plan 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.

Plan Feature Highlights	Medicare Supplement Excellus Copay Plan
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

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.