



Empire BlueCross BlueShield/GHI Type CBP Senior Care

	Under Medicare	Basic Coverage Only	Basic Coverage with Optional Day Rider
Semi-Private Room 1 st through 60 th day	Covered in full except for the Medicare deductible amount	Pays Medicare deductible amount, less \$300 per individual per confinement to a maximum of \$750 per calendar year	Pays Medicare deductible amount, less \$300 per individual per confinement to a maximum of \$750 per calendar year
61 st through 90 th day	Covered in full except for the Medicare coinsurance amount	Not covered	Pays the Medicare coinsurance amount
91 st through 120 th day	Not covered	50% covered	Covered in full
121 st through 201 st day	Not covered	50% covered	Covered in full
202 nd through 365 th day	Not covered	Not Covered	Covered in full
Private Room	Limited to cost of semi-private room unless medically necessary	Same as semi-private 1st through 60 th day. No benefits provided 61st through 90 th day. Covers 50% of most semi-private charges 91 st through 201 st day	Same as semi-private 1 st through 90 th day. Covers most common semi-private charges 91 st through 365 th day
Skilled Nursing Facility	Covered for 100 days in skilled nursing facility except for the coinsurance amount from 21 st through 100 th day	Pays the coinsurance amount from the 21 st through 100 th day	Pays the coinsurance amount from the 21 st through 100 th day
Lifetime Reserve	Covers all but the coinsurance amount for 60 additional lifetime reserve days which may be used after the 90 th day in any benefit period	Pays the coinsurance amount for all or part of the "Medicare 60-day lifetime reserve" during the 91st through 201 st day	Pays the coinsurance amount for all or part of the "Medicare 60-day lifetime reserve" during the 91 st through 201 st day
Blood Transfusions	Covered in full except for the first three pints	Covered for first three pints	Covered for first three pints
Emergency Room Care or Outpatient minor surgery	Covered for 80% of Medicare Part B allowed charges less the Medicare Part B deductible.	Pays 20% of Medicare allowed charges in hospitals for emergency first-aid following accidental injury or the onset of a sudden and serious illness, or for minor outpatient surgery after you have paid the Medicare Part B deductible after you have paid the Medicare Part B deductible and a \$50 co-payment per visit.	Pays 20% of Medicare allowed charges in hospitals for emergency first-aid following accidental injury or the onset of a sudden and serious illness, or for minor outpatient surgery after you have paid the Medicare Part B deductible after you have paid the Medicare Part B deductible and a \$50 co-payment per visit.

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Hospital Care when outside the U.S.A.	Not covered except under limited circumstances in Canada and Mexico	Covered in full from 1st through 60th day except the Medicare deductible amount, and from the 61st through 90th day, except for the Medicare coinsurance amount. The hospital benefits for City enrollees under age 65 will apply for persons living outside the US for more than 3 months.	Covered in full from 1st through 60th day except the Medicare deductible amount, and from the 61st through 90th day, except for the Medicare coinsurance amount. The hospital benefits for City enrollees under age 65 will apply for persons living outside the US for more than 3 months.