



# Benefits

## summary



### Empire BlueCross BlueShield's Medicare Related Plan (Effective 2010)

	Under Medicare	Empire BlueCross BlueShield's Medicare Related Plan
Semi-Private Room	Covered in full except for the deductible amount	Pays Medicare deductible
61 <sup>st</sup> through 90 <sup>th</sup> day	Covered in full except for the coinsurance amount	Pays the coinsurance amount
91 <sup>st</sup> through 120 <sup>th</sup> day	Not covered	No coverage unless lifetime reserve days are exhausted; then covered in full
121 <sup>st</sup> through 201 <sup>st</sup> day	Not covered	Covered in full
202 <sup>nd</sup> through 365 <sup>th</sup> day	Not covered	Covered in full
Private Room	Limited to cost of semi- private room unless medically necessary	Limited to cost of semi- private room unless medically necessary
Skilled Nursing Facility	Covered for 100 days in skilled nursing facility except for the coinsurance amount from 21 <sup>st</sup> through 100 <sup>th</sup> day	Pays the coinsurance amount from the 21 <sup>st</sup> through 100 <sup>th</sup> day
Lifetime Reserve	Covers all but the coinsurance amount for 60 additional lifetime reserve days which may be used after the 90 <sup>th</sup> day in any benefit period	Pays the coinsurance amount for all or part of the "Medicare 60-day lifetime reserve" during the 91 <sup>st</sup> through 365 <sup>th</sup> day
Blood Transfusions	Covered in full except for the first three pints	Covered for first three pints
Emergency Room Care	Covered at 80% of Medicare Part B allowed charges <b>After</b> you pay 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 surgery and reimburses the Medicare Part B deductible
Private Duty Nursing	Not Covered	Pays 80% after the first 72 hrs. when authorized by a physician; \$100 deductible
Office visits, laboratory, diagnostic tests, outpatient care	Covered at 80% of Medicare Part B allowed charges <b>After</b> you pay the Medicare Part B deductible	Empire reimburses the 20% of Medicare allowed amount and reimburses the Medicare Part B deductible.

## Empire BlueCross BlueShield's Medicare Related Plan

	Under Medicare	Empire BlueCross BlueShield's Medicare Related Plan
Hospital Care when outside the U.S.A	Not Covered	Coverage pays benefits for emergency hospital, physician and medical care in a foreign country which would be covered under Medicare if you had received care within the US. Emergency care means care needed immediately because of an injury or illness of a sudden & unexpected onset. In each calendar year, we will pay 80% of the billed charges for expenses for necessary emergency care, subject to a \$50,000 lifetime maximum. The emergency care must begin during the first 60 consecutive days of each trip outside the US. Payment will not be made for any emergency care you receive in a foreign country which is covered by Medicare, except that we will pay the regular deductible/and or coinsurance.
Prescription Drugs <sup>1</sup>	Not Covered <sup>2</sup>	<p><b>Retail Pharmacy</b>            \$0 deductible            \$0 copay for select generics            \$10 copay for 30 day supply of generics            \$25 copay for 30 day supply of brands            \$50 copay for 30 day supply of non-formulary            25% coinsurance for specialty injectables, specialty drugs (generic &amp; brand )            Specialty limited to a 30-day supply</p> <p><b>Mail Order Pharmacy Only</b>            \$0 deductible            \$0 copay for select generics            \$20 copay for 90 day supply of generics            \$50 copay for 90 day supply of brands            \$100 copay for 90 day supply of non-formulary            25% coinsurance for specialty injectables, specialty drugs (generic &amp; brand) Specialty limited to a 30-day supply  <b>Your payment responsibility changes once you reach your initial coverage limit of \$2,700. Coverage gap member pays 50% (mail &amp; retail)</b>  <b>After your yearly out-of-pocket costs reach \$4,550, you pay the following:</b>  <input type="checkbox"/> <b>\$2.50 copay for generic drugs or 5% whichever is greater (including brand drugs treated as generic) and \$6.30 copay or 5% whichever is greater for all other drugs.*</b>  <b>Lesser than logic applied – if cost of script is less than copay, member pays cost of script</b></p>

<sup>1</sup> Available by rider only

<sup>2</sup> Medicare Part B covers a limited set of injectable & infusible drugs. Check with Medicare if you are unsure.