

Classic Blue Secure

Benefits	Medicare A & B	Classic Blue Secure
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		Requires both Medicare A & B enrollment.
WHO IS COVERED		
Type of Tiers – check all that apply: <ul style="list-style-type: none"> • single • family • subscriber and spouse • subscriber and child(ren) 	Single Family	Single Family
Dependent Coverage <ul style="list-style-type: none"> • Age to which dependents covered 	No	N/a
Student Coverage <ul style="list-style-type: none"> • Age to which students covered 	No	N/a
Domestic Partner Coverage	No	No
MEDICAL NECESSITY		
Pre-Cert Apply Y/N? <ul style="list-style-type: none"> • If Yes, indicate services pre-cert applies to • provide penalty information (cannot be greater than 50% or \$500 whichever is less) 	N/A	N/A
Medical Benefit Management Program & Services	N/A	N/A
COST SHARING EXPENSES		
Contract Year	Calendar year	Calendar year
Deductible <ul style="list-style-type: none"> • Single 	Changes year to year. Medicare A Medicare B	See specific benefit type
4 th Quarter Deductible Carry-Over Y/N	N/A -	Yes
Copayment	Medicare A Medicare B Outpatient services	None
Coinsurance	20% Medicare B	See specific benefit type

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Annual Out-of-Pocket Maximum (includes deductible & coinsurance, excludes copayment)	N/A -	None
<ul style="list-style-type: none"> • Single • Family 		
Lifetime Benefit Maximum	N/A -	\$1,000,000.00
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services <ul style="list-style-type: none"> • Federal Mandate - Inpt. Adm. for mastectomy must be covered for as long as attending physician deems medically necessary, includes mastectomy prosthesis 	Medicare A deductible & copays Copay for 61 st to 90 th day. 60 Lifetime Reserve days (91 st -150 th day)	Covers Medicare A: Deductible Daily copay Lifetime Reserve copay When Medicare exhausts 100% of Medicare covered services up to 365 days per lifetime. Allowed amount is the amount Medicare allowed (not charge).
Mental Health Care Includes Partial Hospital State & Federal Mandate	Medicare A & B deductible & copays.	Covers Medicare deductible & copays that may apply
Mental Health Care State Mandate for Biologically based Mental Illness & Children with Serious Emotional Disturbances	Does not apply	Inclusive in Mental Health or Inpatient benefit as determined by Medicare
Residential Treatment	Not Covered	Not Covered
Detoxification	Medicare A deductible & copays Copay for 61 st to 90 th day. 60 Lifetime Reserve days (91 st -150 th day)	Covers Medicare deductible & copays that may apply

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Skilled Nursing Facility	Medicare A covers: Days 1 - 20: CIF Days 21 – 100:– member pays 100: up to \$124 per day There is a limit of 100 days of in each benefit period.	Covers Medicare A: Deductible Daily copay
Physical Rehabilitation	Medicare A deductible & copays Copay for 61 st to 90 th day. 60 Lifetime Reserve days (91 st -150 th day)	Covers Medicare A: Deductible Daily copay Lifetime Reserve copay When Medicare exhausts 100% of Medicare covered services up to 365 days per lifetime.
Chemical Dependence and Abuse Rehabilitation	Medicare A deductible & copays Copay for 61 st to 90 th day. 60 Lifetime Reserve days (91 st -150 th day)	Equivalent to Medicare Supplemental Coverage
Maternity Care (Federal Mandate, 48 hrs regular delivery, 96 for c-section; one home care visit covered in full, not subject to any other home care visit limitations)	Medicare A deductible & copays Copay for 61 st to 90 th day. 60 Lifetime Reserve days (91 st -150 th day)	Covers Medicare A: Deductible Daily copay Lifetime Reserve copay When Medicare exhausts 100% of Medicare covered services up to 365 days per lifetime.
Maternity Care – Routine Newborn Nursery (Federal Mandate - must be covered equivalent to Maternity care, no limits).	Medicare A deductible & copays Copay for 61 st to 90 th day. 60 Lifetime Reserve days (91 st -150 th day)	Covers Medicare A: Deductible Daily copay Lifetime Reserve copay When Medicare exhausts 100% of Medicare covered services up to 365 days per lifetime.
Internal Prosthetics	Medicare A deductible & copay	Covers Medicare A deductible & copays.

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Observation Stay	Medicare A deductible & copays Copay for 61 st to 90 th day. 60 Lifetime Reserve days (91 st -150 th day)	Covers Medicare A: Deductible Daily copay Lifetime Reserve copay When Medicare exhausts 100% of Medicare covered services up to 365 days per lifetime.
Part A & B Blood Deductible	Medicare A & B deductible	Covers Medicare A deductible & copays.
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters/Freestanding	Medicare B copayment	Covers Medicare B copayment
Pre-admission/Pre-Operative Testing <small>(State Mandated if inpatient hospital, medical/surgery covered, cover equivalent to medical/surgery)</small>	Medicare B copayment	Covers Medicare B copayment
Diagnostic Imaging, X-ray, CAT, MRI	Medicare B copayment	Covers Medicare B copayment
Routine Imaging, X-ray, CAT, MRI <small>(Benefit must be equal to Diagnostic)</small>	Not Covered	Not Covered
Diagnostic Laboratory and Pathology	Medicare B copayment	Covers Medicare B copayment
Routine Laboratory and Pathology <small>(Benefit must be equal to Diagnostic)</small>	Medicare B - Some preventive labs CIF (e.g. Cholesterol, lipid, and triglyceride levels every five years)	Not Covered
Radiation Therapy (excludes drugs dispensed by a pharmacy)	Medicare B copayment	Covers Medicare B copayment
Chemotherapy (excludes drugs dispensed by a pharmacy)	Medicare B copayment	Covers Medicare B copayment
Hemodialysis	Medicare B copayment	Covers Medicare B copayment
Mammogram <small>(State Mandated if inpatient hospital, medical/surgery covered)</small>	Not covered unless Medicare deductible, coinsurance or copay applies.	Not covered unless Medicare deductible, coinsurance or copay applies.

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Cervical Cytology (Pap Smear, does not include breast exam) (State Mandated if inpatient hospital, medical/surgery covered)	Medicare B CIF	Change to above
Mental Health Care (Federal Mandate - Unique financial limits not imposed on other benefits prohibited. NYS Mandate: 20 visits per calendar year combined with physician, coverage equal to diagnostic office visit, if OV not covered coverage equal to CD)	Medicare B deductible & copayment. 50% coinsurance for professional.	Medicare B Deduct, Copay or Coinsurance
Mental Health Care Mandated for Biologically based Mental Illness & Children with Serious Emotional Disturbances	Not applicable	Inclusive in Mental Health or Office visit as determined by Medicare
Chemical Dependency (State Mandated 60 visits (includes 20 family visits); cover equivalent to inpatient surgical benefit)	Medicare B deductible & copayment. 50% coinsurance for professional.	Equivalent to Medicare Supplemental Coverage
Covered Therapies	Medicare B deductible & coinsurance.	Covers Medicare B deductible and coinsurance
Pulmonary Rehabilitation	Medicare B copayment	Covers Medicare B copayment
Cardiac Rehabilitation	Medicare B deductible & coinsurance.	Covers Medicare B deductible and coinsurance
Injectable Drugs (excludes vaccines, allergy injections & treatment of diabetes)	Medicare B copayment	Covers Medicare B copayment
HOME CARE (State Mandated; benefits of not less than 40 4 hr. visits per 12 month period, no less than 75% coinsurance & no more than \$50 deductible)	Medicare A & B CIF	Not covered unless Medicare deductible, coinsurance or copay applies. DME as part of Home Care Medicare A or B Coinsurance.

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HOSPICE CARE (State Mandated must include 5 bereavement counseling visits)	Medicare A CIF <ul style="list-style-type: none"> • A Hospice benefit will be added to all Med Supp plans which covers for all Part A eligible hospice and respite care expenses. • Medicare pays all but very limited coinsurance for outpatient drugs and inpatient respite care • Available as long as the provider certifies the member is terminally ill and the member elects to receive these services. 	Medicare A Copay for outpatient prescription drugs. Medicare A Coinsurance for respite care.
PHYSICIAN SERVICES		
Inpatient Hospital Surgery	Medicare A or B deductible & coinsurance	Covers Medicare A or B deductible & coinsurance
Outpatient Hospital & Ambulatory Surgery	Medicare B deductible & coinsurance	Covers Medicare B deductible and coinsurance
Office Surgery	Medicare B deductible & coinsurance	Covers Medicare B deductible and coinsurance
Covered Therapies	Medicare B deductible & coinsurance	Covers Medicare B deductible and coinsurance
Anesthesia (includes IP, OP, OV and delivery)	Medicare A or B deductible & coinsurance depending on site of service	Covers Medicare A or B deductible & coinsurance depending on site of service
Additional Surgical Opinion (State Mandated if inpatient hospital, medical/surgery covered, cover equivalent to inpatient medical/surgery)	Medicare B deductible & coinsurance	Covers Medicare B deductible and coinsurance
Second Medical Opinion (State Mandated for cancer; cover equivalent to office visit)	Medicare B deductible & coinsurance	Covers Medicare B deductible and coinsurance
Maternity Care: Normal, Complications & Termination. (Federal Mandate coverage. Global fee includes prenatal and postpartum care)	Medicare A or B deductible & coinsurance depending on site of service	Not unless Medicare covers.
Prenatal and Postpartum Care	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance

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Delivery Anesthesia (Must cover equivalent to surgical Anesthesia)	Medicare A or B deductible & coinsurance depending on site of service	Covers Medicare A or B deductible & coinsurance depending on site of service
In-Hospital Physician Visits (Federal Mandate - IHM for mastectomy must be covered for as long as attending physician deems medically necessary)	Medicare A deductible & coinsurance	Covers Medicare B deductible & coinsurance
Physician's Office – Preventative Services		
Routine Physical Examinations (routine labs covered when done in conjunction with physical)	Not Covered. Medicare B covers 1 per lifetime.	Not Covered
Well Child Visits and Immunizations (State mandated benefit - must cover CIF in-net/par, can apply benefit equivalent ded/co/copay out of net/non-par)	Not Applicable	Not Applicable
Adult Immunizations	Medicare B Flu CIF & Hepatitis deductible & coinsurance H1N1 included	Equivalent to Medicare Supplemental Coverage. Coverage for Tetanus and Shingles at 100% of provider allowance
Physician's Office - Other Services		
Diagnostic Laboratory and Pathology	Medicare B deductible & coinsurance	Not covered unless Medicare deductible, coinsurance or copay applies.
Routine Laboratory and Pathology (Benefit must be equal to Diagnostic)	Medicare B - some preventive labs CIF (e.g. Cholesterol, lipid, and triglyceride levels every five years)	Not covered unless Medicare deductible, coinsurance or copay applies.
Eye Exams - Diagnostic	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Eye Exams Routine	Not covered	<input checked="" type="checkbox"/> Not Covered
Eyewear – Frames/Lenses or Contact lenses	Not Covered	
Hearing Evaluations Diagnostic	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Hearing Evaluations Routine	Not Covered	Not Covered

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Hearing Aids	Not Covered	Not Covered
Diagnostic Office Visits – (Includes all diagnostic physician visits e.g. GYN, cardiac, orthopedists, etc.)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Office/Outpatient Consultations	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Diagnostic Imaging Services, X-ray, CAT, MRI, etc.	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Routine Imaging Services, X-ray, CAT, MRI, etc. (Benefit must be equal to Diagnostic)	Not Covered	Not Covered
Radiation Therapy (excludes drugs dispensed by a pharmacy)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Chemotherapy (excludes drugs dispensed by a pharmacy)	Medicare B deductible & coinsurance	Covers Medicare A or B deductible & coinsurance.
Hemodialysis	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Mammogram (State Mandated if inpatient hospital, medical/surgery covered)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Routine GYN Visits including Cervical Cytology mandate (State Mandated if inpatient hospital, medical/surgery covered)	Medicare B deductible & coinsurance for office exam. Pap Medicare B CIF.	Covers Medicare B deductible & coinsurance for office exam.
Prostate Cancer Screenings (State Mandated if physician office visit covered; must be covered equal to office visit)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Allergy Testing and Treatment (Includes Serum and Injections)	Not Covered	Not Covered
Mental Health Care (Federal Mandate - Unique financial limits not imposed on other benefits prohibited. NYS Mandate: 20 visits per calendar year combined with outpatient facility, coverage equal to diagnostic office visit, if OV not covered coverage equal inpatient surgery)	Medicare B deductible & 50% coinsurance.	Equivalent to Medicare Supplemental Coverage

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Mental Health Care Mandated for Biologically based Mental Illness & Children with Serious Emotional Disturbances	Not Applicable	Not Applicable
Chiropractic Care (State Mandated if physician office visit covered; must be covered equal to office visit)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Inpatient Consultations	Medicare A deductible & coinsurance	Covers Medicare B deductible & coinsurance
Infertility Care (State Mandated if inpatient hospital, medical/surgery covered)	Covered same as similar services under benefit plan for medically necessary services	Not covered unless Medicare deductible, coinsurance or copay applies.
Bone Density Testing (State Mandated if physician office visit covered; must be covered equal to office visit)	Medicare B deductible & coinsurance. Outpt facility Medicare B Copayment	Covers Medicare B deductible & coinsurance
Injectable Drugs (excludes vaccines, allergy injections & treatment of diabetes)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
ADDITIONAL BENEFITS		
Treatment of Diabetes (Insulin & Supplies) (State Mandated if physician office visit covered; must be covered equal to or better than office visit for a 30 day supply)	Medicare B deductible & coinsurance for supplies. Insulin not covered by Medicare B.	Covers Medicare B deductible & coinsurance for supplies. Insulin not covered.
Diabetic Education (State Mandated if physician office visit covered; must be covered equal to or better than office visit)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Diabetic Equipment (State Mandated if physician office visit covered; must be covered equal to or better than office visit)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Mastectomy Prosthesis (Federal Mandate benefit – if inpatient hospital, medical/surgery covered must cover equivalent to inpatient surgery or DME whichever is the <u>better</u> benefit.)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Durable Medical Equipment (DME)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
External Prosthetics/Orthotics (foot orthotics excluded)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance

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Foot Orthotics (coverage must be equal to external prosthetic benefit)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Medical Supplies	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Air Ambulance Service	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Prehospital Emergency Services/Transportation – includes all ground transportation (Mandated, coverage must be equal to or better than emergency benefit. Includes all ground transport)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Acupuncture	Not Covered	Not Covered
Oral Surgery	Not Covered	Not Covered
Prescription Drugs (If Rx covered, enteral nutrition, cancer, bone density, infertility drugs and oral contraceptive drugs & devices mandated; coverage must be equal to all other drugs; certain formulas capped at \$2,500 annually.) Benefits must meet Excellus standards.	Not Covered See Medicare D	Not Covered
Other :		
Nutritional Therapy	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Private Duty Nursing	Not Covered	Not covered
Non-assigned Provider	Not Covered	If a provider does not accept Medicare's assignment the following will apply: <ul style="list-style-type: none"> The balance will be covered when Medicare pays a percentage of the Medicare approved amount for a covered Part B service
Medically Necessary Emergency Care in a Foreign Country	Not covered	Not covered
EMERGENCY SERVICES (Emergency Condition Mandated if inpatient hospital, medical/surgery; O/N benefit for Emergency Condition must be equal to I/N)		

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Facility – Emergency Room	Medicare B copayment	Covers Medicare B copayment
Physician’s Hospital Emergency Room Visit (CIF if Emergency room is copayment)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Freestanding Urgent Care Center (emergency & non-emergency services)	Medicare B copayment	Covers Medicare B copayment
Physician’s Freestanding Urgent Care Center Visit (emergency & non-emergency services, CIF if Urgent Care Center is copayment)	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
WAITING PERIODS		
Pre-Existing Apply? Y/N (Standard non-waiver applies to groups under 50 eligibles. Mandate: Art. 43 only. 300 or more eligibles always waived. Waiting period is 12 months.)	Not Applicable	6 month waiting period
COORDINATION OF BENEFITS (includes Medicare eligibles)		
	Not Applicable	Make Whole
EXCLUSIONS: The following are common exclusions that will apply.		
Acupuncture		
Blood products		
Certification Examinations		
Cosmetic Services		
Court Ordered Services		
Criminal Behaviors		
Custodial Care		
Dental (non-accidental services)		
Developmental Delay		
Disposable Supplies		
Experimental and Investigational Services		
Free Care		
Government Hospitals		
Government Programs		
Hair Prosthetics		

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Household Fixtures		
Hypnosis/Biofeedback		
Military Service-Connected Conditions		
No-Fault Automobile Insurance		
Non-covered Services		
Nutritional Therapy	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance
Personal Comfort Services		
Prohibited Referrals		
Reproductive Procedures		
Reversal of elective sterilization		
Routine Care of the Feet		
Self-Help Diagnosis, Training, and Treatment		
Services covered under Hospice		
Services before Coverage begins		
Smoking Cessation Programs		
Social Counseling & Therapy		
Special Charges		
Transsexual Surgery and Related Services		
Unlicensed Provider		
Vision & Hearing Therapy & Supplies		
Weight Loss Services		
Workers Compensation		

This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.