



2010 BCBS Medicare Companion Plan 2

Health plan administered by BlueCross BlueShield (BCBS) of Illinois: 1-866-804-0976

www.gbophb.org

Note: Medicare Part B payment is always based on allowable charges. Providers who accept Medicare Assignment of Benefits may not charge more than the amount allowed by Medicare. Providers who do not accept Medicare Assignment of Benefits cannot charge more than 15% above the amount allowed by Medicare (the Limiting Charge Rule). The Limiting Charge Rule does not apply to expenses incurred for medical supplies and/or ambulance services.

Type of Expenses	What Medicare Provides ¹ (Parts A and B)	What Plan Provides When Medicare Pays Primary
Inpatient Hospital Services²	<ul style="list-style-type: none"> • Full coverage for first 60 days after you have paid the \$1,068 calendar year Medicare Part A deductible per benefit period^{1, 3} • All but \$267 per day for days 61-90^{1, 3} per benefit period • All but \$534 per day for days 91-150 per benefit period^{1, 3} • Hospital benefits end unless non-renewable lifetime reserve of 60 days 	<ul style="list-style-type: none"> • 80% of covered charges that remain after the Plan's Calendar Year Deductible has been satisfied and after the Medicare payment has been made² • Calendar Year Deductible is \$500 • Annual out-of-pocket maximum is \$1,500 • Pre-certification provisions do not apply
Skilled Nursing Facility Includes state licensed institutions that are not covered by Medicare (medical care only)	<ul style="list-style-type: none"> • After a three-day hospital confinement, full coverage for the first 20 days per benefit period^{1, 3} • All but \$133.50 per day for days 21-100 per benefit period^{1, 3} 	<ul style="list-style-type: none"> • Custodial care not covered • Skilled nursing facility covered up to 120 days per calendar year. No prior hospital confinement required
Hospice/Home Health Care	<ul style="list-style-type: none"> • Full coverage if prescribed by doctor 	<ul style="list-style-type: none"> • Home health care up to 60 visits per calendar year • Hospice care has no lifetime maximum
Preventive Care	<ul style="list-style-type: none"> • One-time physical exam (within six months of enrollment in Medicare Part B) • Screening blood tests for cardiovascular disease • Diabetes screening • Mammogram • Pap smear and pelvic exam • Prostate cancer screening • Fecal occult blood test • Flu shot 	<ul style="list-style-type: none"> • 100% of charges for covered services subject to the Maximum Allowance as determined by the Claims Administrator

(continued)

Type of Expenses	What Medicare Provides ¹ (Part A and B)	What Plan Provides When Medicare Pays Primary
Physicians, Surgeons and Other Medical Services² (including outpatient diagnostic services)	<ul style="list-style-type: none"> 80% of the approved charges after you have paid the \$135 calendar year Medicare Part B deductible¹ 	<ul style="list-style-type: none"> 80% of charges that remain after the Plan's Calendar Year Deductible has been satisfied and after the Medicare payment has been made Pre-certification provisions do not apply
Full-time (RN or LPN) Private Duty Nursing	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> 80% after the Calendar Year Deductible Calendar Year maximum benefit is specified in the HealthFlex Benefit Booklet
Mental Health and Chemical Dependency	<ul style="list-style-type: none"> 50% of the approved charges after you pay the \$135 \$135 calendar year Medicare Part B deductible¹ 	<ul style="list-style-type: none"> 80% of charges that remain after the Plan's Calendar Year Deductible has been satisfied and after the Medicare payment has been made Biologically based mental illness treated the same as any other illness
Maximum Benefit	<ul style="list-style-type: none"> As previously specified 	<ul style="list-style-type: none"> \$3,000,000 per individual
Hearing Benefit <ul style="list-style-type: none"> Hearing aids—every 24 months Exam 	<ul style="list-style-type: none"> Not covered Not covered 	<ul style="list-style-type: none"> 50% up to \$500 per ear 80% after the Calendar Year Deductible

¹ Medicare amounts listed are from 2009. For more detailed information about Medicare coverage, consult your *Medicare and You* handbook which is available at www.Medicare.gov.

² To calculate the plan payment for inpatient hospital services or for physicians, surgeons and other medical services, use the following formula:

Participant-responsible amount (after Medicare)	_____ \$
Plan deductible (\$500)	- \$
Subtotal	= \$
Co-insurance percent	x _____ 80%
Plan payment amount	= \$

³ Benefit period ends 60 days after discharge from the hospital or skilled nursing facility.

This summary highlights some of the features of this benefit plan. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the Plan Document, the Summary Plan Description and the HealthFlex Benefit Booklet (collectively, the "Documents") maintained by the General Board of Pension and Health Benefits. If there are any conflicts between this summary and the terms of the Documents, the terms of the Documents shall control.

HealthFlex has certain obligations under the federal Medicare Secondary Payer rules (MSP Rules). This summary generally illustrates the procedures that apply to claims payment with respect to Medicare-eligible participants. However, if any conflict arises between the MSP Rules and the terms of this summary, the MSP rules shall control.