

Blue Cross Blue Shield Supplemental Coverage Benefits-at-a-Glance

Blue Traditional Supplemental Coverage Blue Cross Option 2 and Blue Shield Option 1

Medicare

Preventive Services

Health Maintenance Exam	Not Covered	Not Covered
Annual Gynecological Exam	Not Covered	Not Covered
Pap Smear Screening – laboratory services only	Covered at Medicare approved amount, once every 3 years	Covered in full by Medicare
Well-Baby and Child Care	Not Covered	Not Covered
Immunizations		
• Flu Shots and Pneumonia Vaccines	Covered at Medicare approved amount	Covered in full by Medicare
• Hepatitis B Vaccines – for those at risk of contracting the disease	Covered at Medicare approved amount less Part B deductible and coinsurance	Not Covered
Prostate Specific Antigen (PSA) Test	Covered at Medicare approved amount, once every year at age 50 and older	Covered in full by Medicare

Mammography

Mammography Screening	Covered at Medicare approved amount less Part B coinsurance, once every year at age 40 and older	Covers Medicare coinsurance
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Physician Office Services

Office Visits	Covered at Medicare approved amount less Part B deductible and coinsurance	Not Covered
Outpatient and Home Visits	Covered at Medicare approved amount less Part B deductible and coinsurance	Not Covered
Office Consultations	Covered at Medicare approved amount less Part B deductible and coinsurance	Not Covered

Emergency Medical Care

Hospital Emergency Room (professional services) – must be medically necessary	Covered at Medicare approved amount less Part B deductible and coinsurance or set copayment	Covers Medicare deductible and coinsurance or set copayment
Ambulance Services – must be medically necessary	Covered at Medicare approved amount less Part B deductible and coinsurance	Covers Medicare deductible and coinsurance

Clinical Laboratory Services

Laboratory and Pathology Tests – used in the diagnosis and treatment of an illness or injury	Covered at Medicare approved amount	Covered in full by Medicare
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Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies		
• Days 1-60	Covered at Medicare approved amount less Part A deductible	Covers Medicare deductible
• Days 61-90	Covered at Medicare approved amount less Part A daily coinsurance	Covers Medicare daily coinsurance
• Lifetime Reserve Days (60 days)	Covered at Medicare approved amount less Part A daily coinsurance	Covers Medicare daily coinsurance
• Additional Days	Not Covered	Covered at BCBSM approved amount, up to an additional 275 days
Chemotherapy	Covered for administration and drugs, at Medicare approved amount less deductible and coinsurance; must meet Medicare criteria	Covers Medicare deductible and coinsurance; pays chemotherapy drugs which Medicare does not cover; must meet BCBSM criteria for payment

Alternatives to Hospital Care

Skilled Nursing Facility Care – specific criteria applies		
• Days 1-20	Covered at Medicare approved amount	Covered in full by Medicare
• Days 21-100	Covered at Medicare approved amount less daily coinsurance	Covers Medicare coinsurance
• Days 101 and after	Not Covered	Not Covered
Hospice Care	Covered at Medicare approved amount less small copayment for outpatient drugs and less small coinsurance for inpatient respite care	Covers limited costs not covered by Medicare
Home Health Care – medically necessary	Covered at Medicare approved amount	Covered in full by Medicare

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Surgical Services Provided by a Physician

Surgery – includes related surgical services	Covered at Medicare approved amount less Part B deductible and coinsurance	Covers Medicare deductible and coinsurance
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Human Organ Transplants

Note: Payment is based on medical necessity and must be rendered in an approved facility.

Heart and Liver	Covered at Medicare approved amount less deductible and coinsurance	Covers Medicare deductible and coinsurance
Lung and Heart-lung	Covered at Medicare approved amount less deductible and coinsurance	Covers Medicare deductible and coinsurance
Pancreas	Not Covered Note: Pancreas transplants are covered under certain conditions. Please call Medicare for more information.	Not Covered Note: Covers Medicare deductible and coinsurance when covered by Medicare.
Cornea	Covered at Medicare approved amount less deductible and coinsurance	Covers Medicare deductible and coinsurance
Bone Marrow and Kidney	Covered at Medicare approved amount less deductible and coinsurance	Covers Medicare deductible and coinsurance

Mental Health Care

Inpatient Mental Health Care in psychiatric hospital • Days 1-190 Lifetime • Additional Days after 190 lifetime days are used	Covered at Medicare approved amount less deductible and coinsurance Note: In most cases, psychiatric care in general (as opposed to psychiatric) hospitals is not subject to the 190-day limit. Not Covered	Covers Medicare deductible and coinsurance Not Covered
Outpatient Mental Health Care	Covered at Medicare approved amount less Part B deductible and coinsurance or set copayment for therapeutic services. Diagnostic services are covered at the Medicare approved amount less Part B deductible and coinsurance.	Covers Medicare deductible and coinsurance or set copayment

Other Services

Allergy Testing and Therapy – with approved diagnosis	Covered at Medicare approved amount less Part B deductible and coinsurance	Covers Medicare deductible and coinsurance for testing. Injections are not covered.
Chiropractic Spinal Manipulation – must be medically necessary	Covered when medically necessary, at Medicare approved amount less Part B deductible and coinsurance	Not Covered
Outpatient Physical, Speech and Occupational Therapy	Covered at Medicare approved amount less Part B deductible and coinsurance or set copayment Note: Services of independent physical or occupational therapist subject to annual dollar limit.	Covers Medicare deductible and coinsurance or set copayment
Durable Medical Equipment	Covered at Medicare approved amount less Part B deductible and coinsurance	Covers Medicare deductible and coinsurance
Prosthetic Appliances	Covered at Medicare approved amount less Part B deductible and coinsurance	Covers Medicare deductible and coinsurance
Private Duty Nursing	Not Covered	Not Covered
Outpatient Prescription Drugs	Not Covered	Not Covered
Oral Cancer Drugs	Approved drugs are covered	Covered in full by Medicare

Foreign Travel

Hospital Services	Not Covered, except for inpatient hospital services in Canada or Mexico in rare situations	Covered at BCBSM approved amount, up to 30 days for covered services
Physician Services	Not Covered, except for services rendered in Canada or Mexico in connection with a covered inpatient stay	Covered up to BCBSM approved amount

This is not a Medicare document. It is intended as an easy-to-read summary of many important features of Blue Cross Blue Shield Supplemental health care benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield certificate and riders.