

Medicare Plus \$1,000,000

Administered by
Blue Cross Blue Shield of Wisconsin
State of Wisconsin

Effective: January 1, 2005



*This flyer is now part of Your medical benefit booklet;
please insert appropriately.*



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The following **bolded** areas of your Medicare Plus \$100,000 Coverage Section of your medical benefit booklet (ET-4113) have been amended as indicated below:

Change all instances of Medicare Plus \$100,000 to **Medicare Plus \$1,000,000** within the benefit booklet.

DEFINITIONS, page 21.

SELF-ADMINISTERED INJECTABLE means an injectable that can be safely self-administered by a layperson. This does not include those drugs delivered via IM (intramuscular), IV (intravenous) or IA (intraarterial) injections or any drug administered through infusion.

BENEFITS AVAILABLE, page 31.

D. PROFESSIONAL SERVICES and OTHER SERVICES

14. BENEFITS are payable for **CHARGES** for initial preventive physical examination for individuals whose coverage begins on or after January 1, 2005. This is defined as **PHYSICIAN'S SERVICES** consisting of a physical examination (including measurement of height, weight and blood pressure, and an electrocardiogram) with the goal of health promotion and disease detection; includes education, counseling, and referrals for specified screening **SERVICES** and other preventive **SERVICES**. It does not include clinical laboratory tests. It must be performed no later than 6 months after the individual's initial coverage date in accordance with the requirements under Part B of **MEDICARE**.

Aggregate Lifetime Maximum Benefit Limit, page 42, is removed in its entirety and replaced with the following:

Aggregate Maximum Lifetime Benefit Limit

The aggregate lifetime maximum **BENEFIT** limit for **BENEFITS** paid for **CHARGES** for **SERVICES** and supplies covered under this Section is **\$1,000,000** per **PARTICIPANT** during the lifetime of the **PARTICIPANT** while that **PARTICIPANT** is covered under this **PLAN**.

Services or Supplies	Medicare Pays Per Benefit Period	Medicare + \$1,000,000 Pays
medical supplies such as casts, splints and drugs which cannot be self-administered		
Psychiatric Treatment Other than hospital inpatient	After the annual \$110 Medicare deductible, 50% of allowable charges	Initial \$110 deductible and the amount, which combined with the Medicare benefit equals 90% of the first \$2,000 of reasonable charges.
Private Duty Nurse (RN or LPN) While hospitalized	Nothing	100% of reasonable charges
Blood	After annual \$110 Medicare deductible 80% of costs except non-replacement fees (blood deductible) for 1st 3 pints in each period.	Initial \$110 deductible and any reasonable charges not payable by Medicare.

*Federal Medicare deductibles are adjusted annually; figures shown here are for **2005**. Medicare Plus \$1,000,000 **BENEFITS** are also adjusted annually to pay these deductibles.

**Custodial Care as defined is not covered.

Services or Supplies	Medicare Pays Per Benefit Period	Medicare + \$1,000,000 Pays	Services or Supplies	Medicare Pays Per Benefit Period	Medicare + \$1,000,000 Pays
Skilled Nursing Facility*	Covers only the same type of expenses normally covered by a Medicare Approved Facility.	Covers only the same type of expenses normally covered by Medicare in a Medicare Approved Facility \$50/day for for the 1st 100 days. All covered services thereafter. (Note: if the patient is admitted within 24 hours after discharge from a general hospital, payment is made in full for all covered services during the first 30 days).	Hospice Care -Medicare certified program of terminal illness care for pain relief and symptom management. Includes: Nursing care; physician services; physical, occupational & speech therapy; social worker services; home health aides; homemaker services; medical supplies	All Covered Services	Not applicable
(Non-Medicare Approved Facility) If admitted within 14 days following 1 hospital stay of at least 3 days	Nothing				
			Hospice Facility	Nothing	Up to the equivalent charges of a Skilled Nursing Facility
Home Health Care -Under an approved plan of care, part-time services of an RN, LPN, or Home Health Aide; physical, respiratory, speech or occupational therapy; medical supplies, drugs, lab services and nutritional counseling	Generally 5 visits per week for 2 to 3 weeks; or 4 or fewer visits per week as long as required	Up to 365 visits per year	Miscellaneous Services Physical, speech and occupational therapy; ambulance service, prosthetic devices; durable medical equipment	After annual \$110 Medicare deductible, 80% of allowable charges	Initial \$110 deductible and any reasonable charges not payable by Medicare

Services or Supplies

Physicians Services

Excludes routine physical exams except for one performed within 6 months of your initial coverage date under Part B (excludes lab tests).

Includes: Medical care, surgery, home and office calls, dental surgeons, anesthesiologists, etc.

Drugs and Biologicals (non-hospitalization)

Self-Administered drugs prescribed by a physician

Outpatient Hospital Services

In an EMERGENCY room or outpatient clinic; diagnostic, lab and x-ray tests;

Medicare Pays Per Benefit Period

After annual \$110 Medicare deductible, 80% of allowable charges

After annual \$110 Medicare deductible 80% of allowable charges for immunosuppressive drugs during the first year following a covered transplant.

After the annual \$110 Medicare deductible, 80% of allowable charges

Medicare + \$1,000,000 Pays

Initial \$110 deductible and any reasonable charges not payable by Medicare.

Refer to Pharmacy Benefit Manager portion of booklet for pharmacy BENEFITS

Initial \$110 deductible and any reasonable charges not payable by Medicare

General Exclusions, page 52

29. Immunizations, physical examinations or health checkups, **except as otherwise specifically provided.**

35. is omitted in its entirety and replaced with the following: **Charges for injectable medications. Except for Self-Administered injectable medications; and injectable and infusible medications administered during home care, office setting, confinement, emergency room visit or urgent care setting.**

The **OUTLINE OF COVERAGE** Section is amended as follows:

Services or Supplies	Medicare Pays Per Benefit Period	Medicare + \$1,000,000 Pays
Hospital Semi-private room and board and miscellaneous hospital services and supplies such as drugs, x-rays, lab tests and operating room	First 60 days - All but \$912 61st - 90th day All but \$228 a day 91st - 150th days -All but \$456 a day (Lifetime Reserve)	Initial \$912* deductible \$228* a day \$456* a day
Skilled Nursing Facility Medicare covered services in a Medicare Approved Facility**	Requires a 3-day period of hospital First 20 days - 100% of costs 21st-100th Days - All but \$114.00 a day. Beyond 100 days - nothing	Requires a 3-day period of hospital Not applicable \$114.00* a day All covered services. Custodial care as defined is not covered.

