

City of Dearborn – Side By Side Comparison of Benefits-at-a-Glance (BCBSM reviewed/approved March 27, 2009)

Blue Cross Blue Shield Current Supplemental Coverage and Blue Cross Blue Shield Proposed Group Medicare Advantage

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Medicare Parts A and B  
2009 Part B premium = \$96.40/month. Higher if modified  
adjusted gross income for 2009 for single \$85,000 or  
married \$170,000

Blue Traditional Supplemental Coverage –  
Blue Cross Option 2 and Blue Shield  
Option 1 with Master Medical 65\*

Blue Cross Blue Shield -  
Proposed Medicare Plus Blue Group  
(Medicare Advantage)

Note: Assumes that services provided under Medicare guidelines will continue to be the rule for coverage.

Out of Pocket Expenses

2009 Deductible (annual)	Part A – \$1,068. Part B - \$135 per Calendar Year	N/a	\$150 per person per Policy Year
Coinsurance	Part B – 20% for medical; 50% for outpatient mental health	N/a	N/a
Doctor/Hospital Choice – no balance billing or non-coverage	Any provider that accepts Medicare	Any provider that accepts Medicare & BCBSM	Any provider that accepts BCBSM Medicare Plus Blue Group (Medicare Advantage)

Preventive Care Services

Health Maintenance Exam and related services	Covered only for one time “Welcome to Medicare” physical exam. Exam and following services covered at Medicare approved amount less Part B coinsurance, for bone mass measurement, colorectal screening (all one per year), diabetes self-management, nutritional therapy	Not covered	Plan pays 100% after deductible for annual exam, diabetes self-management, nutritional therapy, no deductible for bone mass measurement, colorectal screening (all one per year),
Pap Smears and Pelvic Exams (Includes Clinical Breast Exam)	Covered at Medicare approved amount less Part B coinsurance, once every 24 months at age 50 and older	Not covered	Plan pays 100% , after deductible, one per year
Pap Smear Screening - laboratory services only	Covered at Medicare approved amount, once every 24 months	Covered in full by Medicare	Plan pays 100% , after deductible, one per year
Well-Baby and Child Care	Not covered	Not covered	Not covered
Immunizations •Flu Shots and Pneumonia Vaccines	Covered at Medicare approved amount	Covered in full by Medicare	Plan pays 100% , no deductible,
• Hepatitis B Vaccines - for those at risk of contracting the disease	Covered at Medicare approved amount less Part B deductible and coinsurance	Not covered	Plan pays 100% after deductible
Prostate Specific Antigen (PSA) Test	Covered at Medicare approved amount, once every 12 months at age 50 and older	Covered in full by Medicare	Plan pays 100% for approved lab services. PSA and digital rectal exam covered in full once annually.

Mammography

Mammography Screening	Covered at Medicare approved amount less Part B coinsurance, once every 12 months at age 40+	Covers Medicare coinsurance	Plan pays 100%, after deductible, one per year
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Medicare Parts A and B	Blue Traditional Supplemental Coverage –	Blue Cross Blue Shield -
2009 Part B premium = \$96.40/month. Higher if modified	Blue Cross Option 2 and Blue Shield	Proposed Medicare Plus Blue Group
adjusted gross income for 2009 for single \$85,000 or	Option 1 with Master Medical 65*	(Medicare Advantage)
married \$170,000		

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Physician Office Services

Office Visits	Covered at Medicare approved amount less Part B deductible and coinsurance	Not covered	Plan pays 100% after deductible
Outpatient and Home Visits	Covered at Medicare approved amount less Part B deductible and coinsurance	Not covered	Plan pays 100% after deductible
Office Consultations	Covered at Medicare approved amount less Part B deductible and coinsurance	Not covered	Plan pays 100% after deductible

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	Plan pays 100%, no deductible
Ambulance Services - must be medically necessary	Covered at Medicare approved amount less Part B deductible and coinsurance	Covers Medicare deductible and coinsurance	Plan pays 100%, after deductible

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	Plan pays 100%, after deductible
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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	Plan pays 100%, after deductible, unlimited days for inpatient care coverage
• Days 61-90	Covered at Medicare approved amount less Part A daily coinsurance	Covers Medicare daily coinsurance	Plan pays 100%, after deductible, unlimited days for inpatient care coverage
• Lifetime Reserve Days (60 days)	Covered at Medicare approved amount less Part A daily coinsurance	Covers Medicare daily coinsurance	N/A
• Additional days	Not covered	Covered at BCBSM approved amount, up to 275 days; additional days under MM65 at BCBSM approved amount	Plan pays 100%, after deductible, unlimited days for inpatient care coverage

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Medicare Parts A and B 2009 Part B premium = \$96.40/month. Higher if modified adjusted gross income for 2009 for single \$85,000 or married \$170,000	Blue Traditional Supplemental Coverage – Blue Cross Option 2 and Blue Shield Option 1 with Master Medical 65*	Blue Cross Blue Shield - Proposed Medicare Plus Blue Group (Medicare Advantage)
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Hospital Care Continued

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 not covered by Medicare; must meet BCBSM criteria for payment	Plan pays 100%, after deductible
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Alternatives to Hospital Care

Skilled Nursing Facility Care – specific criteria applies. • Days 1-20	Covered at Medicare approved amount	Covered in full by Medicare	Plan pays 100%, after deductible, up to 100 days per benefit period, renewable when out of a hospital or skilled nursing facility for 60 days in a row. The 3 day Original Medicare hospital stay requirement is waived.
• Days 21-100	Covered at Medicare approved amount less daily coinsurance	Covers Medicare coinsurance	
• Days 101 and after	Not covered	Not covered	
Hospice Care ( Medicare-certified hospice)	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	Plan pays 100%, no deductible, for services not covered by original Medicare in approved hospice setting. Must be submitted to original Medicare. No respite care.
Home Health Care - medically necessary	Covered at Medicare approved amount	Covered in full by Medicare	Plan pays 100%; no deductible. Covers certain Home Infusion Therapy benefits beyond what Original Medicare covers.

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	Additional organ transplants are covered that are not covered by Original Medicare. Member cost-share for these services is applied as follows:  Services are subject to the annual deductible of \$150. Most services are not subject to coinsurance.
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Medicare Parts A and B

2009 Part B premium = \$96.40/month. Higher if modified adjusted gross income for 2009 for single \$85,000 or married \$170,000

Blue Traditional Supplemental Coverage – Blue Cross Option 2 and Blue Shield Option 1 with Master Medical 65\*

Blue Cross Blue Shield - Proposed Medicare Plus Blue Group (Medicare Advantage)

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Human Organ Transplants Continued

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

Lung and Heart-lung	Covered at Medicare approved amount less deductible and coinsurance	Covers Medicare deductible and coinsurance	There is a one million dollar lifetime maximum on these transplants.
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.	Coverage for travel, meals and lodging associated with specified organ transplants is provided to members under select Medicare Advantage private fee-for-service plans."
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	

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	Plan pays 100%, after deductible
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Mental Health Care

Inpatient Mental Health Care in psychiatric hospital • Days 1-190 Lifetime	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.	Covers Medicare deductible and coinsurance	Plan pays 100%;,after deductible; unlimited days for inpatient mental health care coverage
• Additional Days after 190 lifetime days are used	Not covered	Covered under MM65 less MM65 deductible and copay	
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.	Plan pays 100%, no deductible, for doctor's charges and 100% after deductible for facility charges when hospital-based.

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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.	Plan pays 100% after deductible
Chiropractic Spinal Manipulation - must be medically necessary	Covered when medically necessary, at Medicare approved amount less Part B deductible and coinsurance	Not covered	Plan pays 100% after deductible for covered manual manipulation of the spine.
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	Plan pays 100%, after deductible, including language therapy; Medicare caps apply.
Durable Medical Equipment	Covered at Medicare approved amount less Part B deductible and coinsurance	Covers Medicare deductible and coinsurance	Plan pays 100%, no deductible, for covered DME.
Prosthetic Appliances	Covered at Medicare approved amount less Part B deductible and coinsurance	Covers Medicare deductible and coinsurance	Plan pays 100% , no deductible, for covered Prosthetic Devices.
Private Duty Nursing	Not covered	Covered under MM65 less MM65 deductible and copay	Not covered
Outpatient Prescription Drugs	Not covered	Copay depends upon union contract: \$2, \$5, \$10, \$10/20, \$15/30, \$0/15. Covered under separate BCBSM Prescription Drug Plan	No change to current copays. Covered under separate BCBSM Prescription Drug Plan
Oral Cancer Drugs	Approved drugs are covered	Covered in full by Medicare	Plan pays 100% after deductible and follows Original Medicare rules.

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	Plan payment depends on service provided (emergency only).
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	Plan payment depends on service provided (emergency only).

\*Master Medical 65 coverage requires a \$100 deductible per member each calendar year. After the deductible is met, member pays a 20% copay (50% copay for private duty nursing). Master Medical 65 benefits are payable up to \$2,500 per member per calendar year, with a lifetime maximum of \$5,000. Once the member reaches the \$5,000 maximum, an additional \$1,000 allowance is restored each calendar year of continuous coverage.

