

FCCRMC
2009 BlueMedicare Group PPO* Health Benefits

Benefits	BlueMedicare Group PPO* Plan 1
Monthly Premium (Includes Rx)	\$203.32
Deductible	\$100 (out-of-network)
Out-of Pocket Max	\$1,000 all plan services when received in/out of network
Physician Office	
Primary Care (per visit)	In network \$10 Out-of-Network CYD & 20%
Specialist Care (per visit)	In Network \$25 Out-of-Network CYD & 20%
Podiatry Services (per visit) (Routine foot care up to 6 visits per year)	In Network \$25 Out-of-Network CYD & 20%
Chiropractic Services (per visit) For each Medicare covered visit (manual manipulation of the spine to correct subluxation)	In Network \$25 Out-of-Network CYD & 20%
Outpatient Mental Health Care (per visit) For individual or group therapy	In Network \$25 Out-of-Network CYD & 50%
Outpatient Substance Abuse Care (per visit)	In Network \$25 Out-of-Network CYD & 20%
Part B drugs	\$10/\$25 office visit Out-of-Network CYD & 20%
Allergy Injections	\$5 in network Out-of-Network CYD & 20%
Other Services	
Outpatient Surgery	\$150 for each outpatient hospital facility visit \$100 for each visit to an ambulatory surgical center Out-of-Network CYD & 20%
Diagnostic Tests, X-Rays and Lab Services (Office Setting)	\$0 Office visit copay may apply Out-of-Network CYD & 20%
Diagnostic Tests, X-Rays and Lab Services IDTF free standing) Routine X-rays	\$0 In network Out-of-Network CYD & 20%
Advanced Imaging (MRI, MRA, Cat Scan, Pet Scan & Nuclear Med)	\$ 75 In Network Out-of-Network CYD & 20%
Outpatient Hospital Services:	
Therapy	\$25
Radiation & Chemo Therapy	\$50
Dialysis	\$0
Lab only	\$15

Benefits	BlueMedicare Group PPO* Plan 1
All other Diagnostic Tests, X-Rays Advanced Imaging, etc.	\$150 Out-of-Network CYD & 20%
Urgently Needed Care (This is not emergency care, and in most cases is out of the service area.)	\$25 for each visit Worldwide coverage
Emergency Services	\$50 for each visit Worldwide coverage
Dental - Medicare approved (No Preventive)	\$25 Out-of-network CYD & 20%
Home Health	\$0 Out-of-network CYD & 20%
Ambulance	\$100 for Medicare covered ambulance services
Outpatient Medical Services and Supplies	
Durable Medical Equipment Electric customized wheelchairs, electric scooters All other Medicare-covered items	\$500 \$0 Out-of-Network CYD & 20%
Prosthetic Devices	\$0 for Medicare covered items Out-of-Network CYD & 20%
Outpatient Rehabilitation - Freestanding Facility Services: <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac Rehab 	\$25 for each visit Out-of-Network CYD & 20%
Outpatient Rehabilitation – Outpatient Hospital Services: <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac Rehab 	\$25 for each visit Out-of-Network CYD & 20%
Renal Dialysis	\$0 Out-of-Network CYD & 20%
Inpatient Care	
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	\$100 each day for day(s) 1-5 for a Medicare-covered stay in a network hospital Out-of-Network CYD & 20%

Benefits	BlueMedicare Group PPO* Plan 1
Inpatient Mental Health Care (may also include Substance Abuse and Rehabilitation Services)	\$100 each day for day(s) 1-5 for a Medicare-covered stay in a network psychiatric hospital 190-day lifetime limit in a psychiatric hospital Out-of-Network CYD & 50%
Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	\$0 (days 1-20) \$75 per day (days 21-100) There is a limit of 100 days for each benefit period 3-day prior hospital stay is not required Out-of-Network CYD & 20%
Hospice	Member must receive care from a Medicare-certified hospice
Preventive Services	
Annual Screening Mammograms (for women with Medicare age 40 and older)	\$0 for Medicare-covered Screening Mammogram \$0 for each additional screening Out-of-Network CYD & 20%
Pap Smears and Pelvic Exams (for women with Medicare)	\$0 per Pap smear \$0 per pelvic exam \$0 for each additional screening Out-of-Network CYD & 20%
Bone Mass Measurement (for people with Medicare who are at risk)	\$0 for each Medicare-covered Bone Mass Measurement Out-of-Network CYD & 20%
Colorectal Screening Exams (for people with Medicare age 50 and older)	\$0 for Medicare-covered Colorectal screening exam \$0 for each additional screening Out-of-Network CYD & 20%
Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	\$0 for Medicare-covered Prostate Cancer Screening exams Out-of-network CYD & 20%

- BlueMedicare Group PPO out-of-pocket maximum includes all covered health services member cost share rendered in/out of network on a **calendar** year basis.
- Deductible for out-of-network services is not applied towards the out-of-pocket maximum. Rx costs are not applied to out-of-pocket maximum.
- Payment for services under this plan is based on the Medicare Allowed Amount minus the member cost-share.
- Medicare Part B - the premium provided under this plan excludes the Medicare Part B premium payments. (Members must continue to pay the Medicare Part B premium.)

*BlueMedicare Group PPO is a Medicare Advantage contract approved by the Centers for Medicare & Medicaid Services. This contract is renewed annually, and availability beyond the end of the current contract year is not guaranteed.

2009 BlueMedicare Group Private-Fee-for-Service*

Members can see any Medicare provider that accepts Medicare payment and accepts the terms and conditions for payment of BCBSF. If a doctor or hospital does not agree to accept our payment terms and conditions, they should not provide healthcare services to you except in emergencies.	
Benefits	2009 BlueMedicare Group PFFS* Plan 1
Monthly Premium (Includes Rx)	\$252.38
Deductible	NA
Out-of Pocket Max	\$2,000 all plan services
Physician Office	
Primary Care (per visit)	\$10
Specialist Care (per visit)	\$25
Podiatry Services (per visit) (Routine foot care up to 6 visits per year)	\$25
Chiropractic Services (per visit) For each Medicare covered visit (manual manipulation of the spine to correct subluxation)	\$25
Outpatient Mental Health Care (per visit) For individual or group therapy	\$25
Outpatient Substance Abuse Care (per visit)	\$25
Part B drugs	\$10/\$25 office visit \$0 for injection
Allergy Injections	\$5
Other Services	
Outpatient Surgery	\$100 for each outpatient hospital facility visit \$100 for each visit to an ambulatory surgical center
Diagnostic Tests, X-Rays and Lab Services (Office)	\$0 Office visit copay may apply
Diagnostic Tests, X-Rays and Lab Services IDTF free standing)	\$0
Advanced Imaging (MRI, MRA, Cat Scan, Pet Scan & Nuclear Med	\$75

Members can see any Medicare provider that accepts Medicare payment and accepts the terms and conditions for payment of BCBSF. If a doctor or hospital does not agree to accept our payment terms and conditions, they should not provide healthcare services to you except in emergencies.

Benefits	2009 BlueMedicare Group PFFS* Plan 1
Outpatient Hospital Services: Therapy Radiation & Chemo Therapy Dialysis Lab only All other Diagnostic Tests, X-Rays Advanced Imaging, etc.	\$25 \$50 \$0 \$0 \$100
Urgently Needed Care (This is not emergency care, and in most cases is out of the service area.)	\$25 Worldwide coverage
Emergency Services	\$50 Worldwide coverage
Dental – Medicare approved (No Preventive)	\$25
Home Health	\$0
Ambulance	\$100 for Medicare covered ambulance services
Outpatient Medical Services and Supplies	
Durable Medical Equipment Electric customized wheelchairs, electric scooters All other Medicare-covered items	\$500 \$0
Prosthetic Devices	\$0 for Medicare covered items
Outpatient Rehabilitation – Freestanding Facility Services: <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac Rehab 	\$25 for each visit
Outpatient Rehabilitation - Outpatient Hospital Services: <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac Rehab 	\$25 for each visit
Renal Dialysis	\$0
Inpatient Care	

Members can see any Medicare provider that accepts Medicare payment and accepts the terms and conditions for payment of BCBSF. If a doctor or hospital does not agree to accept our payment terms and conditions, they should not provide healthcare services to you except in emergencies.

Benefits	2009 BlueMedicare Group PFFS* Plan 1
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	\$150 each day for day(s) 1-5 for a Medicare-covered stay
Inpatient Mental Health Care (may also include Substance Abuse and Rehabilitation Services)	\$150 each day for day(s) 1-5 for a Medicare-covered stay 190-day lifetime limit in a psychiatric hospital
Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	\$0 (days 1-6) \$100 (days 7-25) \$0 (days 26-100) There is a limit of 100 days for each benefit period 3-day prior hospital stay is not required
Hospice	Member must receive care from a Medicare- certified hospice
Preventive Services	
Annual Screening Mammograms (for women with Medicare age 40 and older)	\$0 for Medicare-covered Screening Mammogram \$0 for each additional screening
Pap Smears and Pelvic Exams (for women with Medicare)	\$0 per Pap smear \$0 per pelvic exam \$0 for each additional screening
Bone Mass Measurement (for people with Medicare who are at risk)	\$0 for each Medicare-covered Bone Mass Measurement
Colorectal Screening Exams (for people with Medicare age 50 and older)	\$0 for Medicare-covered Colorectal screening exam \$0 for each additional screening
Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	\$0 for Medicare-covered Prostate Cancer Screening exams

* BlueMedicare Group PFFS out-of-pocket maximum includes all covered health services member cost-share on a **calendar** year basis. Rx costs are not applied to the out-of-pocket maximum.

* Payment for services under this plan is based on the Medicare Allowed Amount minus the member cost-share.

* Medicare Part B - The premium provided under this plan excludes the Medicare Part B premium payments. (Members must continue to pay the Medicare Part B premium.)

2009 BlueMedicare Group Rx*

Benefits	2009 BlueMedicare Group Rx* Option 1
Deductible	\$0
Tier 1 – Generics	\$5.00
Tier 2 - Preferred Brand	\$30.00
Tier 3 - Non-Preferred Brand	\$60.00
Tier 4 - Specialty drugs	\$60.00
Mail Order	2x normal co-pay for a 90 day supply
Formulary Type	Added coverage for selected CMS excluded drugs. Generic & multi-source brand prescription drugs will be covered for the following categories: <ul style="list-style-type: none"> • Cough • Cold • Barbiturates • Benzodiazepines
Gap Tier 1 – Generics	\$5.00
Gap Tier 2 - Preferred Brand	\$30.00
Gap Tier 3 - Non-Preferred Brand	\$60.00
Gap Tier 4 - Specialty drugs	\$60.00
Catastrophic	Standard \$2.40/\$6.00/5%

- Prescription drug copays do not accumulate towards the health plan calendar year maximum out-of-pocket.
- Brand and generic drugs covered thru the coverage gap
- Part D Creditable Coverage – The enrolling member may incur late enrollment penalties as defined and set by CMS in accordance with Part D guidelines if prior creditable coverage cannot be proven.

*Blue Cross and Blue Shield of Florida contracts with the federal government to administer BlueMedicare Rx, the Medicare Part D Prescription Drug benefit, in the state of Florida. These contracts renewed annually, and availability beyond the end of the current contract year is not guaranteed