Benefit Overview
MEA Group Companion Plan
July 1, 2017

- All Medicare deductible and coinsurance costs listed are in effect ***January 1, 2017***
- Benefits described in shaded areas are subject to the plan deductible before being paid at 80%. MEA Group Companion Plan has a $100 individual deductible and a $600 individual coinsurance limit per calendar year.
- To have Medicare send information on claims it has paid directly to Anthem Blue Cross and Blue Shield, your doctor must include your MEA Group Companion Plan certificate number with the claim information sent to Medicare. Please keep your Explanation of Medicare Benefits (EOMB). Group Companion Plan will need the EOMB to process some claims. Your MEA Group Companion Plan EOB will ask you to send Anthem Blue Cross and Blue Shield your EOMB when it is needed.
- Services initially covered by Medicare are paid based upon Medicare approved amounts. Services paid by Group Companion Plan only are paid based upon Anthem Blue Cross and Blue Shield maximum allowances. Participating Anthem Blue Cross and Blue Shield professionals will not balance bill members if their charge is greater than the Anthem Blue Cross and Blue Shield maximum allowance.

	Who Pays What?		
Services	**Medicare**	**Group Companion Plan**	**You**
Hospitalization ***Medicare hospital benefits are based on "benefit periods". A benefit period begins on the first day inpatient services are received and ends after the beneficiary has been out of the hospital and/or skilled care facility for 60 consecutive days.*** Semiprivate room and board, general nursing, and miscellaneous services and supplies:			
♦ First 60 days of admission	All but $1,316	$1,316 (Medicare Part A Deductible)	$0
♦ Day 61-90	All but $329 per day	$329 per day	$0
♦ Day 91 and after:			
• while using 60 lifetime reserve days	All but $658 per day	$658 per day	$0
• once lifetime reserve days are gone:			
- additional 365 days	$0	100 % of maximum allowance	$0
- beyond additional 365 days	$0	$0	All Costs

	Who Pays What?		
Services	**Medicare**	**Group Companion Plan**	**You**
Skilled Nursing Facility Care Must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
▪ First 20 days of admission	All approved amounts	$0	$0
▪ Day 21-100	All but $164.50 per day	$164.50 per day	$0
▪ Day 101 and after	$0	$0	All Costs
Blood			
▪ First 3 pints	$0	3 pints	$0
▪ Additional amounts	80%	20%	$0
Hospice Care Available as long as your doctor certifies terminal illness and member elects to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	The lesser of 5% or $5 per prescription and 5% respite care billed by hospice	$0
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician's services, in patient and outpatient medical and surgical services and supplies, diagnostic tests, ambulance services, physical, speech and occupational therapy, durable medical equipment, office visits.			
▪ First $183 of Medicare-approved amounts	$0	$183 for all Medicare Part B eligible services	$0
▪ Remainder of Medicare-approved amounts	80%	20% for all Medicare Part B eligible services	$0
▪ Part B Excess Charges (up to 15% above Medicare-approved amounts for physicians who do not accept Medicare assignments)	$0	100% of legal excess charge	$0
Benefits beyond Medicare-approved amounts			
▪ Physical or occupational therapy, durable medical equipment, and prosthetics	$0	80% subject to medical necessity	20% as long as treatment meets medical necessity requirement
▪ Speech therapy	$0	80% (40 visits per year)	20% for 40 visits
▪ Physical manipulations	$0	80% (25 visits per year)	20% for 25 visits

Services	Medicare	Group Companion Plan	You
	Who Pays What?		
OTHER BENEFITS – NOT COVERED BY MEDICARE			
Foreign Travel-Care Received Outside the USA Non-contracting hospitals outside the US and its territories	$0, except in limited instances in Canada & Mexico (emergencies & borders)	Balances on Medicare approved days. In emergencies, 100% of reasonable charges for semi-private room up to 121 days for non-Medicare approved days; then 80%	In emergencies $0 for 121 days; 20% for days over 121 for non-Medicare approved days
Acupuncture	$0	80%	20%
Preventive Services			
▪ Women's GYN Exam & PAP Test	100% GYN/PAP Test every 2 years; Once every 12 months for high risk women	$0 in years Medicare pays benefits; 80% in other years	$0 in years Medicare provides benefits; 20% in other years
▪ Women's Mammography Exam	100% every 12 months – age 40 and over	$0	$0
▪ Men's Prostate Specific Antigen Testing	100% of Medicare's approved allowance every 12 mos. for age 50 and over	$0	$0

Services	Who Pays What? Medicare	Group Companion Plan	You
Mental Health and Substance Abuse Inpatient and Outpatient treatment **Medicare treats mental health and substance abuse conditions like any other illness. Medicare coverage for mental health and substance abuse treatment equals the medical hospitalization coverage unless treatment is received in a free standing psychiatric hospital; then coverage is limited to a 190-day lifetime maximum. Call Medicare for more detailed information.	Treated like any other illness. **	Medicare balances, then Maine State Mandates and Federal Mandates	See Summary Schedule of Benefits for deductible, coinsurance and benefit maximums under Maine State Mandates and Federal Mandates
Prescription Drug Program* ***Through Mail Order and retail pharmacies you can purchase your prescriptions for up to a 90 day supply for 2 copayments. (check with your pharmacy to confirm they offer this benefit)***			Tier 1: $10 copayment Tier 2: $35 copayment Tier 3: $60 copayment Tier 4: Specialty Drugs: $85 Mail Order and Select Retail Pharmacies for up to a 90-day supply Tier 1: $20 copayment Tier 2: $70 copayment Tier 3: $120 copayment Tier 4 Specialty Drugs: Not eligible for 90 day supplies.

THIS IS NOT A CONTRACT.
It is an overview of your benefits.
For more detailed information, please contact your benefits administrator or us for a copy of the certificate of coverage for this health plan.
If there are discrepancies between this benefit overview and the certificate of coverage, the certificate will govern.

Please call our Companion Plan Customer Service Department if you have questions.
The number is
1-800-422-4304.

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Please Note: The Blue View Vision Plan is not included in the benefits of the MEA Group Companion Plan, but is available to be purchased. The rate for a single enrollee is $7.38 per month / $12.92 for retiree and spouse.