



**Benefit Overview
ME A Group Companion Plan
July 1, 2016**

- All Medicare deductible and coinsurance costs listed are in effect **January 1, 2016**
- Benefits described in shaded areas are subject to the plan deductible before being paid at 80%. ME A 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 ME A 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 ME A 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
<p>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:</p>			
◆ First 60 days of admission	All but \$1,288	\$1,288 (Medicare Part A Deductible)	\$0
◆ Day 61-90	All but \$322 per day	\$322 per day	\$0
◆ Day 91 and after:			
• while using 60 lifetime reserve days	All but \$644 per day	\$644 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
<p>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</p> <ul style="list-style-type: none"> ▪ First 20 days of admission ▪ Day 21-100 ▪ Day 101 and after 	<p>All approved amounts</p> <p>All but \$161 per day</p> <p>\$0</p>	<p>\$0</p> <p>\$161 per day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All Costs</p>
<p>Blood</p> <ul style="list-style-type: none"> ▪ First 3 pints ▪ Additional amounts 	<p>\$0</p> <p>80%</p>	<p>3 pints</p> <p>20%</p>	<p>\$0</p> <p>\$0</p>
<p>Hospice Care Available as long as your doctor certifies terminal illness and member elects to receive these services</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>The lesser of 5% or \$5 per prescription and 5% respite care billed by hospice</p>	<p>\$0</p>
<p>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.</p> <ul style="list-style-type: none"> ▪ First \$166 of Medicare-approved amounts ▪ Remainder of Medicare-approved amounts ▪ Part B Excess Charges (up to 15% above Medicare-approved amounts for physicians who do not accept Medicare assignments) 	<p>\$0</p> <p>80%</p> <p>\$0</p>	<p>\$166 for all Medicare Part B eligible services</p> <p>20% for all Medicare Part B eligible services</p> <p>100% of legal excess charge</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>
<p>Benefits beyond Medicare-approved amounts</p> <ul style="list-style-type: none"> ▪ Physical or occupational therapy, durable medical equipment, and prosthetics ▪ Speech therapy ▪ Physical manipulations 	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>80% subject to medical necessity</p> <p>80% (40 visits per year)</p> <p>80% (25 visits per year)</p>	<p>20% as long as treatment meets medical necessity requirement</p> <p>20% for 40 visits</p> <p>20% for 25 visits</p>

Who Pays What?

Services	Medicare	Group Companion Plan	You
<p>OTHER BENEFITS – NOT COVERED BY MEDICARE</p>			
<p>Foreign Travel-Care Received Outside the USA Non-contracting hospitals outside the US and its territories</p>	<p>\$0, except in limited instances in Canada & Mexico (emergencies & borders)</p>	<p>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%</p>	<p>In emergencies \$0 for 121 days; 20% for days over 121 for non-Medicare approved days</p>
<p><i>Acupuncture</i></p>	<p>\$0</p>	<p>80%</p>	<p>20%</p>
<p>Preventive Services</p>			
<ul style="list-style-type: none"> ▪ Women’s GYN Exam & PAP Test 	<p>100% GYN/PAP Test every 2 years; Once every 12 months for high risk women</p>	<p>\$0 in years Medicare pays benefits; 80% in other years</p>	<p>\$0 in years Medicare provides benefits; 20% in other years</p>
<ul style="list-style-type: none"> ▪ Women’s Mammography Exam 	<p>100% every 12 months – age 40 and over</p>	<p>\$0</p>	<p>\$0</p>
<ul style="list-style-type: none"> ▪ Men’s Prostate Specific Antigen Testing 	<p>100% of Medicare’s approved allowance every 12 mos. for age 50 and over</p>	<p>\$0</p>	<p>\$0</p>

Who Pays What?

Services	Medicare	Group Companion Plan	You
<p>Mental Health and Substance Abuse</p> <p>Inpatient and Outpatient treatment</p> <p>**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.</p>	<p>Treated like any other illness. **</p>	<p>Medicare balances, then Maine State Mandates and Federal Mandates</p>	<p>See Summary Schedule of Benefits for deductible, coinsurance and benefit maximums under Maine State Mandates and Federal Mandates</p>
<p>Prescription Drug Program*</p> <p><i>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)</i></p>			<p>Tier 1: \$10 copayment Tier 2: \$35 copayment Tier 3: \$60 copayment Tier 4 Specialty Drugs: \$85 copayment</p> <p>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: 90 day supplies are not available.</p>

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.**



An independent licensee of the Blue Cross and Blue Shield Association.
 ® Registered marks Blue Cross and Blue Shield Association.