

University of Scranton

Benefit	<u>BlueCare Senior Medicare Supplement</u>	<u>BlueCare Traditional</u>	<u>BlueCare PPO</u>		<u>HMO Plus</u>	
			<u>Preferred</u>	<u>Non-Preferred</u>	<u>PCP Referred</u>	<u>Self Referred</u>
Deductible	\$100 Maximum 3 per family (Major Medical)	\$100 Maximum 3 per family (Major Medical)	None	\$200 Maximum 2 per family Does apply toward preferred deductible All services subject to deductible unless otherwise noted	None	\$200 Maximum 3 per family All services subject to deductible unless otherwise noted
Annual Coinsurance Maximum Includes coinsurance. Excludes Precertification penalty, co-pays, excess fees, non-covered charges, deductibles, exhausted benefits and riders.	\$2,000 (Major Medical)	\$2,000 (Major Medical)	Not applicable	\$2,000 Maximum 2 per family	None	\$1,000 Maximum 3 per family
Lifetime Maximum	\$2,000,000 (Major Medical)	\$2,000,000 (Major Medical)	Unlimited	\$1,000,000	Unlimited	\$1,000,000
Precertification Penalty	None	None	None	\$500 for late Precertification for facility; 20% for professional	None	\$300 for late Precertification for facility

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<u>Coinsurance</u>	80% coverage (Major Medical)	80% coverage (Major Medical)	100% coverage	80% coverage	100% coverage	80% coverage
<u>Physician Office Visits</u>	80%; Subject to deductible (Major Medical)	80%; Subject to deductible (Major Medical)	100% coverage \$10 copay	80% coverage Subject to deductible	100% coverage \$15 copay (PCP) \$25 copay (Specialist)	80% coverage Subject to deductible
			unlimited visit maximum/calendar year			
<u>Routine GYN Exams/Pap Smear</u>	Balance after Medicare Usual, Customary and Reasonable (UCR) Allowance (Blue Shield)	Usual, Customary and Reasonable (UCR) Allowance (Blue Shield)	100% coverage	80% coverage Not subject to deductible	100% coverage \$15 copay (PCP) \$25 copay (Specialist)	80% coverage Not subject to deductible
<u>Pediatric Immunizations</u>	Balance after Medicare UCR Allowance (Blue Shield)	UCR Allowance (Blue Shield)	100% coverage	80% coverage Not subject to deductible	100% coverage	80% coverage Not subject to deductible
<u>Adult Immunizations</u>	Balance after Medicare UCR Allowance (Blue Shield)	UCR Allowance (Blue Shield)	100% coverage	80% coverage	100% coverage	80% coverage
<u>Spinal</u>	80%; Subject to	80%; Subject to	100% coverage	80% coverage	Not covered	

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Manipulation	deductible (Major Medical)	deductible (Major Medical)	12 visit maximum/calendar year			
Inpatient Hospital Services	Balance after Medicare 100% coverage (Blue Cross) 365 days Precertification required	100% coverage (Blue Cross) 365 days Precertification required \$5 copay per day for first 15 days. \$75 max.	100% coverage 365 days	80% coverage 365 days Subject to deductible \$500 penalty for late Precertification	100% coverage	80% coverage Subject to deductible
					Precertification required	
Outpatient Surgery	Balance after Medicare 100% coverage (Blue Cross) Precertification for selected procedures	100% coverage (Blue Cross) Precertification for selected procedures	100% coverage Precertification for selected procedures	80% coverage Subject to deductible Precertification for selected procedures	100% coverage	80% coverage Subject to deductible
					Precertification required	
Skilled Nursing Facility	Balance after Medicare	100% coverage (Blue Cross) 3 skilled nursing	100% coverage 100 days	80% coverage	100% coverage	80% coverage Subject to deductible

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	100% coverage (Blue Cross) 3 skilled nursing facility days will count as one day in hospital Subject to maximum Blue Cross days available Precertification required	facility days will count as one day in hospital Subject to maximum Blue Cross days available Precertification required	calendar year	\$500 penalty if late Precertification 100 days calendar year Subject to deductible	90 days per year when self-referred only Precertification required	
<u>Maternity Care</u>	Balance after Medicare UCR Allowance	UCR Allowance	100% coverage	80% coverage	100% coverage	80% coverage
			Subject to deductible			Subject to deductible
<u>Lab Tests/X-rays</u>	Balance after Medicare UCR Allowance	UCR Allowance	100% coverage	80% coverage Subject to deductible	100% coverage	80% coverage Subject to deductible
<u>Mammography</u> 1 per year (age 40+)	Balance after Medicare UCR Allowance	UCR Allowance	100% coverage	80% coverage Subject to deductible	100% coverage	80% coverage Subject to deductible

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<u>Emergency Medical/Accident</u>	Balance after Medicare Emergency room charges 100% coverage when rendered within 72 hours	Emergency room charges 100% coverage when rendered within 72 hours	100% coverage \$35 copay-waived if admitted Not subject to deductible		100% coverage \$35 copay - waived if admitted Not subject to deductible	
<u>Ambulance Emergency</u>	80%; (Major Medical)	80%; (Major Medical)	80%	80%	100% coverage	80% coverage
<u>Ambulance non-emergency</u>	80%; subject to deductible (Major Medical)	80%; subject to deductible (Major Medical)	80%	80% coverage Subject to deductible	100% coverage	80% coverage
<u>Dialysis, Chemotherapy, Radiation Therapy</u>	Balance after Medicare 100% coverage	100% coverage	100% coverage	80% coverage Subject to deductible	100% coverage	
					Precertification required	
<u>Cardiac Rehabilitation</u>	80%; subject to deductible (Major Medical)	80%; subject to deductible (Major Medical)	100% coverage 3 times / week for 12 weeks / calendar year	80% coverage 3 times / week for 12 weeks / calendar year Subject to deductible	100% coverage	
					Subject to deductible	
<u>Occupational</u>	Balance after Medicare	Subject to deductible and 20%	100% coverage	80% coverage	100% coverage	80% coverage Subject to deductible

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Therapy	Subject to deductible and 20% coinsurance (when billed by a hospital)	coinsurance (when billed by a hospital)	36 visit max/calendar year combined for physical therapy, occupational therapy & speech therapy	36 visit max/calendar year combined for physical therapy, occupational therapy & speech therapy Subject to deductible	45 visits per calendar year combined with PCP and self-referred services Precertification required	

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Physical Therapy	Balance after Medicare Inpatient: 100% coverage Outpatient: 100% coverage for 90 days following hospital admissions: other outpatient charges Subject to Major Medical deductible and 20% coinsurance	Inpatient: 100% coverage Outpatient: 100% coverage for 90 days following hospital admissions: other outpatient charges Subject to deductible and 20% coinsurance	100% coverage 36 visit max/calendar year combined for physical therapy, occupational therapy & speech therapy	80% coverage 36 visit max/calendar year combined for physical therapy, occupational therapy & speech therapy Subject to deductible	100% coverage	80% coverage Subject to deductible
					45 visits per calendar year combined with PCP and self-referred services Precertification required	
Respiratory Therapy	Balance after Medicare Inpatient: 100% coverage Outpatient: 100% coverage for 90 days following hospital admission: other outpatient charges Subject to Major Medical deductible and 20% coinsurance	Inpatient: 100% coverage Outpatient: 100% coverage for 90 days following hospital admission: other outpatient charges Subject to deductible and 20% coinsurance	100% coverage	80% coverage Subject to deductible	100% coverage	80% coverage Subject to deductible

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Speech Therapy	Subject to deductible and 20% coinsurance (when billed by a hospital)	Subject to deductible and 20% coinsurance (when billed by a hospital)	100% coverage	80% coverage	100% coverage	80% coverage Subject to deductible
			36 visit max/calendar year combined for physical therapy, occupational therapy & speech therapy		45 visits per calendar year combined with PCP and self-referred services Precertification required	
Durable Medical Equipment Orthotics & Prosthetics	Subject to deductible and 20% coinsurance	Subject to deductible and 20% coinsurance	100% coverage	80% coverage	100% coverage	80% coverage Subject to deductible
			\$5,000 maximum per calendar year Subject to deductible		\$2,500 annual maximum Precertification required	
Home Health Care	Balance after Medicare 100% coverage 100 visits per benefit period following hospital discharge. Precertification required	100% coverage 100 visits per benefit period following hospital discharge. Precertification required	100% coverage	80% coverage	100% coverage	80% coverage Subject to deductible
			Unlimited visits	\$500 penalty if late Precertification Unlimited visits Subject to deductible	Precertification required	

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<u>Hospice</u>	Balance after Medicare 100% coverage Covered with \$8,000 maximum (Blue Cross) Precertification Required	100% coverage Covered with \$8,000 maximum (Blue Cross) Precertification Required	100% coverage 180 days maximum coverage (lifetime) Respite care: max of 5 days every three months Precertification Required	80% coverage 180 days maximum coverage (lifetime) Respite care: max of 5 days every three months Precertification Required Subject to deductible	100% coverage	80% coverage Subject to deductible 180 day lifetime maximum for self-referred services only Precertification required
<u>Bony Impacted Teeth</u>	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered
<u>Oral Surgery</u>	100% coverage	100% coverage	100% coverage	80% coverage	100% coverage	80% coverage Subject to deductible

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Prescription Drugs with mail order	Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$35 Mail order – Tier 1 - \$10 Tier 2 - \$40 Tier 3 - \$70 Oral contraceptives covered 30 day supply in retail pharmacy; 90 day supply through mail order No mandatory generic provision	Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$35 Mail order – Tier 1 - \$10 Tier 2 - \$40 Tier 3 - \$70 Oral contraceptives covered 30 day supply in retail pharmacy; 90 day supply through mail order No mandatory generic provision	Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$35 Mail order – Tier 1 - \$10 Tier 2 - \$40 Tier 3 - \$70 Oral contraceptives covered 30 day supply in retail pharmacy; 90 day supply through mail order No mandatory generic provision	Non network pharmacies not covered	Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$35 Mail order – Tier 1 - \$10 Tier 2 - \$40 Tier 3 - \$70 Oral contraceptives covered 30 day supply in retail pharmacy; 90 day supply through mail order No mandatory generic provision	Non network pharmacies not covered

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Inpatient Mental Health	Balance after Medicare	100% coverage (Blue Cross) 30 days per calendar year Precertification required	100% coverage	80% coverage \$500 penalty if late Precertification	100% coverage	80% coverage Subject to deductible
	100% coverage (Blue Cross) 30 days per calendar year Precertification required		30 days / calendar year		30 days/calendar year Precertification required	
Outpatient Mental Health	Balance after Medicare (50%)	50% (Major Medical)	50%	50%	100% coverage \$10 copay	80% coverage Subject to deductible
	20% (Blue Shield)		60 days / calendar year		60 visits/calendar year Precertification required	
Inpatient Substance Abuse	Balance after Medicare	100% coverage 30 days per 12 month period 30 days/calendar year 90 day lifetime maximum Precertification required	100% coverage	\$500 penalty if late Precertification	1 st course 100% coverage 2 nd course -50%	Subject to deductible
	100% coverage 30 days per 12 month period 90 day lifetime maximum Precertification required		80% coverage		1 st course 80% coverage 2 nd course -50%	
			30 days/calendar year 90 day lifetime maximum Precertification required		30 days/calendar year 90 day lifetime maximum Precertification required	

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Outpatient Substance Abuse	Balance after Medicare	100% coverage 30 visits/calendar year Additional 30 visits or equivalent partial visits may be exchanged on a 2:1 basis for up to 15 additional inpatient rehabilitation days	100% coverage 30 visits/calendar year Additional 30 visits or equivalent partial visits may be exchanged on a 2:1 basis for up to 15 additional inpatient rehabilitation days	80% coverage 30 visits/calendar year Additional 30 visits or equivalent partial visits may be exchanged on a 2:1 basis for up to 15 additional inpatient rehabilitation days Subject to deductible	100% coverage	80% coverage Subject to deductible
	100% coverage 30 visits/calendar year Additional 30 visits or equivalent partial visits may be exchanged on a 2:1 basis for up to 15 additional inpatient rehabilitation days	30 visits maximum/year Lifetime maximum 120 visits - may exchange 30 outpatient days on a 2:1 basis for 15 additional inpatient rehabilitation days Precertification required				
Detoxification	Balance after Medicare	100% coverage 7 days per admission 4 admissions per lifetime Precertification required	100% coverage 7 days/admission 4 admissions per lifetime	80% coverage \$500 penalty for late Precertification 7 days/admission 4 admissions per lifetime Subject to deductible	100% coverage	80% coverage Subject to deductible
	100% coverage 7 days per admission 4 admissions per lifetime Precertification required	7 days/admission 4 admissions per lifetime Subject to deductible				

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