



# Michigan Catholic Conference Blue Cross Blue Shield Medicare Supplemental Coverage without Rx – Plan E

**Effective date of coverage: July 1, 2010**

This is not a Medicare document. It is intended as an easy-to-read summary of many important features of Blue Cross Blue Shield Supplemental health care benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield certificates and riders. For more detailed information on Medicare benefits, please call or visit your local Social Security office or consult the Medicare Handbook (available on the Medicare Web site at [medicare.gov](http://medicare.gov) or at any Social Security office).

## Medicare

## Blue traditional supplemental coverage

Blue Cross option 2 and Blue Shield option 1  
with Master Medical 65 (MM65)

### Preventive care services

Health maintenance exam	Not covered	Not covered	
Gynecological exam	Medicare approved amount less Part B coinsurance, once every 24 months at age 50 and older	Not covered	
Pap smear screening – laboratory services only	Medicare approved amount, once every 24 months	Covered in full by Medicare	
Well-baby & child care	Not covered	Not covered	
Immunizations	Flu shots and pneumonia vaccines	Medicare approved amount	Covered in full by Medicare
	Hepatitis B vaccines – for those at risk of contracting the disease	Medicare approved amount less Part B deductible/coinsurance	Not covered
Prostate specific antigen (PSA) test	Medicare approved amount, once every 12 months over age 50	Covered in full by Medicare	

### Mammography

Mammography screening	Medicare approved amount less Part B coinsurance, once every 12 months at age 40 and older	Covers Medicare coinsurance
-----------------------	--	-----------------------------

### Physician office services

<ul style="list-style-type: none"> <li>Office visits</li> <li>Outpatient &amp; home medical visits</li> <li>Office consultations</li> </ul>	Medicare approved amount less Part B deductible/coinsurance	Not covered
---	---	-------------

### Emergency medical care

Hospital emergency room (professional services) – must be medically necessary	Medicare approved amount less Part B deductible/coinsurance or set copayment	Covers Medicare deductible/coinsurance or set copayment
Ambulance services – must be medically necessary	Medicare approved amount less Part B deductible/coinsurance	Covers Medicare deductible/coinsurance

### Clinical laboratory services

Laboratory & pathology tests – used in the diagnosis and treatment of an illness or injury	Medicare approved amount	Covered in full by Medicare
--	--------------------------	-----------------------------

### Hospital care

Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies	Days 1-60	Medicare approved amount less Part A deductible	Covers Medicare deductible
	Days 61-90	Medicare approved amount less Part A daily coinsurance	Covers Medicare daily coinsurance
	Lifetime reserve days (60 days)	Medicare approved amount less Part A daily coinsurance	Covers Medicare daily coinsurance
	Additional days	Not covered	BCBSM approved amount, up to 275 days; additional days under MM65 at BCBSM approved amount

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

[bcbsm.com](http://bcbsm.com)



**Medicare**

**Blue traditional supplemental coverage**  
Blue Cross option 2 and Blue Shield option 1  
with Master Medical 65 (MM65)

**Hospital care**

Chemotherapy	Covered for administration and drugs, at Medicare approved amount less deductible/coinsurance; must meet Medicare criteria	Covers Medicare deductible/coinsurance; pays chemotherapy drugs which Medicare does not cover; must meet BCBSM criteria for payment
--------------	--	---

**Alternatives to hospital care**

Skilled nursing facility care – specific criteria applies	Days 1-20	Medicare approved amount	Covered in full by Medicare
	Days 21-100	Medicare approved amount less daily coinsurance	Covers Medicare coinsurance
	Days 101 and after	Not covered	Not covered
Hospice care	Medicare approved amount less small copayment for outpatient drugs and less small coinsurance for inpatient respite care	Covers limited costs not covered by Medicare	
Home health care – medically necessary	Medicare approved amount	Covered in full by Medicare	

**Surgical services provided by a physician**

Surgery – includes related surgical services	Medicare approved amount less Part B deductible/coinsurance	Covers Medicare deductible/coinsurance
--	---	--

**Human organ transplants – Note:** Payment is based on medical necessity and must be rendered in an approved facility.

Heart & liver transplants Lung & heart-lung transplants Cornea transplants	Medicare approved amount less deductible/coinsurance	Covers Medicare deductible/coinsurance
Pancreas transplants	Not covered <b>Note:</b> Pancreas transplants are covered under certain conditions. Please call Medicare for more information.	Not covered <b>Note:</b> Covers Medicare deductible/coinsurance when covered by Medicare.
Bone marrow & kidney transplants	Medicare approved amount less deductible/coinsurance	Covers Medicare deductible/coinsurance

**Mental health care**

<b>Inpatient</b> mental health care in psychiatric facility	Days 1-190 <b>lifetime</b>	Medicare approved amount less deductible/coinsurance <b>Note:</b> In most cases, psychiatric care in general (as opposed to psychiatric) hospitals is not subject to the 190-day limit.	Covers Medicare deductible/coinsurance
	Additional days after 190 lifetime days are used	Not covered	Covered under MM65 less MM65 deductible/copay*
<b>Outpatient</b> mental health care	Medicare approved amount less Part B deductible/coinsurance or set copayment for therapeutic services. Diagnostic services are covered at the Medicare approved amount less Part B deductible/coinsurance.	Covers Medicare deductible/coinsurance or set copayment	

**Other services**

Allergy testing & therapy – with approved diagnosis	Medicare approved amount less Part B deductible/coinsurance	Covers Medicare deductible/coinsurance for testing. Injections are not covered.
Chiropractic spinal manipulation – must be medically necessary	Covered when medically necessary, at Medicare approved amount less Part B deductible/coinsurance	Not covered
Outpatient physical, speech & occupational therapy	Medicare approved amount less Part B deductible/coinsurance or set copayment	Covers Medicare deductible/coinsurance or set copayment
Durable medical equipment Prosthetic appliances	Medicare approved amount less Part B deductible/coinsurance	Covers Medicare deductible/coinsurance
Private duty nursing	Not covered	Covered under MM65 less MM65 deductible/copay*
Outpatient prescription drugs	Not covered	Not covered
Hearing care	Not covered	One hearing aid (per ear) every 36 months

\* Master Medical 65 coverage requires a \$100 deductible per member each calendar year. After the deductible is met, member pays a 20 percent copay (50 percent copay for private duty nursing).