



UHC Medicare Companion Plan 2

Health plan administered by UnitedHealthcare: 1-800-901-1939

www.gbophb.org

Note: Medicare Part B payment is always based on allowable charges. Providers that accept Medicare Assignment of Benefits may not charge more than the amount allowed by Medicare. Providers who do not accept Medicare Assignment of Benefits cannot charge more than 15% above the amount allowed by Medicare (the Limiting Charge Rule). The Limiting Charge Rule does not apply to expenses incurred for medical supplies and/or ambulance services.

Type of Expenses	What Medicare Provides' (Part A & B)	What Plan provides When Medicare Pays Primary
Inpatient Hospital Services²	<ul style="list-style-type: none"> • Full coverage for first 60 days after \$1,068 deductible per benefit period³ • All but \$267 per day for days 61-90 per benefit period³. • All but \$534 per day for days 91-150 per benefit period³. • Hospital benefits end unless non-renewable lifetime reserve of 60 days is used. 	<ul style="list-style-type: none"> • 80% of covered charges that remain after the \$250 calendar year deductible has been satisfied and after the Medicare payment has been made. • Out-of-pocket maximum is \$1,250. • Pre-certification provisions do not apply.
Skilled Nursing Facility Includes state licensed institutions that are not covered by Medicare (medical care only)	<ul style="list-style-type: none"> • After a 3-day hospital confinement, full coverage for the first 20 days per benefit period³. • All but \$133.50 per day for days 21-100 per benefit period³ 	<ul style="list-style-type: none"> • Custodial care not covered. • Skilled nursing facility covered up to 120 days per calendar year. No prior hospital confinement required.
Hospice/Home Health Care	Full coverage if prescribed by doctor	<ul style="list-style-type: none"> • Home health care up to 60 visits per calendar year. • Hospice care up to six months.
Preventive Care	<ul style="list-style-type: none"> • One-time physical exam (within six months of enrollment in Medicare Part B) • Screening blood tests for cardiovascular disease • Diabetes screening • Mammogram • Pap smear and pelvic exam • Prostate cancer screening • Fecal occult blood test • Flu shot 	100% of Reasonable & Customary charges for covered services.

(continued)

Type of Expenses	What Medicare Provides ¹ (Part A & B)	What Plan provides When Medicare Pays Primary
Physicians, Surgeons and Other Medical Services² (including outpatient diagnostic services)	80% of the approved charges after you have paid the \$135 calendar year Medicare Part B deductible.	<ul style="list-style-type: none"> • 80% of charges that remain after the \$250 calendar year deductible has been satisfied and after the Medicare payment has been made. • Out-of-pocket maximum is \$1,250. • Pre-certification provisions do not apply.
Full-time (RN or LPN) Private Duty Nursing	Not covered	<ul style="list-style-type: none"> • 80% after deductible • Calendar year maximum benefit is specified in the HealthFlex Benefit Booklet.
Mental Health and Chemical Dependency	50% of the approved charges after you pay the \$135 calendar year Medicare Part B deductible.	<ul style="list-style-type: none"> • Inpatient – up to 30 days per calendar year for substance abuse and 35 days per calendar year for mental illness, 80% after deductible. • Outpatient – up to 50 visits per calendar year combined for both mental health and substance abuse, 80% after deductible. • Biologically-based mental illness treated the same as any other illness.
Maximum Benefit	As previously specified	\$3,000,000 per individual
Hearing Benefit		
Hearing aids – Every 24 months	Not covered	<ul style="list-style-type: none"> • 50% up to \$500 per ear
Exam	Not covered	<ul style="list-style-type: none"> • 80% after deductible

¹ Medicare amounts listed are from 2009.

² To calculate the plan payment for in-patient hospital services or for physicians, surgeons and other medical services, use the following formula:

Participant responsible amount (after Medicare)	\$ _____
Plan deductible (\$250)	– \$ _____
Subtotal	= \$ _____
Co-insurance percent	x _____ <u>80%</u>
Plan payment amount	= \$ _____

³ Benefit period ends 60 days after discharge from the hospital or skilled nursing facility.

This summary highlights some of the features of this benefit plan. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the “Documents”) maintained by the General Board of Pension and Health Benefits. If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.

HealthFlex has certain obligations under the Medicare Secondary Payer rules (MSP Rules). This summary illustrates, generally, the procedures that apply to claims payment with respect to Medicare eligible participants. However, if any conflict arises between the MSP Rules and the terms of this summary, the MSP Rules shall control.