

Rochester City Schools
2012 Employer Group Retiree Plan
Medicare Blue Choice HMO/POS Benefit Summary

MEDICAL BENEFITS

Annual Deductible	None
Annual Out-of-Pocket Maximum	\$3,400
Inpatient Care	
Inpatient Hospitalization (Includes inpatient mental health, chemical dependency and rehabilitation services)	\$250, 2 max
Skilled Nursing Facility (3 day inpatient stay waived)	\$0 Day 1-20; 50% days 21-100
Physician Services	
Primary Care Physician (PCP) Office Visit	
Specialist Office Visit (includes urgent care visits)	\$15 Copay
Chiropractor Office Visit (manual manipulation to correct subluxation)	\$15 Copay
Podiatrist Office Visit (for medically necessary foot care)	\$15 Copay
Outpatient Care	
Emergency Room (waived if admitted within 23 hours, worldwide coverage)	\$50 Copay
Urgent Care (nationwide coverage)	\$50 Copay
Ambulance	\$50 Copay
Outpatient Mental Health	40% Coinsurance
Outpatient Chemical Dependency	50% Coinsurance
Diagnostic Tests and Laboratory Services	Covered in Full
Radiological Services (X-Ray, Chemotherapy, Radiation Therapy)	\$15 Copay
Outpatient Services/Surgery (an additional specialist copay may apply)	\$15 Copay
Rehabilitation Therapy (physical, occupational and speech)	\$15 Copay
Cardiac Rehabilitation	\$15 Copay
Durable Medical Equipment (DME) & Prosthetic Devices	20% Coinsurance
Home Health Care (includes home infusion services)	Covered in full
Diabetic Supplies	\$15 Copay
Kidney Dialysis	Covered in Full
Medicare Part B Drugs Including Part B-Covered Chemotherapy Drugs	20% Coinsurance
Preventive Services (Office Visit Copay May Apply)	
Annual Wellness Exam	Covered in Full
Immunizations (Flu, Pneumonia, H1N1 and Hepatitis B vaccines)	Covered in Full
Mammograms	Covered in Full
Prostate Cancer Screening	Covered in Full
Bone Mass Measurement	Covered in Full
Pap Smears/Pelvic Exams	Covered in Full
Colorectal Screening	Covered in Full
Medicare Covered Preventive Services	
Hearing Exams	\$15 Copay
Eye Exams	\$15 Copay



Additional Coverage	
Point of Service (POS) You may elect to receive covered services from out-of-network providers.	20% up to \$5000
Silver&Fit® Plus Fitness Program Membership at participating network fitness clubs/exercise centers and \$150 reimbursement towards memberships at non participating facilities. Members who prefer to exercise at home, can choose 2 at home fitness kits per year.	\$25 annually for gym membership; \$10 for home kits
Annual Routine Eyewear Allowance	\$60 annual allowance

MEDICARE PART D PRESCRIPTION DRUG BENEFITS		
<u>Annual Deductible</u>	\$0.00	
Initial Coverage:		
	<u>30-Day Supply</u>	<u>90-Day Supply</u>
Tier 1:	40% coinsurance	40% coinsurance
Tier 2:	40% coinsurance	40% coinsurance
 <u>Coverage Gap:</u>		
After total yearly drug costs paid by both the member and the plan for Part D eligible drugs reach \$3,900, the members pays 86% for generics and receives a discount on eligible brand name drugs until total out-of-pocket costs reaches \$4,700.		
 <u>Catastrophic Coverage:</u>		
After yearly out-of-pocket drug costs paid by the member reach \$4,700, the member pays the greater of \$2.60 copayment for generic and a \$6.50 copayment for all other drugs, or 5% coinsurance.		

The benefit information provided is not comprehensive. Please consult your Evidence of Coverage for a detailed explanation of benefits and any applicable restrictions. To the extent of any discrepancy between this document and the Evidence of Coverage, the Evidence of Coverage terms take priority.

Care must be provided or authorized by a participating primary care physician for full HMO benefits, except in emergencies. The copayments are applied per provider per day except where specifically noted otherwise.



PREMIUM		
Benefit	Description	Monthly Premium
Group Option	Base Plan (renewal)	\$97.10
Prescription Drug Coverage	40% coinsurance (3500)	\$31.74
TOTAL MONTHLY PREMIUM		\$128.84

By signing this rate quote, the employer group agrees to the following:

- Compliance with the Centers for Medicare and Medicaid Services (CMS) requirements for Uniform Premium waivers in relation to premiums charged to our group plan participants. The employer group plan sponsor cannot charge participants covered under this plan an amount greater than the standard Medicare Part D beneficiary premium plus up to 100% of the value of any supplement prescription drug coverage.

- Administration of any Low Income Subsidy (LIS) premium payments received from Excellus BlueCross BlueShield for plan participants in accordance with CMS regulations (any LIS premium payments Excellus BCBS receives from CMS for plan participants will be passed through to the employer group from Excellus BCBS).

- Compliance with alternative disclosure requirements under ERISA, including Summary Plan descriptions of benefit offerings to participants covered under this plan.

- Qualification as an employer group under standard underwriting guidelines. The employer group plan sponsor must operate in the plan service area, offer active employees a benefit offering (no retiree only groups), have 2 or more employees, contribute to the premium and not be a Chamber, Trust or Association

Employer Group Name: Rochester City Schools

Signature: _____ **Date:** _____

Name (Please Print): _____

Title: _____

Effective Date: _____

Date Created: 8/26/2011 Rochester

