



CITY OF JACKSON – RETIREES OVER AGE 65

Blue Cross Blue Shield Supplemental Coverage

Benefits-at-a-Glance

#67955-906

Blue Traditional Supplemental Coverage
Blue Cross Option 2 and Blue Shield Option 1

Medicare

Preventive Services

Health Maintenance Exam	Not Covered	Not Covered
Annual Gynecological Exam	Not Covered	Not Covered
Pap Smear Screening – laboratory services only	Covered – 80% of approved amount after Part B deductible, one every 3 years	Covers Medicare deductible and coinsurance
Well-Baby and Child Care	Not Covered	Not Covered
immunizations		
• Flu Shots and Pneumonia Vaccines	Covered – 100% of approved amount	Covered in full by Medicare
• Hepatitis B Vaccines – for those at risk of contracting the disease	Covered – 80% of approved amount after Part B deductible	Not Covered

Mammography

Mammography Screening	Covered – 80% of approved amount after Part B deductible, one every 24 months	Covers Medicare deductible and coinsurance
-----------------------	---	--

Physician Office Services

Office Visits	Covered – 80% of approved amount after Part B deductible	Not Covered
Outpatient and Home Visits	Covered – 80% of approved amount after Part B deductible	Not Covered
Office Consultations	Covered – 80% of approved amount after Part B deductible	Not Covered

Emergency Medical Care

Hospital Emergency Room (professional services) – must be medically necessary	Covered – 80% of approved amount after Part B deductible	Covers Medicare deductible and coinsurance
Ambulance Services – must be medically necessary	Covered – 80% of approved amount after Part B deductible	Covers Medicare deductible and coinsurance

Clinical Laboratory Services

Laboratory and Pathology Tests – used in the diagnosis and treatment of an illness or injury	Covered – 100% of approved amount	Covered in full by Medicare
--	-----------------------------------	-----------------------------

Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies		
• Days 1-60	Covered – Less Medicare Part A deductible	Covers Medicare deductible
• Days 61-90	Covered – Less Medicare Part A daily coinsurance	Covers daily coinsurance
• Lifetime Reserve Days (60 days)	Covered – Less Medicare Part A daily coinsurance	Covers daily coinsurance
• Additional Days	Not Covered	Covered – 100% of approved amount, up to an additional 275 days
Chemotherapy	Covered for administration and drugs – 80% of approved amount after deductible; must meet Medicare criteria	Covers Medicare deductible and coinsurance. Pays chemotherapy drugs which Medicare does not cover; must meet BCBSM criteria for payment.

Alternatives to Hospital Care

Skilled Nursing Facility Care		
• Days 1-20	Covered – 100% of approved amount	Covered in full by Medicare
• Days 21-100	Covered – Less Medicare daily coinsurance	Covers Medicare coinsurance
• Days 101 and after	Not Covered	Not Covered
Hospice Care	Covered – 100% of approved amount, less small coinsurance amounts for outpatient drugs and inpatient respite care	Covers limited costs not covered by Medicare
Home Health Care – medically necessary	Covered – 100% of approved amount	Covered in full by Medicare

Medicare

Surgical Services Provided by a Physician

Surgery – includes all related surgical services, anesthesia and surgical assistance	Covered – 80% of approved amount after Part B deductible	Covers Medicare deductible and coinsurance
--	--	--

Human Organ Transplants

Note: Payment is based on medical necessity and must be rendered in an approved facility.

Heart and Liver	Covered – Less Medicare deductible and coinsurance	Covers Medicare deductible and coinsurance
Lung and Heart-lung	Covered – Less Medicare deductible and coinsurance	Covers Medicare deductible and coinsurance
Pancreas	Not Covered	Not Covered
Comea	Covered – Less Medicare deductible and coinsurance	Covers Medicare deductible and coinsurance
Bone Marrow and Kidney	Covered – Less Medicare deductible and coinsurance	Covers Medicare deductible and coinsurance

Mental Health Care

Inpatient Mental Health Care in psychiatric hospital • Days 1-190 Lifetime • Additional Days after 190 lifetime days are used	Covered – Less Medicare deductible and coinsurance Note: In most cases, psychiatric care in general (as opposed to psychiatric) hospitals is not subject to the 190-day limit.	Covers Medicare deductible and coinsurance
	Not Covered	Not Covered
Outpatient Mental Health Care	Covered – 50% of approved amount after Part B deductible for therapeutic services. Diagnostic services are covered at 80% of approved amount after Part B deductible.	Covers Medicare deductible and coinsurance

Other Services

Allergy Testing and Therapy – with approved diagnosis	Covered – 80% of approved amount after Part B deductible	Covers Medicare deductible and coinsurance for testing. Injections are not covered.
Chiropractic Spinal Manipulation – must be medically necessary	Covered when medically necessary – 80% of approved amount after Part B deductible	Not Covered
Outpatient Physical, Speech and Occupational Therapy	Covered – 80% of approved amount after Part B deductible is met Note: Services of independent physical or occupational therapist subject to annual dollar limit.	Covers Medicare deductible and coinsurance
Durable Medical Equipment	Covered – 80% of approved amount after Part B deductible	Covers Medicare deductible and coinsurance
Prosthetic Appliances	Covered – 80% of approved amount after Part B deductible	Covers Medicare deductible and coinsurance
Private Duty Nursing	Not Covered	Not Covered
*Outpatient Prescription Drugs	Not Covered	Not Covered
Oral Cancer Drugs	Approved drugs are covered	Covered in full by Medicare

Foreign Travel

Hospital Services	Not Covered, except for inpatient hospital services in Canada or Mexico in rare situations	Covered – 100% of approved amount, up to 30 days for covered services
Physician Services	Not Covered, except for services rendered in Canada or Mexico in connection with a covered inpatient stay	Covered – Up to Blue Cross Blue Shield-approved amount

*Prescription Drugs – City of Jackson provides a \$100/person per month stipend that can be used to purchase an individual Part D Prescription Drug Plan. (Prescription coverage is NOT available through the City/Jackson's retiree coverage for retirees/spouses over the age of 65.)

This document is not a contract. It is intended as an easy-to-read summary. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield certificate and riders.