

Quick Points



December 8, 2009

Medicare Cost plan VantageBlue renamed Platinum Blue

Blue Cross and Blue Shield of Minnesota announces changes to its Medicare Cost plan for groups and individuals. The Cost plan has been renamed Platinum BlueSM, benefits have been changed and a third plan choice, called the “Complete” option, has been added. The plan is also now being offered to employer groups. The employer group plans will be called Group Platinum Blue. Both Platinum Blue and Group Platinum Blue include coverage for preventive services, a travel benefit, a fitness club membership with senior-specific classes available, and the quality, experience and stability of Blue Cross.

Beginning January 1, 2010, Platinum Blue will replace our current VantageBlue Cost plan. As with VantageBlue, providers will bill professional services to Blue Cross. Hospital and other institutional claims should be billed to and will be paid directly by Medicare, with crossover to Blue Cross for payment of additional plan benefits as applicable. There are three plan options for Platinum Blue: Core, Choice and Complete. Group Platinum Blue (employer group) options include Plan A, Plan B and Plan C. Providers who are currently participating with Blue Cross Medicare programs can serve Platinum Blue and Group Platinum Blue members under their existing contract arrangements. For more information on Platinum Blue, go to **providers.bluecrossmn.com**.

The following charts provide an overview of Platinum Blue and Group Platinum Blue member benefits and cost-sharing.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.

Benefit Category	Original Medicare	Platinum Blue Core Plan (2010)	Platinum Blue Choice Plan (2010)	Platinum Blue Complete Plan (2010)
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	<p>In 2010 the amounts for each benefit period are:</p> <p>Days 1-60: \$1,100 Part A annual deductible</p> <p>Days 61-90: \$275 per day</p> <p>Days 91-150: \$550 per lifetime reserve day</p> <p>Call toll free 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can be only be used only.</p> <p>There is no limit to the number of benefit periods.</p>	<p>In-Network or under Travel Benefit</p> <p>\$400 copay for each Medicare-covered hospital stay.</p> <p>Plan covers 60 lifetime reserve days.</p> <p>Cost per lifetime reserve day:</p> <p>Days 1-60: \$0 copay per day</p> <p>\$400 out-of-pocket limit every benefit period.</p> <p>Plan covers 90 days each benefit period, plus any lifetime reserve days.</p>	<p>In-Network or under Travel Benefit</p> <p>\$100 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>In-Network or under Travel Benefit</p> <p>\$0 copay</p> <p>No limit to the number of days covered by the plan each benefit period.</p>
Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190-day lifetime limit in a psychiatric hospital.</p>	<p>In-Network or under Travel Benefit</p> <p>\$400 copay for each Medicare-covered hospital stay.</p> <p>190-day lifetime limit in a psychiatric hospital.</p>	<p>In-Network or under Travel Benefit</p> <p>\$100 copay for each Medicare-covered hospital stay.</p> <p>190-day lifetime limit in a psychiatric hospital.</p>	<p>In-Network or under Travel Benefit</p> <p>\$0 copay for each Medicare-covered hospital stay.</p> <p>190-day lifetime limit in a psychiatric hospital.</p>
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <p>Days 1-20: \$1,100 Part A annual deductible</p> <p>Days 21-100: \$137.50 per day</p> <p>100 days for each benefit period.</p> <p>There is no limit to the number of benefit periods.</p>	<p>In-Network or under Travel Benefit</p> <p>For Medicare-covered SNF stays:</p> <p>Days 1-20: \$0 copay per day.</p> <p>Days 21-100: \$133.50 copay per day.</p> <p>Plan covers up to 100 days each benefit period</p> <p>3-day prior hospital stay is required.</p>	<p>In-Network or under Travel Benefit</p> <p>\$0 copay for SNF services.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>3-day prior hospital stay is required.</p>	<p>In-Network or under Travel Benefit</p> <p>\$0 copay for SNF services.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>3-day prior hospital stay is required.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan (2010)	Platinum Blue Choice Plan (2010)	Platinum Blue Complete Plan (2010)
Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	\$0 copay	In-Network \$0 copay for Medicare-covered home health visits.	In-Network \$0 copay for Medicare-covered home health visits.	In-Network \$0 copay for Medicare-covered home health visits.
Hospice	Medicare beneficiaries pay part coinsurance for outpatient drugs and inpatient respite care. They must receive care from a Medicare-certified hospice.	General Members must receive care from a Medicare-certified hospice.	General Members must receive care from a Medicare-certified hospice.	General Members must receive care from a Medicare-certified hospice.
Doctor Office Visits	20% coinsurance	In-Network or under Travel Benefit 20% coinsurance for each primary care doctor visit for Medicare-covered benefits. 20% coinsurance for each in-area, network urgent care Medicare-covered visit. 20% coinsurance for each specialist visit for Medicare-covered benefits.	General See “Physical Exams” for more information. In-Network or under Travel Benefit \$10 copay for each primary care doctor visit for Medicare-covered benefits. \$10 copay for each in-area, network urgent care Medicare-covered visit. \$10 copay for each specialist visit for Medicare-covered benefits.	General See “Physical Exams” for more information. In-Network or under Travel Benefit \$0 copay for primary care doctor visits for Medicare-covered benefits. \$0 copay for in-area, network urgent care Medicare-covered visits. \$0 copay for specialist visits for Medicare-covered benefits.
Chiropractic Services	Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if from a chiropractor or other qualified providers.	In-Network or under Travel Benefit 20% coinsurance for each Medicare-covered chiropractic visit.	In-Network or under Travel Benefit \$10 copay for each Medicare-covered chiropractic visit.	In-Network or under Travel Benefit \$0 copay for each Medicare-covered chiropractic visit.

Benefit Category	Original Medicare	Platinum Blue Core Plan (2010)	Platinum Blue Choice Plan (2010)	Platinum Blue Complete Plan (2010)
Podiatry Services	Routine care not covered 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network or under Travel Benefit 20% coinsurance for each Medicare-covered podiatry visit. Medicare-covered podiatry benefits are for medically necessary foot care.	In-Network or under Travel Benefit \$10 copay for each Medicare-covered podiatry visit. Medicare-covered podiatry benefits are for medically necessary foot care.	In-Network or under Travel Benefit \$0 copay for Medicare-covered podiatry visits. Medicare-covered podiatry benefits are for medically necessary foot care.
Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	In-Network or under Travel Benefit 20% coinsurance for each Medicare-covered individual or group therapy visit.	In-Network or under Travel Benefit \$10 copay for each Medicare-covered individual or group therapy visit.	In-Network or under Travel Benefit \$0 copay for each Medicare-covered individual or group therapy visit.
Outpatient Substance Abuse Care	20% coinsurance	In-Network or under Travel Benefit 20% coinsurance for each Medicare-covered individual or group therapy visits.	In-Network or under Travel Benefit \$10 copay for each Medicare-covered individual or group therapy visit.	In-Network or under Travel Benefit \$0 copay for each Medicare-covered individual or group therapy visit.
Outpatient Services/Surgery	20% coinsurance for the doctor. 20% of outpatient facility charges.	In-Network or under Travel Benefit 20% coinsurance for each Medicare-covered ambulatory surgical center visit. 20% coinsurance for each Medicare-covered outpatient hospital facility visit.	In-Network or under Travel Benefit \$50 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$50 copay for each Medicare-covered outpatient hospital facility visit.	In-Network or under Travel Benefit \$0 copay for Medicare-covered ambulatory surgical center visits. \$0 copay for Medicare-covered outpatient hospital facility visits.
Ambulance Services (medically necessary ambulance services)	20% coinsurance	In-Network or under Travel Benefit 20% coinsurance for each Medicare-covered ambulance service.	In-Network or under Travel Benefit \$25 copay for each Medicare-covered ambulance service.	In-Network or under Travel Benefit \$0 copay for Medicare-covered ambulance services.

Benefit Category	Original Medicare	Platinum Blue Core Plan (2010)	Platinum Blue Choice Plan (2010)	Platinum Blue Complete Plan (2010)
Emergency Care	<p>20% coinsurance for the doctor.</p> <p>20% of facility charge, or a set copay per emergency room visit.</p> <p>The emergency room copay is waived if the Medicare beneficiary is admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$50 copay for each Medicare-covered emergency room visit.</p> <p>Worldwide coverage.</p> <p>If the member is admitted to the hospital within 24 hour(s) for the same condition, the copayment for ER care is waived.</p>	<p>General</p> <p>\$50 copay for each Medicare-covered emergency room visit.</p> <p>Worldwide coverage.</p> <p>If the member is admitted to the hospital within 24 hour(s) for the same condition, the copayment for ER care is waived.</p>	<p>General</p> <p>\$0 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p>
Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>20% coinsurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$50 copay for each Medicare-covered urgently needed care visit.</p>	<p>General</p> <p>\$50 copay for each Medicare-covered urgently needed care visit.</p>	<p>General</p> <p>\$0 copay for Medicare-covered urgently needed care visits.</p>
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<p>20% coinsurance</p>	<p>In-Network or under Travel Benefit</p> <p>20% coinsurance for each Medicare-covered Occupational Therapy visit.</p> <p>20% coinsurance for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p>	<p>In-Network or under Travel Benefit</p> <p>\$10 copay for each Medicare-covered Occupational Therapy visit.</p> <p>\$10 copay for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p>	<p>In-Network or under Travel Benefit</p> <p>\$0 copay for each Medicare-covered Occupational Therapy visit.</p> <p>\$0 copay for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p>
Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	<p>20% coinsurance</p>	<p>In-Network or under Travel Benefit</p> <p>20% coinsurance for Medicare-covered items.</p>	<p>In-Network or under Travel Benefit</p> <p>20% coinsurance for Medicare-covered items.</p>	<p>In-Network or under Travel Benefit</p> <p>\$0 copay for Medicare-covered items.</p>
Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	<p>20% coinsurance</p>	<p>In-Network or under Travel Benefit</p> <p>20% coinsurance for Medicare-covered items.</p>	<p>In-Network or under Travel Benefit</p> <p>20% coinsurance for Medicare-covered items.</p>	<p>In-Network or under Travel Benefit</p> <p>\$0 copay for Medicare-covered items.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan (2010)	Platinum Blue Choice Plan (2010)	Platinum Blue Complete Plan (2010)
Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help manage diabetes or kidney disease.	In-Network or under Travel Benefit 20% coinsurance for diabetes self-monitoring training. 20% coinsurance for Nutrition Therapy for Diabetes. 20% coinsurance for diabetes supplies.	In-Network or under Travel Benefit 20% coinsurance for diabetes self-monitoring training. 20% coinsurance for Nutrition Therapy for Diabetes. 20% coinsurance for diabetes supplies.	In-Network or under Travel Benefit 20% coinsurance for diabetes self-monitoring training. 20% coinsurance for Nutrition Therapy for Diabetes. \$0 copay for diabetes supplies.
Diagnostic Tests, X-rays, Lab Services, and Radiology Services	20% coinsurance for diagnostic tests and X-rays. \$0 copay for Medicare-covered lab Services. Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by the treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help the doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking cholesterol.	In-Network or under Travel Benefit 20% coinsurance for Medicare-covered: <ul style="list-style-type: none"> • diagnostic procedures and tests • X-rays • diagnostic radiology services (not including X-rays) • therapeutic radiology services \$0 copay for Medicare-covered lab services.	In-Network or under Travel Benefit \$0 copay for Medicare-covered: <ul style="list-style-type: none"> • lab services • diagnostic procedures and tests • X-rays • diagnostic radiology services (not including X-rays) • therapeutic radiology services 	In-Network or under Travel Benefit \$0 copay for Medicare-covered: <ul style="list-style-type: none"> • lab services • diagnostic procedures and tests • X-rays • diagnostic radiology services (not including X-rays) • therapeutic radiology services
Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more often if medically necessary) if certain medical conditions are met.	In-Network or under Travel Benefit \$0 copay for Medicare-covered bone mass measurement.	In-Network or under Travel Benefit \$0 copay for Medicare-covered bone mass measurement.	In-Network or under Travel Benefit \$0 copay for Medicare-covered bone mass measurement.

Benefit Category	Original Medicare	Platinum Blue Core Plan (2010)	Platinum Blue Choice Plan (2010)	Platinum Blue Complete Plan (2010)
Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance Covered for beneficiaries at high risk or age 50 and older.	In-Network or under Travel Benefit \$0 copay for Medicare-covered colorectal screenings.	In-Network or under Travel Benefit \$0 copay for: • Medicare-covered colorectal screenings, and • additional screenings No limit on the number of covered colorectal screenings.	In-Network or under Travel Benefit \$0 copay for: • Medicare-covered colorectal screenings, and • additional screenings No limit on the number of covered colorectal screenings.
Immunizations (flu vaccine, hepatitis B vaccine -for people with Medicare who are at risk, pneumonia vaccine)	\$0 copay for flu and pneumonia vaccines 20% coinsurance for hepatitis B vaccine. Beneficiaries may only need the pneumonia vaccine once in a lifetime.	In-Network or under Travel Benefit \$0 copay for flu and pneumonia vaccines. \$0 copay for hepatitis B vaccine.	In-Network or under Travel Benefit \$0 copay for flu and pneumonia vaccines. \$0 copay for hepatitis B vaccine.	In-Network or under Travel Benefit \$0 copay for flu and pneumonia vaccines. \$0 copay for hepatitis B vaccine.
Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-Network or under Travel Benefit \$0 copay for Medicare-covered screening mammograms.	In-Network or under Travel Benefit \$0 copay for: • Medicare-covered screening mammograms , and • additional screening mammograms No limit on the number of covered screening mammograms.	In-Network or under Travel Benefit \$0 copay for: • Medicare-covered screening mammograms , and • additional screening mammograms No limit on the number of covered screening mammograms.
Pap Tests and Pelvic Exams (for women with Medicare)	\$0 copay for Pap tests Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for pelvic exams.	In-Network or under Travel Benefit \$0 copay for Medicare-covered Pap tests and pelvic exams.	In-Network or under Travel Benefit \$0 copay for • Medicare-covered Pap tests and pelvic exams and • additional Pap tests and pelvic exams No limit on the number of covered Pap tests and pelvic exams.	In-Network or under Travel Benefit \$0 copay for • Medicare-covered Pap tests and pelvic exams and • additional Pap tests and pelvic exams No limit on the number of covered Pap tests and pelvic exams.

Benefit Category	Original Medicare	Platinum Blue Core Plan (2010)	Platinum Blue Choice Plan (2010)	Platinum Blue Complete Plan (2010)
Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 copay for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	In-Network or under Travel Benefit \$0 copay for Medicare-covered prostate cancer screening.	In-Network or under Travel Benefit \$0 copay for <ul style="list-style-type: none"> • Medicare-covered prostate cancer screening. • additional screening No limit on the number of covered prostate cancer screenings.	In-Network or under Travel Benefit \$0 copay for <ul style="list-style-type: none"> • Medicare-covered prostate cancer screening. • additional screening No limit on the number of covered prostate cancer screenings.
End-Stage Renal Disease	20% coinsurance for renal dialysis. 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. Services can be given by a registered dietitian or include a nutritional assessment and counseling to help manage diabetes or kidney disease.	General Cost plan members receive In-Network or under Travel Benefit benefits for out-of-area dialysis. Please see Travel Benefit. In-Network or under Travel Benefit 20% coinsurance for renal Dialysis. 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.	General Cost plan members receive In-Network or under Travel Benefit benefits for out-of-area dialysis. Please see Travel Benefit. In-Network or under Travel Benefit \$0 copay for renal dialysis 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.	General Cost plan members receive In-Network or under Travel Benefit benefits for out-of-area dialysis. Please see Travel Benefit. In-Network or under Travel Benefit \$0 copay for renal dialysis 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.
Prescription Drugs	Most drugs are not covered under Original Medicare. Beneficiaries can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or can get all Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	Drugs covered under Medicare Part B General 20% coinsurance for Part B-covered chemotherapy drugs and other Part B-covered drugs. Drugs Covered under Medicare Part D General This plan does not offer prescription drug coverage.	Drugs covered under Medicare Part B General 20% coinsurance for Part B-covered chemotherapy drugs and other Part B-covered drugs. Drugs Covered under Medicare Part D General This plan does not offer prescription drug coverage.	Drugs covered under Medicare Part B General 20% coinsurance for Part B-covered chemotherapy drugs and other Part B-covered drugs. There is no copayment for Medicare-covered Part B drugs and biologicals that are not usually self-administered but are injected during an office visit. There is no copayment for Medicare-covered oxygen and medications packaged for use in a nebulizer.

Benefit Category	Original Medicare	Platinum Blue Core Plan (2010)	Platinum Blue Choice Plan (2010)	Platinum Blue Complete Plan (2010)
				<p>There is no copayment for self-administered Erythropoietin (EPO) when provided in accordance with Medicare guidelines.</p> <p>Drugs Covered under Medicare Part D</p> <p>General</p> <p>This plan does not offer prescription drug coverage.</p>
Dental Services	Preventive dental services (such as cleaning) are not covered.	<p>In-Network or under Travel Benefit</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>20% coinsurance for Medicare-covered dental benefits.</p>	<p>In-Network or under Travel Benefit</p> <p>In general, preventive dental benefits (such as cleaning) are not covered.</p> <p>\$0 copay for Medicare-covered dental benefits.</p>	<p>In-Network or under Travel Benefit</p> <p>In general, preventive dental benefits (such as cleaning) are not covered.</p> <p>\$0 copay for Medicare-covered dental benefits.</p>
Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network or under Travel Benefit</p> <p>In general, routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for Medicare-covered diagnostic hearing exams.</p>	<p>In-Network or under Travel Benefit</p> <p>\$10 copay for each Medicare-covered diagnostic hearing exam.</p> <p>\$0 copay for hearing aids.</p> <p>\$0 copay for up to 1 routine hearing test every year.</p> <p>\$0 copay for up to 1 hearing aid fitting evaluation every year.</p> <p>\$450 limit for fitting evaluations and hearing aids every year.</p>	<p>In-Network or under Travel Benefit</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for hearing aids.</p> <p>\$0 copay for up to 1 routine hearing test every year.</p> <p>\$0 copay for up to 1 hearing aid fitting evaluation every year.</p> <p>\$450 limit for fitting evaluations and hearing aids every year.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan (2010)	Platinum Blue Choice Plan (2010)	Platinum Blue Complete Plan (2010)
Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and eyeglasses not covered.</p> <p>Medicare pays for 1 pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network or under Travel Benefit</p> <p>Non-Medicare-covered eye exams and eyeglasses not covered.</p> <p>20% coinsurance for 1 pair of eyeglasses or contact lenses after cataract surgery.</p> <p>20% coinsurance for exams to diagnose and treat diseases and conditions of the eye.</p>	<p>In-Network or under Travel Benefit</p> <p>20% coinsurance for 1 pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to 1 routine eye exam every year.</p> <p>0% coinsurance for up to 1 pair of eyeglasses every 2 years.</p> <p>0% coinsurance for up to 1 pair of contacts every 2 years.</p> <p>\$125 limit for non-Medicare-covered eye wear every 2 years.</p>	<p>In-Network or under Travel Benefit</p> <p>20% coinsurance for 1 pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye.</p> <p>\$0 copay for up to 1 routine eye exam every year.</p> <p>0% coinsurance for up to 1 pair of eyeglasses every 2 years.</p> <p>0% coinsurance for up to 1 pair of contacts every 2 years.</p> <p>\$125 limit for non-Medicare-covered eye wear every 2 years.</p>
Physical Exams	<p>20% coinsurance for 1 exam within the first 12 months of new Medicare Part B coverage.</p> <p>When beneficiaries get Medicare Part B, they can get a one-time physical exam within the first 12 months of the new Part B coverage.</p> <p>The coverage does not include lab tests.</p>	<p>In-Network or under Travel Benefit</p> <p>When beneficiaries get Medicare Part B, they can get a one-time physical exam within the first 12 months of the new Part B coverage.</p> <p>The coverage does not include lab tests. Routine exams not covered.</p> <p>\$0 copay for Medicare-covered benefits.</p>	<p>In-Network or under Travel Benefit</p> <p>\$0 copay for routine physical exams.</p> <p>Limited to 1 exam every year.</p>	<p>In-Network or under Travel Benefit</p> <p>\$0 copay for routine physical exams.</p> <p>Limited to 1 exam every year.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan (2010)	Platinum Blue Choice Plan (2010)	Platinum Blue Complete Plan (2010)
Health/Wellness Education	<p>Smoking Cessation:</p> <p>Covered if ordered by the beneficiary's doctor. Includes 2 counseling attempts within a 12-month period if diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to 4 face-to-face visits. Beneficiary pays coinsurance, and Part B deductible applies.</p>	<p>In-Network or under Travel Benefit</p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Health Club Membership/Fitness Classes • 24-Hour Nurse Advice Line <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network or under Travel Benefit</p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Health Club Membership/Fitness Classes • 24-Hour Nurse Advice Line <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network or under Travel Benefit</p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Health Club Membership/Fitness Classes • 24-Hour Nurse Advice Line <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
Transportation (Routine)	Not covered.	<p>In-Network or under Travel Benefit</p> <p>This plan does not cover routine transportation.</p>	<p>In-Network or under Travel Benefit</p> <p>This plan does not cover routine transportation.</p>	<p>In-Network or under Travel Benefit</p> <p>This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network or under Travel Benefit</p> <p>This plan does not cover acupuncture.</p>	<p>In-Network or under Travel Benefit</p> <p>This plan does not cover acupuncture.</p>	<p>In-Network or under Travel Benefit</p> <p>This plan does not cover acupuncture.</p>

Benefit Category	Group Platinum Blue Plan A	Group Platinum Blue Plan B	Group Platinum Blue Plan C
Health Service Type	In-Network or Travel Benefit	In-Network or Travel Benefit	In-Network or Travel Benefit
Important Information			
1- Premium and Other Important Information	Your monthly plan premium is in addition to your monthly Medicare Part B premium.	Your monthly plan premium is in addition to your monthly Medicare Part B premium.	Your monthly plan premium is in addition to your monthly Medicare Part B premium.
2-Out-of-pocket Maximum	\$3,000 in-network out-of-pocket maximum. All in-network cost-sharing included.	\$3,000 in-network out-of-pocket maximum. All in-network cost-sharing included.	\$3,000 in-network out-of-pocket maximum. All in-network cost-sharing included.
3- Doctor and Hospital Choice (For more information see Emergency - #16 and Urgently needed Care - #17)	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>Out-of-Network If you travel outside of the service area, you will receive In-Network benefits for up to 9 months and can see any provider that accepts Medicare.</p> <p>In- and Out-of-Network You can use any network doctor. If you go to out-of-network doctors within the service area, the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>Out-of-Network If you travel outside of the service area, you will receive In-Network benefits for up to 9 months and can see any provider that accepts Medicare.</p> <p>In- and Out-of-Network You can use any network doctor. If you go to out-of-network doctors within the service area, the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>Out-of-Network If you travel outside of the service area, you will receive In-Network benefits for up to 9 months and can see any provider that accepts Medicare.</p> <p>In- and Out-of-Network You can use any network doctor. If you go to out-of-network doctors within the service area, the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>
Inpatient Care			
4- Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	<p>\$0 copay for each Medicare-covered hospital stay.</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>\$0 copay for each Medicare-covered hospital stay.</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>\$200 copay for each Medicare-covered hospital stay.</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: Days 1-60: \$0 copay per day. Plan covers 90 days each benefit period, plus any lifetime reserve days.</p>
5- Inpatient Mental Health Care	<p>\$0 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days of a psychiatric hospital in a lifetime.</p>	<p>\$0 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days of a psychiatric hospital in a lifetime.</p>	<p>\$200 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days of a psychiatric hospital in a lifetime.</p>

Benefit Category	Group Platinum Blue Plan A	Group Platinum Blue Plan B	Group Platinum Blue Plan C
Health Service Type	In-Network or Travel Benefit	In-Network or Travel Benefit	In-Network or Travel Benefit
6- Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$0 copay for SNF services Plan covers up to 100 days each benefit period 3-day prior hospital stay is required.	\$0 copay for SNF services Plan covers up to 100 days each benefit period 3-day prior hospital stay is required.	\$0 copay for SNF services Plan covers up to 100 days each benefit period 3-day prior hospital stay is required.
7- Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide service, and rehabilitation services, etc.)	\$0 copay for Medicare-covered home health visits.	\$0 copay for Medicare-covered home health visits.	\$0 copay for Medicare-covered home health visits.
8- Hospice	General You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
Outpatient Care			
9- Doctor Office Visits	General See "Physical Exams" for more information In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 copay for each in-area, network urgent care Medicare-covered visit. \$0 copay for each specialist visit for Medicare-covered benefits.	General See "Physical Exams" for more information In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 copay for each in-area, network urgent care Medicare-covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.	General See "Physical Exams" for more information In-Network \$20 copay for each primary care doctor visit for Medicare-covered benefits. \$20 copay for each in-area, network urgent care Medicare-covered visit. \$20 copay for each specialist visit for Medicare-covered benefits.
10- Chiropractic Services	In-Network \$0 copay for Medicare-covered visits. Medicare-covered visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.	In-Network \$15 copay for Medicare-covered visits. Medicare-covered visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.	In-Network \$20 copay for Medicare-covered visits. Medicare-covered visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

Benefit Category	Group Platinum Blue Plan A	Group Platinum Blue Plan B	Group Platinum Blue Plan C
Health Service Type	In-Network or Travel Benefit	In-Network or Travel Benefit	In-Network or Travel Benefit
11- Podiatry Services	In Network \$0 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.	In Network \$15 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.	In Network \$20 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.
12- Outpatient Mental Health Care	In-Network \$0 copay for each Medicare-covered individual or group therapy visit.	In-Network \$15 copay for each Medicare-covered individual or group therapy visit.	In-Network \$20 copay for each Medicare-covered individual or group therapy visit.
13- Outpatient Substance Abuse Care	In-Network \$0 copay for each Medicare-covered individual or group therapy visit.	In-Network \$15 copay for each Medicare-covered individual or group therapy visit.	In-Network \$20 copay for each Medicare-covered individual or group therapy visit.
14- Outpatient Services/Surgery	In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.	In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.	In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.
15- Ambulance Services (medically necessary ambulance services)	In-Network \$0 copay for Medicare-covered ambulance benefits.	In-Network \$0 copay for Medicare-covered ambulance benefits.	In-Network \$50 copay for Medicare-covered ambulance benefits.
16- Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	In-Network \$0 copay for Medicare-covered emergency room visits. Out-of-Network Worldwide coverage.	In-Network \$50 copay for Medicare-covered emergency room visits. Out-of-Network Worldwide coverage. In- and Out-of-Network If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the emergency room visit.	In-Network \$50 copay for Medicare-covered emergency room visits. Out-of-Network Worldwide coverage. In- and Out-of-Network If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the emergency room visit.
17- Urgently Needed Care (This is NOT emergency care and, in most cases, is out of the service area.)	General \$0 copay for Medicare-covered urgently needed care visits.	General \$15 copay for Medicare-covered urgently needed care visits.	General \$20 copay for Medicare-covered urgently needed care visits.

Benefit Category	Group Platinum Blue Plan A	Group Platinum Blue Plan B	Group Platinum Blue Plan C
Health Service Type	In-Network or Travel Benefit	In-Network or Travel Benefit	In-Network or Travel Benefit
18- Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	In-Network \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	In-Network \$15 copay for Medicare-covered Occupational Therapy visits. \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	In-Network \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
Outpatient Medical Services and Supplies			
19- Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	In-Network 0% of the cost for Medicare-covered items.	In-Network 10% of the cost for Medicare-covered items.	In-Network 10% of the cost for Medicare-covered items.
20- Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	In-Network 0% of the cost for Medicare-covered items.	In-Network 10% of the cost for Medicare-covered items.	In-Network 10% of the cost for Medicare-covered items.
21- Diabetes, Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training)	In-Network \$0 copay for diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 0% of the cost for diabetes supplies.	In-Network \$15 copay for diabetes self-monitoring training. \$15 copay for Nutrition Therapy for Diabetes. 10% of the cost for diabetes supplies.	In-Network \$20 copay for diabetes self-monitoring training. \$20 copay for Nutrition Therapy for Diabetes. 10% of the cost for diabetes supplies.
22- Diagnostic Tests, X-rays, and Lab Services	In-Network \$0 copay for Medicare-covered: <ul style="list-style-type: none">• lab services• diagnostic procedures and tests• X-rays• diagnostic radiology services (not including X-rays)• therapeutic radiology services	In-Network \$0 copay for Medicare-covered: <ul style="list-style-type: none">• lab services• diagnostic procedures and tests• X-rays• diagnostic radiology services (not including X-rays)• therapeutic radiology services	In-Network \$0 copay for Medicare-covered: <ul style="list-style-type: none">• lab services• diagnostic procedures and tests• X-rays• diagnostic radiology services (not including X-rays)• therapeutic radiology services
Preventive Services			
23- Bone Mass Measurement (for people with Medicare who are at risk)	In-Network \$0 copay for Medicare-covered bone mass measurement	In-Network \$0 copay for Medicare-covered bone mass measurement	In-Network \$0 copay for Medicare-covered bone mass measurement

Benefit Category	Group Platinum Blue Plan A	Group Platinum Blue Plan B	Group Platinum Blue Plan C
Health Service Type	In-Network or Travel Benefit	In-Network or Travel Benefit	In-Network or Travel Benefit
24- Colorectal Screening Exams (for people with Medicare ages 50 and older)	In-Network \$0 copay for Medicare-covered colorectal screenings, and additional screenings No limit on the number of covered colorectal screenings.	In-Network \$0 copay for Medicare-covered colorectal screenings, and additional screenings No limit on the number of covered colorectal screenings.	In-Network \$0 copay for Medicare-covered colorectal screenings, and additional screenings No limit on the number of covered colorectal screenings.
25- Immunizations (flu vaccine, hepatitis B vaccine - for people with Medicare who are at risk, pneumonia vaccine)	In-Network \$0 copay for flu and pneumonia vaccines \$0 copay for hepatitis B vaccine No referral needed.	In-Network \$0 copay for flu and pneumonia vaccines \$0 copay for hepatitis B vaccine No referral needed.	In-Network \$0 copay for flu and pneumonia vaccines \$0 copay for hepatitis B vaccine No referral needed.
26- Mammograms (Annual Screenings) (for women with Medicare ages 40 and older)	In-Network \$0 copay for Medicare-covered mammograms, and additional screenings No limit on the number of covered screening mammograms.	In-Network \$0 copay for Medicare-covered mammograms, and additional screenings No limit on the number of covered screening mammograms.	In-Network \$0 copay for Medicare-covered mammograms, and additional screenings No limit on the number of covered screening mammograms.
27- Pap Tests and Pelvic Exams (for women with Medicare)	In-Network \$0 copay for Medicare-covered Pap tests and pelvic exams, and additional Pap tests and pelvic exams. No limit on the number of covered Pap tests and pelvic exams.	In-Network \$0 copay for Medicare-covered Pap tests and pelvic exams, and additional Pap tests and pelvic exams. No limit on the number of covered Pap tests and pelvic exams.	In-Network \$0 copay for Medicare-covered Pap tests and pelvic exams, and additional Pap tests and pelvic exams. No limit on the number of covered Pap tests and pelvic exams.
28- Prostate Cancer Screening Exams (for men with Medicare ages 50 and older)	In-Network \$0 copay for Medicare-covered prostate cancer screening, and additional screenings No limit on the number of covered prostate cancer screenings.	In-Network \$0 copay for Medicare-covered prostate cancer screening, and additional screenings No limit on the number of covered prostate cancer screenings.	In-Network \$0 copay for Medicare-covered prostate cancer screening, and additional screenings No limit on the number of covered prostate cancer screenings.

Benefit Category	Group Platinum Blue Plan A	Group Platinum Blue Plan B	Group Platinum Blue Plan C
Health Service Type	In-Network or Travel Benefit	In-Network or Travel Benefit	In-Network or Travel Benefit
29- End Stage Renal Disease	<p>General Members receive In-Network benefits for out-of-area dialysis. Please see travel benefit.</p> <p>In-network \$0 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>General Members receive In-Network benefits for out-of-area dialysis. Please see travel benefit.</p> <p>In-network \$15 copay for renal dialysis</p> <p>\$15 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>General Members receive In-Network benefits for out-of-area dialysis. Please see travel benefit.</p> <p>In-network \$20 copay for renal dialysis</p> <p>\$20 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
30- Prescription Drugs	<p>General Most drugs not covered.</p> <p>Drugs covered under Medicare Part B 20% of the cost for Part B-covered drugs and 20% of the cost for Part B-covered chemotherapy drugs.</p> <p>There is no copayment for Medicare-covered Part B drugs and biologicals that are not usually self-administered but are injected during an office visit.</p> <p>There is no copayment for Medicare-covered oxygen and medications packaged for use in a nebulizer.</p> <p>There is no copayment for self-administered Erythropoietin (EPO) when provided to you in accordance with Medicare guidelines.</p> <p>Drugs covered under Medicare Part D</p> <p>This plan does not offer prescription drug coverage.</p> <p>Please contact your employer/union group for additional benefit details.</p>	<p>General Most drugs not covered.</p> <p>Drugs covered under Medicare Part B 20% of the cost for Part B-covered drugs and 20% of the cost for Part B-covered chemotherapy drugs.</p> <p>There is no copayment for Medicare-covered Part B drugs and biologicals that are not usually self-administered but are injected during an office visit.</p> <p>There is no copayment for Medicare-covered oxygen and medications packaged for use in a nebulizer.</p> <p>There is no copayment for self-administered Erythropoietin (EPO) when provided to you in accordance with Medicare guidelines.</p> <p>Drugs covered under Medicare Part D</p> <p>This plan does not offer prescription drug coverage.</p> <p>Please contact your employer/union group for additional benefit details.</p>	<p>General Most drugs not covered.</p> <p>Drugs covered under Medicare Part B 20% of the cost for Part B-covered drugs and 20% of the cost for Part B-covered chemotherapy drugs.</p> <p>There is no copayment for Medicare-covered Part B drugs and biologicals that are not usually self-administered but are injected during an office visit.</p> <p>There is no copayment for Medicare-covered oxygen and medications packaged for use in a nebulizer.</p> <p>There is no copayment for self-administered Erythropoietin (EPO) when provided to you in accordance with Medicare guidelines.</p> <p>Drugs covered under Medicare Part D</p> <p>This plan does not offer prescription drug coverage.</p> <p>Please contact your employer/union group for additional benefit details.</p>
31- Dental Services	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$0 copay for Medicare-covered dental benefits.</p>	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$15 copay for Medicare-covered dental benefits.</p>	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$20 copay for Medicare-covered dental benefits.</p>

Benefit Category	Group Platinum Blue Plan A	Group Platinum Blue Plan B	Group Platinum Blue Plan C
Health Service Type	In-Network or Travel Benefit	In-Network or Travel Benefit	In-Network or Travel Benefit
32- Hearing Services	<p>In-Network</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for up to 1 routine hearing test every year.</p> <p>\$0 copay for up to 1 hearing aid fitting evaluation every year.</p> <p>\$450 limit for fitting evaluations and hearing aids every year.</p>	<p>In-Network</p> <p>\$15 copay for Medicare-covered diagnostic hearing exams</p> <p>\$15 copay for up to 1 routine hearing test every year.</p> <p>\$0 copay for up to 1 hearing aid fitting evaluation every year.</p> <p>\$450 limit for fitting evaluations and hearing aids every year.</p>	<p>In-Network</p> <p>\$20 copay for Medicare-covered diagnostic hearing exams</p> <p>\$20 copay for up to 1 routine hearing test every year.</p> <p>\$0 copay for up to 1 hearing aid fitting evaluation every year.</p> <p>\$450 limit for fitting evaluations and hearing aids every year.</p>
33- Vision Services	<p>In-Network</p> <p>\$0 copay for up to 1 routine eye exam every year.</p> <p>\$0 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for 1 pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 copay for up to 1 pair of eyeglasses every 2 years.</p> <p>\$0 copay for up to 1 pair of contacts every 2 years.</p> <p>\$125 limit for non-Medicare covered eye wear every 2 years.</p>	<p>In-Network</p> <p>\$0 copay for up to 1 routine eye exam every year.</p> <p>\$15 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$15 copay for 1 pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 copay for up to 1 pair of eyeglasses every 2 years.</p> <p>\$0 copay for up to 1 pair of contacts every 2 years.</p> <p>\$125 limit for non-Medicare covered eye wear every 2 years.</p>	<p>In-Network</p> <p>\$0 copay for up to 1 routine eye exam every year.</p> <p>\$20 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$20 copay for 1 pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 copay for up to 1 pair of eyeglasses every 2 years.</p> <p>\$0 copay for up to 1 pair of contacts every 2 years.</p> <p>\$125 limit for non-Medicare covered eye wear every 2 years.</p>
34- Physical Exams	<p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>No limit on the number of covered exams.</p>	<p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>No limit on the number of covered exams.</p>	<p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>No limit on the number of covered exams.</p>

Benefit Category	Group Platinum Blue Plan A	Group Platinum Blue Plan B	Group Platinum Blue Plan C
Health Service Type	In-Network or Travel Benefit	In-Network or Travel Benefit	In-Network or Travel Benefit
35-Health/ Wellness Education	<p>In-Network</p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • 24-Hour Nurse Advice Line • SilverSneakers® Fitness Program 	<p>In-Network</p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • 24-Hour Nurse Advice Line • SilverSneakers® Fitness Program 	<p>In-Network</p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • 24-Hour Nurse Advice Line • SilverSneakers® Fitness Program
36-Transportation	<p>In-Network</p> <p>This plan does not cover routine transportation.</p>	<p>In-Network</p> <p>This plan does not cover routine transportation.</p>	<p>In-Network</p> <p>This plan does not cover routine transportation.</p>
37-Acupuncture	<p>In-Network</p> <p>This plan does not cover acupuncture.</p>	<p>In-Network</p> <p>This plan does not cover acupuncture.</p>	<p>In-Network</p> <p>This plan does not cover acupuncture.</p>