

QUICK POINTS

Blue Cross and Blue Shield of Minnesota and Blue Plus

January 18, 2008

New Medicare Supplement plans announced

Blue Cross and Blue Shield of Minnesota announce two new Medicare Supplement plans for Groups. These plans became effective January 1, 2008. These Medicare Supplement plans are Group Plan K Enhanced and Group Plan L Enhanced. The two new plans are demonstration products and add a travel benefit and preventive benefits to the traditional Medicare Supplement plans K and L. There is no network for these plans. Members may see any provider that participates with Medicare. Blue Cross will coordinate with Medicare for all Medicare-eligible services.

2008 Benefit summary for Medicare Supplement Plan K Enhanced

Medicare coverage	Medicare Supplement Plan K Enhanced
Inpatient hospital services	Hospital services
60 days of hospital inpatient care at 100% after	50%* of Medicare Part A deductible
your Medicare Part A deductible	100% of Medicare Part A coinsurance
 Days 61-90 and your 60 lifetime reserve days at 100% after a daily Part A coinsurance amount 	Medicare-eligible services in full after Medicare benefits are exhausted, subject to a lifetime maximum of an additional 365 days
Skilled nursing care	Skilled nursing care
The first 20 days at 100%	50%* of Medicare Part A coinsurance
 Days 21-100 at 100% after Part A daily coinsurance amount 	You pay all charges after the 100th day of skilled nursing care
NO COVERAGE after the 100th day	
Home health care	Home health care
• 100%	Covered in full by Medicare
Hospice	Hospice
 Generally, most Medicare eligible expenses for outpatient drug and inpatient respite care. You pay part of the cost for outpatient drugs and inpatient respite care 	50%* of Medicare coinsurance or copayments
You must get care from a Medicare-certified hospice	
Emergency services	Emergency services
Same as hospital and medical services	Same as Medicare Supplement Plan with 50 percent coverage (Plan K) hospital and medical services coverage



^{*}Please route this information to other interested staff.

Medicare coverage	Medicare Supplement Plan K Enhanced
Medical services, outpatient services and durable medical equipment	Medical services, outpatient services and durable medical equipment
 80% of Medicare's approved charges after annual Part B deductible Cancer screening services (see below) 	 50%* of Medicare Part B cost sharing 50%* for the first three (3) pints of blood, 100% after that
Diabetic supplies	You pay the Part B deductible
	You pay any charges above Medicare's approved amount for nonassigned claims
Foreign medical services	Foreign medical services
NO COVERAGE	80%* of Medically necessary services and supplies for medical emergencies when traveling outside of the United States.
Preventive care Services (screening exams)	Preventive care services
80% to 100% of Medicare's approved charges for bone mass measurement, colorectal screening exams, immunizations, pap smears and pelvic exams, prostate cancer screening exam; Welcome to Medicare exam	 100% of Medicare Part B cost sharing for Medicare Part B eligible preventive services 100% of cost sharing for cancer screening procedures at intervals listed in Certificate of Coverage
Enhanced preventive care services	Enhanced preventive care services
NO COVERAGE	Annual physical exam, eye exam, and hearing screening

^{*} There is a \$4,440 annual out-of-pocket maximum for the Medicare Supplement Plan K Enhanced plan after which eligible expenses are paid at 100%. This out-of-pocket amount may be adjusted for inflation annually.

2008 Benefit summary for Medicare Supplement Plan L Enhanced

Medicare coverage	Medicare Supplement Plan L Enhanced
Inpatient hospital services	Hospital services
 60 days of hospital inpatient care at 100% after your Medicare Part A deductible 	 75%* of Medicare Part A deductible 100% of Medicare Part A coinsurance
 Days 61-90 and your 60 lifetime reserve days at 100% after a daily Part A coinsurance amount 	Medicare-eligible services in full after Medicare benefits are exhausted, subject to a lifetime maximum of an additional 365 days
Skilled nursing care	Skilled nursing care
The first 20 days at 100%	75%* of Medicare Part A coinsurance
 Days 21-100 at 100% after Part A daily coinsurance amount 	You pay all charges after the 100th day of skilled nursing care
NO COVERAGE after the 100th day	
Home health care	Home health care
• 100%	Covered in full by Medicare
Hospice	Hospice
 Generally, most Medicare eligible expenses for outpatient drug and inpatient respite care 	75%* of Medicare coinsurance or copayments
 You pay part of the cost for outpatient drugs and inpatient respite care 	
 You must get care from a Medicare-certified hospice 	

^{*}Please route this information to other interested staff.



Medicare coverage	Medicare Supplement Plan L Enhanced
Emergency services	Emergency services
Same as hospital and medical services	Same as Medicare Supplement Plan with 75 percent coverage (Plan L) hospital and medical services coverage
Medical services, outpatient services and durable medical equipment	Medical services, outpatient services and durable medical equipment
80% of Medicare's approved charges after	75%* of Medicare Part B cost sharing
annual Part B deductibleCancer screening services (see below)	• 75%* for the first three (3) pints of blood, 100% after that
Diabetic supplies	You pay the Part B deductible
	You pay any charges above Medicare's approved amount for nonassigned claims
Foreign medical services	Foreign medical services
NO COVERAGE	80%* of medically necessary services and supplies for medical emergencies when traveling outside of the United States.
Preventive care services (screening exams)	Preventive care services
80% to 100% of Medicare's approved charges for bone mass measurement, colorectal screening exams, immunizations, Pap tests and pelvic exams, prostrate cancer screening exam, Welcome to Medicare exam	100% of Medicare Part B cost sharing for Medicare Part B eligible preventive services
	100% of Medicare Part B cost sharing for cancer screening procedures at intervals listed in Certificate of Coverage
Enhanced preventive care services	Enhanced preventive care services
No coverage	Annual physical exam, eye exam, and hearing screening

^{*} There is a \$2,220 annual out-of-pocket maximum for the Medicare Supplement Plan L Enhanced after which eligible expenses are paid at 100%. This out-of-pocket amount may be adjusted for inflation annually.

How to identify members

Members that have Medicare Supplement Plan K Enhanced or Medicare Supplement Plan L Enhanced will have the alpha prefix XZM.

Questions?

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



