

University of California
High Option Supplement to Medicare

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Blue Shield of California

Effective January 1, 2015

Highlights: A description of the prescription drug coverage is provided separately.

	Participating Providers	Non-Participating Providers
Calendar Year Medical Deductible (All providers combined) (Deductible applies to non-Medicare covered services only)		\$50 per individual
Calendar Year Copayment Maximum (Includes the plan deductible) (Copayment Maximum applies to non-Medicare covered services only)		\$1,050 per individual
LIFETIME BENEFIT MAXIMUM		None

MEDICARE (PART A)

HOSPITAL SERVICES-PER BENEFIT PERIOD

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION- Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,260**	\$ 1, 260** (Part A deductible)	\$0
61 st through 90 th day	All but \$315 day**	\$315 day**	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$630 day**	\$630 day**	\$0
Once lifetime reserve days are used	\$0	80% of eligible expenses	20% of eligible expenses
• Additional days			
• Beyond the additional 365 days	\$0	80% of eligible expenses	20% of eligible expenses
SKILLED NURSING FACILITY CARE- You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$157.50 a day**	Up to \$157.50 a day**	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**MEDICARE (PART B)
MEDICAL SERVICES-PER CALENDAR YEAR**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES- IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$147 of Medicare-approved amounts	\$0	Up to \$147** (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above plan-approved amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES-TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0
ADDITIONAL BENEFITS – NON-MEDICARE COVERED SERVICES.			
Acupuncture Benefits (Acupuncture by a certificated acupuncturist / Up to 24 visits per calendar year)	\$0	80% of eligible expenses	20% of eligible expenses
Covered outpatient office visits with Marriage, Family, and Child counselors (MFT, MFCC)	\$0	80% of eligible expenses	20% of eligible expenses
Inpatient Residential Treatment	\$0	80% of eligible expenses	20% of eligible expenses
Hearing Aids (2 hearing aids per 36 months, analog or digital)	\$0	80% of eligible expenses	20% of eligible expenses

- Only retirees enrolled in Medicare parts A & B are eligible for this plan.
- Medicare will always pay primary for Medicare covered services.
- The plan will always coordinate with Medicare, paying secondary, for Medicare covered services.
- The plan may cover some services not covered by Medicare; the plan contract should be consulted for detailed description of coverage benefits and limitations.