



CareFirst Traditional Medicare
Supplemental Program and
CareFirst BlueChoice (HMO)
Open Access

**ANNE ARUNDEL COUNTY
PUBLIC SCHOOLS**

*Retirees Over 65 or
Medicare-Eligible Due to Disability
Benefits as of January 2016*



ANNE ARUNDEL
COUNTY PUBLIC SCHOOLS

2016 CareFirst Traditional Medicare Supplemental Program Summary of Benefits

	Medicare Covers	CareFirst Traditional Medicare Supplemental Program Covers
Part A Hospital Deductible	60 days of inpatient hospital care, except for a \$1,260 deductible	First \$1,260 of the inpatient hospital bill for the first 60 days of hospitalization
Inpatient Days 61-90	30 additional days of hospital inpatient care, except for \$315 per day copayment	\$315 per day copayment for days 61–90 of inpatient hospitalization
Lifetime Reserve Days	60 additional “lifetime reserve” days of inpatient hospital care, except for a \$630 per day copayment	\$630 per day copayment when the 60 “lifetime reserve” days are used
ECF/SNF Extended Care Facility Skilled Nursing Facility	100% for 20 days inpatient care; 100% after a \$157.50 per day; copayment for days 21–100	N/A; \$157.50 per day copayment for days 21–100
Inpatient Medical/Surgery	80% of the Medicare allowed amount for in-hospital surgery and medical care, after the annual \$147 deductible has been met	\$147 deductible and 20% of the Medicare allowed amount
Outpatient Surgery	80% of the Medicare allowed amount for outpatient hospital visits and surgery, for medical conditions after the annual \$147 deductible has been met	\$147 deductible and 20% of the Medicare allowed amount
Office Visits For Illness	80% of the Medicare allowed amount for office visits for medical illness, after the annual \$147 deductible has been met	Major Medical pays 80% of the remaining balance after the Medicare payment
Emergency Services	80% of the Medicare allowed amount for minor surgery and emergency first aid provided in a physician's office or hospital outpatient department, after the annual \$147 deductible has been met	\$147 deductible and 20% of the Medicare allowed amount for physician services for surgery and emergency first aid provided in a physician's office or hospital outpatient department*
Diagnostic Services	Covers clinical laboratory services at 100% of the Medicare allowed amount 80% of the Medicare allowed amount for diagnostic X-rays or pathology examinations provided in a physician's office or hospital outpatient department, after the annual \$147 deductible has been met	Medicare covers in full For outpatient minor surgery or accidental injury: \$147 deductible and 20% of the Medicare allowed amount if provided by a Medicare participating physician or hospital outpatient department. For all other cases: Covered by Major Medical
Radiation/ Chemotherapy Services	80% of the Medicare allowed amount for radiation/ chemotherapy services provided in an office or hospital outpatient department after the annual \$147 deductible has been met	\$147 deductible and 20% of the Medicare allowed amount for radiation/ chemotherapy services provided in an office or hospital outpatient department
Mammography Screening	No coinsurance, copayment or deductible. One baseline between ages 35-39. Once every 12 months for age 40 and older.	Covered by Medicare
Annual Physical	One Annual Wellness visit every 12 months. There is no coinsurance, copayment or deductible	Covered by Medicare
Routine GYN	No coinsurance, copayment or deductible for Pap Smears, Pelvic and clinical breast exams. Covered once every 2 years. Covered once a year for women at high risk.	100% of the Allowed Benefit the year Medicare does not pay
Prostate Cancer Screening Exam	80% of the Medicare-approved amount for digital rectal exam for men age 50 and older after the \$147 annual deductible has been met. 100% for the PSA test; 80% for other related services. Covered once a year.	Pays 100% of Medicare Part B deductible and coinsurance

* Benefits limited to minor surgery or services provided within 72 hours of an accident or injury.

	Medicare Covers	CareFirst Traditional Medicare Supplemental Program Covers
Colorectal Cancer Screening Procedures	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.	Covered by Medicare
Diabetic Self Management	80% of the Medicare-approved amount for blood glucose monitors, testing strips, lancet devices, after the \$147 annual deductible has been met.	Pays 80% of the 20% of the Medicare deductible and coinsurance.
Bone Mass Management	No coinsurance, copayment or deductible. Once every 24 months for persons at high risk for osteoporosis.	Covered by Medicare

In addition to the Medicare Supplemental Program Benefits, the Retirees of Anne Arundel County Public Schools also have:

Major Medical Benefits

To reimburse subscribers for out-of-pocket expenses not covered by Medicare. Major Medical benefits are reimbursed at 80% of Allowed Benefit up to \$2,500 of expenses. Reimbursement is then 100% of Allowed Benefit for the remaining calendar year.

BlueChoice Triple Option Open Access Plan

Retirees Over 65 and Medicare Eligible Members are also offered the BlueChoice Triple Option Open Access plan in addition to the Medicare Supplemental plan and BlueChoice HMO Open Access plan as described in this foldout. Please refer to the BlueChoice Triple Option Open Access Summary of Benefits for more details. With any of these plans, you are required to have Medicare A & B since Medicare is primary and CareFirst is secondary.

Prescription Drug Program

Covered through the CVS Caremark SilverScript Program. Refer to the 2016 Retirees' Healthcare Enrollment Guide.

Note: Medicare's deductibles and/or coinsurance amounts are subject to change effective 1/1/2016. As of the print date, we do not have the information from Medicare for 2016. Should Medicare's deductibles and/or coinsurance change 1/1/2016, CareFirst BlueCross BlueShield will increase the amount covered to reflect the change in the deductibles and/or coinsurance.

Benefit	BlueChoice
Acupuncture Services	\$10 copay, 24 visits per calendar year
Chiropractic Services	\$10 copay, 20 visits per calendar year
Dental Services as a result of an accidental injury	\$10 copay – Covered for accidental bodily injury or to correct congenital anomalies
Diagnostic, Lab Services (LabCorp)	Covered in full
Durable Medical Equipment	Covered in full
Emergency Room Visits	\$50 copay, waived if admitted; in plan urgent care center - \$10 copay
Hearing Exams/Hearing Aids	Exams – No charge Hearing Aids – No charge per aid/per ear, benefit once every 36 months
Hospitalization (In-patient)/Surgery	Covered in full
Mental Health and Substance Abuse (combined) Inpatient Requires Preauthorization from Magellan Behavioral Health	Inpatient Subject to Federal Mandate – Covered in full Office visit – \$5 copay per visit
Maternity Care	Covered in full
Outpatient Surgery	\$5 copay PCP / \$10 copay Specialist
Physical Therapy	\$10 copay – 30 visits/condition/calendar year
Prescription Drug (CVS CAREMARK)	Covered through the CVS Caremark SilverScript Program. Refer to the 2016 Retirees' Healthcare Enrollment Guide.
Routine Physicals	Covered in full
Vision Care	\$10 copay at Plan-designated Vision Care Centers (Davis Vision Providers*). Limited to one visit per calendar year. Discounts on glasses and contact lenses from participating Davis Vision Providers.
Well Child Care	Covered in full
Primary Care Office Visit Copays	\$5 copay
Specialist Office Visit Copays	\$10 copay
Calendar Year Deductible	N/A
Coinsurance	100%
Maximum Out-of-Pocket (combined Medical and Prescription)	\$6,350 Individual / \$12,700 Family
Calendar Year Medical Out-of-Pocket Maximum	\$2,000 Individual / \$6,000 Family
Lifetime Maximum	Unlimited, except for fertility services

* Optometrist or Ophthalmologist

This is to be used as a guide. Actual benefits will be governed by the terms and conditions of the contract between CareFirst BlueChoice Inc. or CareFirst BlueCross BlueShield and Anne Arundel County Public Schools.



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