

# Classic Blue Secure Benefit Summary

- 2022 Benefits described as of 11/4/2021-

Benefits	Medicare A & B	Classic Blue Secure
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		<b>Requires both Medicare A &amp; B enrollment.</b>
<b>WHO IS COVERED</b>		
Type of Tiers – check all that apply: <ul style="list-style-type: none"> <li>• single</li> <li>• family</li> <li>• subscriber and spouse</li> <li>• subscriber and child(ren)</li> </ul>	Single only	Single only
Dependent Coverage <ul style="list-style-type: none"> <li>• Age to which dependents covered</li> </ul>	No	N/A
Student Coverage <ul style="list-style-type: none"> <li>• Age to which students covered</li> </ul>	No	N/A
Domestic Partner Coverage	No	No
<b>MEDICAL NECESSITY</b>		
Pre-Cert Apply Y/N ? <ul style="list-style-type: none"> <li>• If Yes, indicate services pre-cert applies to</li> <li>• provide penalty information (cannot be greater than 50% or \$500 whichever is less)</li> </ul>	N/A	N/A
Medical Benefit Management Program & Services	N/A	N/A
<b>COST SHARING EXPENSES</b>		
Contract Year	Calendar year	Calendar year
Deductible <ul style="list-style-type: none"> <li>• Single</li> </ul>	Changes year to year. Medicare A Medicare B	See specific benefit type
4 <sup>th</sup> Quarter Deductible Carry-Over Y/N	N/A	No
Copayment	Medicare A Medicare B Outpatient services	See specific benefit type
Coinsurance	20% Medicare B	See specific benefit type
Annual Out-of-Pocket Maximum (includes deductible & coinsurance, excludes copayment)  <ul style="list-style-type: none"> <li>• Single</li> <li>• Family</li> </ul>	N/A	None
Lifetime Benefit Maximum	N/A	See specific benefit type

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<b>HOSPITAL INPATIENT SERVICES</b>		
<p>Inpatient Hospital Services Federal Mandate - Inpt. Adm. for mastectomy must be covered for as long as attending physician deems medically necessary, includes mastectomy prosthesis</p>	<p>Medicare A deductible &amp; copays Copay for 61<sup>st</sup> to 90<sup>th</sup> day. 60 Lifetime Reserve days (91<sup>st</sup>-150<sup>th</sup> day)</p>	<p>Covers Medicare A: Deductible Daily copay Lifetime Reserve copay When Medicare exhausts 100% of Medicare covered services up to 365 days per lifetime. Allowed amount is the amount Medicare allowed (not charge).</p>
<p>Mental Health Care Includes Partial Hospital State &amp; Federal Mandate</p>	<p>Medicare A &amp; B deductible &amp; copays.</p>	<p>Covers Medicare deductible &amp; copays that may apply</p>
<p>Substance Use Detoxification, Rehabilitation &amp; Residential Care</p>	<p>Medicare A deductible &amp; copays Copay for 61<sup>st</sup> to 90<sup>th</sup> day. 60 Lifetime Reserve days (91<sup>st</sup>-150<sup>th</sup> day)</p>	<p>Covers Medicare deductible &amp; copays that may apply</p>
<p>Skilled Nursing Facility</p>	<p>Medicare A covers: Days 1 - 20: CIF Days 21 – 100:– member pays copay per day There is a limit of 100 days of in each benefit period.</p>	<p>Covers Medicare A: Deductible Daily copay</p>
<p>Physical Rehabilitation</p>	<p>Medicare A deductible &amp; copays Copay for 61<sup>st</sup> to 90<sup>th</sup> day. 60 Lifetime Reserve days (91<sup>st</sup>-150<sup>th</sup> day)</p>	<p>Covers Medicare A: Deductible Daily copay Lifetime Reserve copay When Medicare exhausts 100% of Medicare covered services up to 365 days per lifetime.</p>
<p>Chemical Dependence and Abuse Rehabilitation</p>	<p>Medicare A deductible &amp; copays Copay for 61<sup>st</sup> to 90<sup>th</sup> day. 60 Lifetime Reserve days (91<sup>st</sup>-150<sup>th</sup> day)</p>	<p>Equivalent to Medicare Supplemental</p>
<p>Maternity Care (Federal Mandate, 48 hrs regular delivery, 96 for c-section; one home care visit covered in full, not subject to any other home care visit limitations)</p>	<p>Medicare A deductible &amp; copays Copay for 61<sup>st</sup> to 90<sup>th</sup> day. 60 Lifetime Reserve days (91<sup>st</sup>-150<sup>th</sup> day)</p>	<p>Covers Medicare A: Deductible Daily copay Lifetime Reserve copay When Medicare exhausts 100% of Medicare covered services up to 365 days per lifetime.</p>
<p>Maternity Care – Routine Newborn Nursery (Federal Mandate - must be covered equivalent to Maternity care, no limits).</p>	<p>Medicare A deductible &amp; copays Copay for 61<sup>st</sup> to 90<sup>th</sup> day. 60 Lifetime Reserve days (91<sup>st</sup>-150<sup>th</sup> day)</p>	<p>Covers Medicare A: Deductible Daily copay Lifetime Reserve copay When Medicare exhausts 100% of Medicare covered services up to 365 days per lifetime.</p>

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Benefits	Medicare A & B	Classic Blue Secure
Internal Prosthetics	Medicare A deductible & copay	Covers Medicare A deductible & copays.
Observation Stay	Medicare B deductible copay and coinsurance	Covers Medicare B deductible copay and coinsurance
Part A & B Blood Deductible	Medicare A & B deductible	Covers Medicare A deductible & copays.
<b>HOSPITAL OUTPATIENT SERVICES</b>		
Surgical Care including Surgicenters/Freestanding	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance
Pre-admission/Pre-Operative Testing <small>(State Mandated if inpatient hospital, medical/surgery covered, cover equivalent to medical/surgery)</small>	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance
Diagnostic Imaging, X-ray, CAT, MRI	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance
Routine Imaging, X-ray, CAT, MRI <small>(Benefit must be equal to Diagnostic)</small>	Not Covered	Not Covered
Diagnostic Laboratory and Pathology	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance
Routine Laboratory and Pathology <small>(Benefit must be equal to Diagnostic)</small>	Medicare B - Some preventive labs CIF (e.g., Cholesterol, lipid, and triglyceride levels every five years)	Not Covered
Radiation Therapy <small>(excludes drugs dispensed by a pharmacy)</small>	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance
Chemotherapy <small>(excludes drugs dispensed by a pharmacy)</small>	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance
Dialysis (all forms)	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance
Mammogram <small>(State Mandated if inpatient hospital, medical/surgery covered)</small>	Screening Mammogram – CIF Diagnostic Mammogram – Medicare B Deductible, copay & coinsurance	Covers Medicare deductible, coinsurance, or copay
Cervical Cytology <small>(Pap Smear, does not include breast exam) (State Mandated if inpatient hospital, medical/surgery covered)</small>	Medicare B CIF	Covers Medicare deductible, coinsurance, or copay
Mental Health Care <small>(Federal Mandate - Unique financial limits not imposed on other benefits prohibited. NYS Mandate: 20 visits per calendar year combined with physician, coverage equal to diagnostic office visit, if OV not covered coverage equal to CD)</small>	Medicare B deductible & copayment.	Inclusive in Mental Health or Office visit as determined by Medicare
Covered Therapies <small>(Includes aggregate of [XX] per calendar year of Physical, Speech, and Occupational Therapy)</small>	Medicare B deductible & coinsurance.	Covers Medicare B copay, deductible, and coinsurance
Pulmonary Rehabilitation	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance

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Benefits	Medicare A & B	Classic Blue Secure
Cardiac Rehabilitation	Medicare B deductible & coinsurance.	Covers Medicare B copay, deductible, and coinsurance
Injectable Drugs (excludes vaccines, allergy injections & treatment of diabetes)	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance
<b>HOME CARE</b> (State Mandated; benefits of not less than 40 4 hr. visits per 12-month period, no less than 75% coinsurance & no more than \$50 deductible)	Medicare A & B CIF	Covers Medicare deductible, coinsurance or copay. DME as part of Home Care Medicare A or B Coinsurance.
<b>HOSPICE CARE</b> (State Mandated must include 5 bereavement counseling visits)	Medicare A CIF <ul style="list-style-type: none"> <li>A Hospice benefit will be added to all Med Supp plans which covers for all Part A eligible hospice and respite care expenses.</li> <li>Medicare pays all but very limited coinsurance for outpatient drugs and inpatient respite care</li> <li>Available as long as the provider certifies the member is terminally ill and the member elects to receive these services.</li> </ul>	Medicare A Copay for outpatient prescription drugs. Medicare A Coinsurance for respite care.
<b>PHYSICIAN SERVICES</b>		
Inpatient Hospital Surgery	Medicare A or B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Outpatient Hospital & Ambulatory Surgery	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Office Surgery	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Covered Therapies (Includes aggregate of [XX] per calendar year of Physical, Speech, and Occupational Therapy)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Anesthesia (includes IP, OP, OV and delivery)	Medicare A or B deductible & coinsurance depending on site of service	Covers Medicare A or B deductible & coinsurance depending on site of service
Additional Surgical Opinion (State Mandated if inpatient hospital, medical/surgery covered, cover equivalent to inpatient medical/surgery)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Second Medical Opinion (State Mandated for cancer; cover equivalent to office visit)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Maternity Care: Normal, Complications & Termination. (Federal Mandate coverage. Global fee includes prenatal and postpartum care)	Medicare A or B deductible & coinsurance depending on site of service	Not unless Medicare covers.
Prenatal and Postpartum Care	Medicare B deductible & coinsurance	Covers Medicare B deductible & coinsurance

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Benefits	Medicare A & B	Classic Blue Secure
Delivery Anesthesia (Must cover equivalent to surgical Anesthesia)	Medicare A or B deductible & coinsurance depending on site of service	Covers Medicare B copay, deductible, and coinsurance depending on site of service
In-Hospital Physician Visits (Federal Mandate - IHM for mastectomy must be covered for as long as attending physician deems medically necessary)	Medicare A deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
<b>Physician's Office – Preventative Services</b>	Not covered	Not Covered
Routine Physical Examinations (routine labs covered when done in conjunction with physical)	Not Covered. Medicare B covers 1 per lifetime.	Not Covered
Well Child Visits and Immunizations (State mandated benefit - must cover CIF in-net/par, can apply benefit equivalent ded/co/copay out of net/non-par)	Not Applicable	Not Applicable
Adult Immunizations	Medicare B Flu CIF & Hepatitis deductible & coinsurance H1N1 included	Equivalent to Medicare Supplemental Coverage
<b>Physician's Office - Other Services</b>		
Diagnostic Laboratory and Pathology	Medicare B deductible & coinsurance	Covers Medicare deductible, coinsurance, or copay
Routine Laboratory and Pathology (Benefit must be equal to Diagnostic)	Medicare B - some preventive labs CIF (e.g., Cholesterol, lipid, and triglyceride levels every five years)	Covers Medicare deductible, coinsurance, or copay
Eye Exams - Diagnostic	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Eye Exams Routine	Not covered	<b>Rider:</b> \$20 copay. 1 per calendar year
Eyewear – Frames/Lenses or Contact lenses	Not Covered	<b>Rider:</b> \$100 allowance Lenses/Contacts /Frames-1 per calendar year
Hearing Evaluations Diagnostic	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Hearing Evaluations Routine	Not Covered	Not Covered
Hearing Aids	Not Covered	<b>Rider:</b> Adult Aids Covered at 50% coinsurance. Limit \$3,500 Maximum 2 every 3 years
Diagnostic Office Visits (Includes all diagnostic physician visits e.g., GYN, cardiac, orthopedists, etc.)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Office/Outpatient Consultations	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Diagnostic Imaging Services, X-ray, CAT, MRI, etc.	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Routine Imaging Services, X-ray, CAT, MRI, etc. (Benefit must be equal to Diagnostic)	Not Covered	Not Covered

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Radiation Therapy (excludes drugs dispensed by a pharmacy)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Chemotherapy (excludes drugs dispensed by a pharmacy)	Medicare B deductible & coinsurance	Covers Medicare A or B deductible & coinsurance.
Dialysis (all forms)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Mammogram (State Mandated if inpatient hospital, medical/surgery covered)	Screening Mammogram - CIF Diagnostic Mammogram- Medicare B deductible, copay & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Routine GYN Visits including Cervical Cytology mandate (State Mandated if inpatient hospital, medical/surgery covered)	Medicare B deductible & coinsurance for office exam. Pap Medicare B CIF.	Covers Medicare B copay, deductible, and coinsurance Pap smear see lab & path Benefit Type.
Prostate Cancer Screenings (State Mandated if physician office visit covered; must be covered equal to office visit)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Allergy Testing and Treatment (Includes Serum and Injections)	Not Covered	Not Covered
Mental Health Care (Federal Mandate - Unique financial limits not imposed on other benefits prohibited. NYS Mandate: 20 visits per calendar year combined with outpatient facility, coverage equal to diagnostic office visit, if OV not covered coverage equal inpatient surgery)	Medicare B deductible, copay & coinsurance.	Covers Medicare B copay, deductible, and coinsurance
Chiropractic Care (State Mandated if physician office visit covered; must be covered equal to office visit)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Inpatient Consultations	Medicare A deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Infertility Care (State Mandated if inpatient hospital, medical/surgery covered)	Covered same as similar services under benefit plan for medically necessary services	Not applicable
Bone Density Testing (State Mandated if physician office visit covered; must be covered equal to office visit)	Medicare B deductible & coinsurance. Outpt facility Medicare B Copayment	Covers Medicare B copay, deductible, and coinsurance
Injectable Drugs (excludes vaccines, allergy injections & treatment of diabetes)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
<b>ADDITIONAL BENEFITS</b>		
Treatment of Diabetes (Insulin & Supplies) (State Mandated if physician office visit covered; must be covered equal to or better than office visit for a 30-day supply)	Medicare B deductible & coinsurance for supplies. Insulin not covered by Medicare B	Covers Medicare B copay, deductible, and coinsurance Insulin not covered.
Diabetic Education (State Mandated if physician office visit covered; must be covered equal to or better than office visit)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance

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Benefits	Medicare A & B	Classic Blue Secure
Diabetic Equipment (State Mandated if physician office visit covered; must be covered equal to or better than office visit)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Mastectomy Prosthesis (Federal Mandate benefit – if inpatient hospital, medical/surgery covered must cover equivalent to inpatient surgery or DME whichever is the better benefit.)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Durable Medical Equipment (DME)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
External Prosthetics/Orthotics (foot orthotics excluded)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Foot Orthotics (coverage must be equal to external prosthetic benefit)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Medical Supplies	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Air Ambulance Service	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Prehospital Emergency Services/Transportation – includes all ground transportation (Mandated, coverage must be equal to or better than emergency benefit. Includes all ground transport)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Acupuncture	Costs details aren't yet available for this benefit	Covers remainder after Medicare payment
Oral Surgery	Not Covered	Not Covered
Prescription Drugs (If Rx covered, enteral nutrition, cancer, bone density, infertility drugs and oral contraceptive drugs & devices mandated; coverage must be equal to all other drugs; certain formulas capped at \$2,500 annually.) Benefits must meet Excellus standards.	Not Covered  See Medicare D	Not Covered
Smoking Cessation Programs Covers 8 visits in a 12-month period	Medicare CIF	Not covered
Nutritional Therapy	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Private Duty Nursing	Not Covered	<b>Rider:</b> Coverage for up to [30] days per Member per Calendar Year for private duty nursing services will be provided. Services of Participating and Non-Participating Providers will both be counted toward this maximum. Services of Participating and Non-Participating Providers are covered at [80] % of the charge up to a maximum of \$[100] per day.

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Non-assigned Provider	Not Covered	<p><b>Rider:</b> If a provider does not accept Medicare's assignment the following will apply:</p> <ul style="list-style-type: none"> <li>• 100% of the difference between the Medicare B Approved Amount and Medicare B's limiting charge for covered services rendered by a Medicare B non-assigned provider.</li> </ul>
Medically Necessary Emergency Care in a Foreign Country	Not covered	<ul style="list-style-type: none"> <li>• 80% of charges after a \$250.00 deductible per calendar year</li> <li>• Care must begin during the first 60 consecutive days of each trip outside the United States</li> <li>• Payments for emergency care are subject to a lifetime maximum of \$50,000</li> </ul>
<p><b>EMERGENCY SERVICES</b> (Emergency Condition Mandated if inpatient hospital, medical/surgery; O/N benefit for Emergency Condition must be equal to I/N)</p>		
Facility – Emergency Room	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance
Physician's Hospital Emergency Room Visit (CIF if Emergency room is copayment)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
Freestanding Urgent Care Center (emergency & non-emergency services)	Medicare B copayment	Covers Medicare B copay, deductible, and coinsurance
Physician's Freestanding Urgent Care Center Visit (emergency & non-emergency services, CIF if Urgent Care Center is copayment)	Medicare B deductible & coinsurance	Covers Medicare B copay, deductible, and coinsurance
<p><b>WAITING PERIODS</b></p>		
Pre-Existing Apply? Y/N (Standard non-waiver applies to groups under 50 eligibles. Mandate: Art. 43 only. 300 or more eligibles always waived. Waiting period is 12 months.)	Not Applicable	6 month waiting period
<p><b>EXCLUSIONS:</b> The following are common exclusions that will apply.</p>		
Blood products		
Certification Examinations		
Cosmetic Services		
Court Ordered Services		
Criminal Behaviors		
Custodial Care		
Dental (non-accidental services)		
Developmental Delay		
Disposable Supplies		



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Benefits	Medicare A & B	Classic Blue Secure
Experimental and Investigational Services		
Free Care		
Government Hospitals		
Government Programs		
Hair Prosthetics		
Household Fixtures		
Hypnosis/Biofeedback		
Military Service-Connected Conditions		
No-Fault Automobile Insurance		
Non-covered Services		
Personal Comfort Services		
Prohibited Referrals		
Reproductive Procedures		
Reversal of elective sterilization		
Routine Care of the Feet		
Self-Help Diagnosis, Training, and Treatment		
Services covered under Hospice		
Services before Coverage begins		
Social Counseling & Therapy		
Special Charges		
Unlicensed Provider		
Workers Compensation		

**This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.**