

**2012 Employer Group Retiree Plan
Medicare Supplement Plan C Benefit Summary
Utica NY Region**

Part B Premium | Most Medicare beneficiaries will pay \$99.90 in 2012.

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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <ul style="list-style-type: none"> - First 60 days - 61st through 90th day - 91st day and after: <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: - Additional 365 days (lifetime) - Beyond the additional 365 days 	<ul style="list-style-type: none"> - All but \$1,156 - All but \$289/day - All but \$578/day - \$0 - \$0 	<ul style="list-style-type: none"> - \$1,156 (Part A deductible) - \$289 a day - \$578 a day - 100% of Medicare-eligible expenses - \$0 	<ul style="list-style-type: none"> - \$0 - \$0 - \$0 - \$0 - All costs
<p>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</p> <ul style="list-style-type: none"> First 20 days 21st thru 100th day 101st day and there after 	<ul style="list-style-type: none"> - All approved amounts - All but \$144.50 a day - \$0 	<ul style="list-style-type: none"> - \$0 - Up to \$144.50 a day - \$0 	<ul style="list-style-type: none"> - \$0 - \$0 - All costs
<p>BLOOD First 3 pints Additional amounts</p>	<ul style="list-style-type: none"> - \$0 - 100% 	<ul style="list-style-type: none"> - 3 pints - \$0 	<ul style="list-style-type: none"> - \$0 - \$0
<p>HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>- Medicare copayment / coinsurance</p>	<p>- \$0</p>

MEDICARE (PART B)—MEDICAL SERVICES (PER CALENDAR YEAR)			
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 \$140 of Medicare-approved amounts	- \$0	- \$140 (Part B Deductible)	- \$0
Remainder of Medicare-approved amounts	- Generally 80%	- Generally 20%	- \$0
Part B excess charges (above Medicare approved amounts)	- \$0	- \$0	- All costs
BLOOD			
First 3 pints	- \$0	- All costs	- \$0
Next \$140 of Medicare-approved amounts	- \$0	- \$140 (Part B Deductible)	- \$0
Remainder of Medicare-approved amounts	- 80%	- 20%	- \$0
CLINICAL LABORATORY SERVICES tests for diagnostic services	- 100%	- \$0	- \$0
PARTS A & B			
HOME HEALTH CARE Medicare-approved services			
• Medically necessary skilled care services and medical supplies	- 100%	- \$0	- \$0
• Durable medical equipment			
First \$140 of Medicare-approved amounts	- \$0	- \$140 (Part B Deductible)	- \$0
Remainder of Medicare-approved amounts	- 80%	- 20%	- \$0
OTHER BENEFITS NOT COVERED BY MEDICARE			
FOREIGN TRAVEL — NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
• First \$250 each calendar year	- \$0	- \$0	- \$250
• Remainder of charges	- \$0	- 80% to a lifetime maximum benefit of \$50,000	- 20% and amounts over the \$50,000 lifetime maximum

This is only an outline describing your policy’s most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company. This policy may not fully cover all of your medical costs. Neither Excellus BlueCross BlueShield nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare & You* for more details.

MONTHLY SUBSCRIPTION RATE

Benefit	Description	Monthly Premium
Group Option	Medicare Supplement Plan C (Utica)	\$212.14

We, Excellus BlueCross BlueShield, can only raise your premium if we raise the premium for all policies like yours in the State of New York.

Employer Group Name:	_____
Signature:	_____
Date:	_____
Name (Please Print):	_____
Title:	_____
Effective Date:	_____