



2012 Medicare Companion Plan 2

Health plan administered by UnitedHealthcare (UHC): 1-800-901-1939

Health plan administered by Blue Cross and Blue Shield of Illinois (BCBSIL): 1-866-804-0976

Pharmacy plan administered by Medco: 1-800-841-2806

Note: Medicare Part B payment is always based on allowable charges. Providers that accept Medicare Assignment of Benefits may not charge more than the amount allowed by Medicare. Providers who do not accept Medicare Assignment of Benefits cannot charge more than 15% above the amount allowed by Medicare (the Limiting Charge Rule). The Limiting Charge Rule does not apply to expenses incurred for medical supplies and/or ambulance services.

Type of Expenses	What Medicare Provides ¹ (Parts A and B)	What Plan Provides When Medicare Pays Primary
Inpatient Hospital Services²	<ul style="list-style-type: none"> • Full coverage for first 60 days after \$1,132 calendar year Medicare Part A deductible per benefit period³ • All but \$283 per day for days 61-90 per benefit period³ • All but \$566 per day for days 91-150 per benefit period³ • Hospital benefits end unless non-renewable lifetime reserve of 60 days is used 	<ul style="list-style-type: none"> • 80% of covered charges that remain after Calendar Year Deductible has been satisfied and after the Medicare payment has been made • Calendar Year Deductible is \$500 • Annual out-of-pocket maximum is \$1,500 • Pre-certification provisions do not apply
Skilled Nursing Facility Includes state licensed institutions that are not covered by Medicare (medical care only)	<ul style="list-style-type: none"> • After a three-day hospital confinement, full coverage for the first 20 days per benefit period³ • All but \$141.50 per day for days 21-100 per benefit period³ 	<ul style="list-style-type: none"> • Custodial care not covered • Skilled nursing facility covered up to 120 days per calendar year. No prior hospital confinement required
Hospice/Home Health Care	<ul style="list-style-type: none"> • Full coverage if prescribed by doctor 	<ul style="list-style-type: none"> • Home health care up to 60 visits per calendar year • Hospice care covered
Preventive Care	<ul style="list-style-type: none"> • One-time physical exam (within six months of enrollment in Medicare Part B) • Screening blood tests for cardiovascular disease • Diabetes screening • Mammogram • Pap smear and pelvic exam • Prostate cancer screening • Fecal occult blood test • Flu shot 	<ul style="list-style-type: none"> • 100% of covered charges for covered services subject to the Maximum Allowance as determined by Claims Administrator

(over)

Type of Expenses	What Medicare Provides ¹ (Parts A and B)	What Plan Provides When Medicare Pays Primary
Physicians, Surgeons and Other Medical Services² (including outpatient diagnostic services)	<ul style="list-style-type: none"> 80% of the approved charges after you have paid the \$162 calendar year Medicare Part B deductible 	<ul style="list-style-type: none"> 80% of covered charges that remain after the Plan's Calendar Year Deductible has been satisfied and after the Medicare payment has been made² Pre-certification provisions do not apply
Full-time (RN or LPN) Private Duty Nursing	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> 80% after Calendar Year Deductible Calendar year maximum benefit is specified in the HealthFlex Benefit Booklet
Mental Health and Chemical Dependency	<ul style="list-style-type: none"> 50% of the approved charges after you pay the \$162 calendar year Medicare Part B deductible 	<ul style="list-style-type: none"> Inpatient—80% of covered charges that remain after the Plan's Calendar Year Deductible has been satisfied and after the Medicare payment has been made² Outpatient—80% of covered charges that remain after the Plan's Calendar Year Deductible has been satisfied and after the Medicare payment has been made² Biologically-based mental illness treated the same as any other illness
Maximum Benefit	<ul style="list-style-type: none"> As previously specified 	<ul style="list-style-type: none"> None
Hearing Benefit <ul style="list-style-type: none"> Hearing aids—every 24 months Exam 	<ul style="list-style-type: none"> Not covered Not covered 	<ul style="list-style-type: none"> 50% up to \$500 per ear 80% after the Calendar Year Deductible

¹ Medicare amounts listed are from 2011. For more detailed information about Medicare coverage, consult the *Medicare and You* handbook which is available at www.medicare.gov.

² To calculate the plan payment for inpatient hospital services or for physicians, surgeons and other medical services, use the following formula:

Participant responsible amount (after Medicare)	\$ _____
Plan deductible (\$500)	- \$ _____
Subtotal	= \$ _____
Co-insurance percent	x _____ 80%
Plan payment amount	= \$ _____

³ Benefit period ends 60 days after discharge from the hospital or skilled nursing facility.

This summary highlights some of the features of this benefit plan. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the Plan document, Summary Plan Description and the HealthFlex Benefit Booklet (collectively, the "Documents") maintained by the General Board of Pension and Health Benefits. If there are any conflicts between this summary and the terms of the Documents, the terms of the Documents shall control.

HealthFlex has certain obligations under the Medicare Secondary Payer rules (MSP Rules). This summary generally illustrates the procedures that apply to claims payment with respect to Medicare-eligible participants. However, if any conflict arises between the MSP Rules and the terms of this summary, the MSP Rules shall control.