Rochester City School District
Basic Plan
2016 Benefit Summary

HOSPITAL INPATIENT SERVICES	
Hospital Services	Covers Medicare Part A inpatient deductible, hospital coinsurance for days 61-90 and full coverage for days 91-120. Private room covered when medically necessary.
Skilled Nursing Facility	Covers Medicare SNF coinsurance for days 21-100 and full coverage for days 101-120. Custodial care is not covered.
Hospice	Covered in full for the same number of approved Medicare days.
HOSPITAL OUTPATIENT SERVICES	
Diagnostic X-Ray	No coverage.
Diagnostic Laboratory and Pathology	No coverage.
Chemotherapy	Covers Medicare Part B deductible and 20% coinsurance.
Radiation Therapy	Covers Medicare Part B deductible and 20% coinsurance.
Surgical Care	Covers Medicare Part B deductible and 20% coinsurance.
Pre-admission Testing	Covers Medicare Part B deductible and 20% coinsurance.
EMERGENCY SERVICES	
Emergency and Urgent Care	Emergency Room Care for Emergency Medical Conditions - Balance after Medicare is covered in full.
PHYSICIAN SERVICES	
Hospital Inpatient	
Physician Visits	Covers Medicare Part B deductible, 20% coinsurance and additional amounts for covered services up to the Blue Shield Schedule of Allowances.
Surgery	Covers Medicare Part B deductible, 20% coinsurance and additional amounts for covered services up to the Blue Shield Schedule of Allowances.
Anesthesia	Covers Medicare Part B deductible, 20% coinsurance and additional amounts for covered services up to the Blue Shield Schedule of Allowances.

Physician's Office

Diagnostic Office Visits	No coverage.
Routine Preventive Services	No Coverage for routine physical exams. Periodic routine pap smears - Balance after Medicare is covered in full. Periodic routine mammograms - Covers Medicare Part B deductible and 80% of the difference between the Medicare payment and the Blue Shield Schedule of Allowances.
Allergy Tests and Injections	No coverage.
Eye Exams	No coverage for eye exams. No coverage for Eyeglasses.
Hearing Evaluations	No coverage for Hearing Evaluations. Hearing Aids are not covered.
Chemotherapy	Covers Medicare Part B deductible, 20% coinsurance and additional amounts for covered services up to the Blue Shield Schedule of Allowances.
Radiation Therapy	Covers Medicare Part B deductible, 20% coinsurance and additional amounts for covered services up to the Blue Shield Schedule of Allowances.
Diagnostic Laboratory and Pathology	No coverage.
Diagnostic X-Ray	Covers Medicare Part B deductible and 80% of the difference between the Medicare payment and the Blue Shield Schedule of Allowances.
Podiatry	No coverage.

PSYCHIATRIC AND CHEMICAL DEPENDENCE

Inpatient

Acute Psychiatric	Covers Medicare Part A inpatient deductible, hospital coinsurance days 61-90 and full coverage for days 91-120. Lifetime maximum of 190 days of nonrenewable coverage per lifetime in a psychiatric hospital.
Chemical Dependence	Covers Medicare Part A inpatient deductible, hospital coinsurance days 61-90 and full coverage for days 91-120.

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Outpatient

Acute Psychiatric	Covered in full for 20 visit per calendar year
Chemical Dependence	Balance after Medicare is covered in full for up to 60 outpatient facility visits per member calendar year.

OTHER SERVICES

Home Care	Covered in full for the same number of approved Medicare days.
Private Duty Nursing	No coverage.
Physical Therapy	No coverage.
Speech Therapy	No coverage.
Occupational Therapy	No coverage.
Durable Medical Equipment	No coverage.
Internal Prosthetics	Balance after Medicare is covered in full.
External Prosthetics	No coverage.
Orthopedic Braces and Supports	No coverage.
Chiropractic Services	No coverage.
Ambulance	No coverage.
Prescription Drugs	No coverage.
Dental	Balance after Medicare covered according to the Blue Shield Schedule of Allowances when related to an accidental injury to sound, natural teeth and services are within 12 months of the accident.
Out of Area Coverage	Coverage provided worldwide.

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Deductible, Coinsurance and Annual Out of Pocket Maximum	None.
Deductible Carry-Over	None.
Lifetime Benefit Maximum	None.
	Non-participating physician charges are covered at 50% of the Schedule of Allowances.
	Blue Cross and Blue Shield Complementary

This Is Not A Contract. It Is Intended To Highlight The Coverage Of This Program. Benefits Are Determined By The Terms Of The Contract. All Benefits Are Subject To Medical Necessity.