



2019 University of Rochester Complementary Care Plan with Major Medical

BENEFITS		YOU PAY
INPATIENT HOSPITAL BENEFITS		
Semi-private Room and Board		Covers Medicare Part A inpatient deductible and co-pay up to 120 days per calendar year; additional days covered at 80% after Major Medical deductible, less any Medicare Payment
Physician and Surgeon Services		Covers Medicare Part B deductible and co-insurance
OUTPATIENT HOSPITAL BENEFITS		
Diagnostic X-Ray		Covers Medicare Part B deductible and co-insurance
Lab & Pathology; Chemotherapy/Radiation Therapy		Covers Medicare Part B deductible and co-insurance
Physical, Speech and Occupational Therapy		Covered at 80% after Major Medical deductible, less any Medicare payment
Surgery		Covers Medicare Part B deductible and co-insurance
Outpatient Doctor's Office Care		Covered at 80% after Major Medical deductible, less any Medicare Payment
Emergency Care		Covers Medicare Part B deductible and co-insurance
Urgent Care Center		Covered at 80% after Major Medical deductible, less any Medicare payment
Ambulance		Covered in full for emergency use and medically necessary transfers, less any Medicare payment
MENTAL HEALTH CARE		
Inpatient Semi-private Room and Board		Covers Medicare Part A inpatient deductible and co-pay up to 120 days per calendar year; additional days covered at 80% after Major Medical deductible, less any Medicare payment
Inpatient Physician and Surgeon Services		Covers Medicare Part B deductible and co-insurance
Outpatient (all services are considered Doctor's Office Care)		Covered at 80% after Major Medical deductible, less any Medicare payment. Includes coverage for autism the same as any other illness
ALCOHOL/SUBSTANCE ABUSE CARE		
Inpatient Semi-private Room and Board		Covers Medicare Part A inpatient deductible and co-pay up to 120 days per calendar year; additional days covered at 80% after Major Medical deductible, less any Medicare payment

Inpatient Physician and Surgeon Services	Covers Medicare Part B deductible and co-insurance
Outpatient (all services are considered Doctor's Office Care)	Covered at 80% after Major Medical deductible
PRESCRIPTION DRUGS	
Non-Maintenance Drugs & Maintenance Drugs	<p>Covered at 80%¹ after Prescription Drug deductible.</p> <p><input type="checkbox"/> Specialty Drug Program: Specialty drug prescriptions must be filled through a specific pharmacy designated by your TPA (Aetna or Excellus BlueCross BlueShield)</p>
Diabetic Equipment and Supplies	<p>The following supplies are covered at 80% (deductible waived) up to a 90-day supply for retail and mail order drugs (expenses not included in out-of-pocket maximum); less any Medicare payment:</p> <p><input type="checkbox"/> Needles and syringes, Lancets and lancing devices, Test strips, Insulin, Glucose tablets, Alcohol swabs and Oral Medications</p> <p><input type="checkbox"/> Blood Glucose monitors, external infusion pump and supplies and injection aids are covered under the durable medical equipment benefit</p>
OTHER SERVICES	
Skilled Nursing Facility Care (excludes custodial care)	Covers Medicare Skilled Nursing Facility co-insurance for days 21-100, and full coverage for days 101-120; additional days covered at 80% after Major Medical deductible
Home Health Care	Covered in full (deductible waived), less any Medicare payment. Including visiting nurse care. Each visiting nurse care of four hours or less count as one home health visit. Each such shift of over four hours and up to eight hours, counts as two home health care visits
Hospice Care	Covered in full, less any Medicare payment
Routine Vision Care	No coverage for routine care. Diagnostic exams for disease or injury are covered at 80% after Major Medical deductible, less any Medicare payment.
Hearing Care	No coverage for routine care. Diagnostic evaluations covered at 80% after Major Medical deductible, less any Medicare payment. Hearing aids covered in full after Major Medical deductible for accidental injury only, less any Medicare payment
Durable Medical Equipment (DME)	Covered in full after Major Medical deductible, less any Medicare payment
Allergy Test & Injections	Covered at 80% after Major Medical deductible, less any Medicare payment

Chiropractic Care	Covered at 80% after Major Medical deductible, less any Medicare payment (based on medical necessity)
Acupuncture	Covered at 80% after Major Medical deductible, if performed by a licensed physician to treat a diagnosis
Podiatry	Covered at 80% for medically necessary foot care, less any Medicare payment
PREVENTIVE CARE	
Physicals	Covered in full (annual GYN exam covered in full); less any Medicare payment; one allowed per year
Pap Smears and Pelvic Exams	Covered in full, less any Medicare payment; one allowed per year
Mammograms	Covered in full for annual screening, less any Medicare payment
Bone Mass	Covered in full, less any Medicare payment
Colorectal Screening Exams	Covered in full for flexible sigmoidoscopy every 5 years; colonoscopy every 10 years; less any Medicare payment
Prostate Cancer Screening Exams	Covered in full, less any Medicare payment; one allowed per year
Immunizations	Covered in full for pneumonia, flu, H1N1, shingles, tetanus and Hepatitis B vaccines; less any Medicare payment
ANNUAL MEDICAL DEDUCTIBLE & OUT OF POCKET MAXIMUM	
Medical Deductible	\$126 per person
Annual Stop Loss Protection for Major Medical (out-of-pocket maximum)	\$300 per person
ANNUAL PRESCRIPTION DRUG DEDUCTIBLE & OUT OF POCKET MAXIMUM	
Prescription Drug Deductible	\$829 per person
Annual Stop Loss Protection for Major Medical (out-of-pocket maximum)	\$1,700 per person

☐ Residency Requirement: To be eligible for the UR Complementary Care plan, you can reside anywhere in the world.

☐ The University Complementary Care plan with Major Medical will not duplicate benefits provided by Medicare Part A, Part B, Part C, or Part D. These plans are “grandfathered health plans” under the Patient Protection and Affordable Care Act. This plan coordinates with Medicare, and services are paid through Medicare first.

¹ Refer to Non-Maintenance Drugs and Maintenance Drugs. In cases of selected brand-name drugs where there is an FDA-approved generic substitute available, your benefit will be based on the cost of the generic drug rather than the cost of the brand-name drug. If you or your doctor choose the brand-name drug, you will have to pay the difference, plus any applicable co-pay. If your prescription does not have an approved generic substitute, your benefit will not be affected. As the FDA approves new drugs the plan will determine the possibility of covering the drug, including researching its value, safety, and possible advantages over existing covered drugs. The plan will also determine any limits to coverage the new drug.