

Medicomp Three

EFFECTIVE 1/1/2008

MEDICARE COMPLEMENTARY COVERAGE

THE STATE OF NEW HAMPSHIRE REQUIRES EVERY INSURANCE COMPANY SELLING HEALTH INSURANCE TO AN INDIVIDUAL COVERED BY MEDICARE TO PROVIDE THE FOLLOWING INFORMATION.

MEDICARE BENEFITS MAY BE CHANGED BY FEDERAL LAW.

INPATIENT HOSPITAL BENEFITS	MEDICARE A PAYS	MEDICOMP THREE PAYS	YOU PAY
First 60 days of Medicare benefit period	Full cost after \$1,024 Benefit Period Deductible	Deductible \$1,024	No Balance
Next 30 days (61st through 90th days)	Full cost except for coinsurance of \$256 per day	Coinsurance \$256 per day	No Balance
Next 60 days of one-time lifetime reserve days (91st through 150th days)	Full cost except for coinsurance of \$512 per day	Coinsurance \$512 per day	No Balance
After 150 days of continuous confinement	Nothing	90% of covered services Lifetime Maximum: 365 days	Remaining Balance
SKILLED NURSING HOME BENEFITS	<i>Caution:</i> You should check to see if the facility qualifies for Medicare. REMEMBER: Skilled Nursing Home confinement must follow a hospitalization and be medically necessary. CUSTODIAL CARE IS NOT COVERED.		
First 20 days of benefit period	Full cost	Nothing	No Balance
Next 80 days (21st through 100th days)	Full cost except for coinsurance of \$128 per day	Coinsurance \$128 per day	No Balance
After 100 days of continuous confinement	Nothing	Nothing	Full cost
MEDICAL SERVICE BENEFITS	MEDICARE B PAYS	MEDICOMP THREE PAYS	YOU PAY
Physician Services, Hospital Outpatient, Prosthetic Devices, Durable Medical Equipment, Immunosuppressive Drugs and Other Covered Services	80% of Medicare approved charges after \$135 annual deductible	\$135 deductible 20% of Medicare approved charges	Any charges not approved by Medicare
SPECIFIC BENEFITS	MEDICARE PAYS	MEDICOMP THREE PAYS	YOU PAY
Blood (the New Hampshire Red Cross covers the first 3 pints of blood for NH residents but hospitals do charge for its administration)	Full cost after 3 pints	First 3 pints of blood for non-residents and applicable coinsurance for administrative charges	Nothing
Non-inpatient Psychiatric Services*	80% of Medicare approved charges after psychiatric reduction, if applicable	Psychiatric reduction and 20% of Medicare approved charges	Remaining Balance

*Please refer to Medicare Handbook for psychiatric maximums and exceptions

**ADDITIONAL
BENEFITS**

Major Medical, the second component of Medicomp Three, provides additional coverage for take-home prescription drugs. In addition, it helps to cover balances resulting from physicians who do not accept Medicare assignment.

Benefits for Major Medical expenses would be paid as follows:

- Individual calendar year deductible of \$100.
- Then, Major Medical pays 90% of the next \$2,000 of eligible Medical expenses; and 100% of eligible expenses for the rest of the calendar year.
- The total deductible and coinsurance out-of-pocket maximum an individual should expect to pay is \$300 for the calendar year.

**EXCLUSIONS
AND LIMITATIONS**

Services and supplies not covered by Medicare or Medicomp include but are not limited to: dental services, routine foot care, prescription drugs, eye glasses and hearing aids; services and supplies which are not medically necessary; and charges in excess of Medicare allowed charges. IT IS IMPORTANT TO READ AND UNDERSTAND ARTICLE V OF YOUR MEDICOMP THREE MEDICARE COMPLEMENTARY CONTRACT WHICH DESCRIBES IN DETAIL THOSE SERVICES AND SUPPLIES NOT COVERED BY MEDICOMP.

**RENEWABILITY
OF CONTRACT**

You may renew this contract for further consecutive periods by paying the Premium. Your Medicomp Three Medicare Complimentary Contract gives You detailed information concerning premium payments, termination rights, renewal and reimbursement.

HOW TO APPLY

Please contact Your Human Resources Office for applications and assistance. If You require further information, please contact Customer Service.

ANTHEM BLUE CROSS AND BLUE SHIELD CUSTOMER SERVICE

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