CLASSIC BLUE SECURE
RASHP Benefit Summary
(Over 65 Retirees)

Benefit Type	In Network	Out of Network
WHO IS COVERED		
Enrollment Requirement	Members must be enrolled in both Medicare A and B	
Type of Tier	Single only	
Dependent/Student Coverage	Not applicable	
Domestic Partner Coverage	Not applicable	
COST SHARING EXPENSES		
Deductible	See specific Benefit Type	
Copay	See specific Benefit Type	
Coinsurance	See specific Benefit Type	
Annual Out-of-Pocket Maximum	None	
Lifetime Benefit Maximum Federal Mandate	None	
Prescription Drug	Retail and Mail Order Maintenance Drugs: $2 - Tier 1 / $7 - Tier 2 / $7 - Tier 3 Retail and Mail Order Acute Drugs: 50% Coinsurance for all drugs	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services	Plan covers Medicare Part A deductible and daily copays in full for up to 120 days per benefit period (each inpatient admittance). After 120 days are exhausted in a benefit period, 365 lifetime reserve days are available and covered in full. Private room covered when medically necessary.	
Mental Health Care	Medicare A Deductible covered, plan pays daily copay & Lifetime Reserve copay. Plan covers Medicare B Deduct, Copay or Coinsurance for partial hospitalization.	
Mental Health Care State Mandate for Biologically based Mental Illness & Children with Serious Emotional Disturbance	Inclusive in Mental Health or Inpatient benefit as determined by Medicare.	
Residential Treatment	Not Covered unless Medicare covers.	Not Covered unless Medicare covers.
Detoxification Federal Mandate	Medicare A Deductible covered, plan pays daily copay & Lifetime Reserve copay.	
Chemical Dependence and Abuse Rehabilitation	Medicare A Deductible covered, plan pays daily copay & Lifetime Reserve copay.	
Skilled Nursing Facility	Medicare A Daily copay for 21st to 100th day covered.	
Physical Rehabilitation	Medicare A Deductible covered, plan pays daily copay & Lifetime Reserve copay.	
Internal Prosthetics	Medicare A Deductible & copay	
Observation Stay	Medicare B Deduct, Copay or Coinsurance	
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities	Plan covers Medicare B Deduct and Copay or Coinsurance	
Pre-admission/Pre-Operative Testing	Plan covers Medicare B Deduct and Copay or Coinsurance	
Diagnostic Imaging, X-ray, CAT, MRI	Plan covers Medicare B Deduct and Copay or Coinsurance	
Routine Imaging, X-ray, CAT, MRI	Covered if Medicare deductible, coinsurance or copay applies.	

CLASSIC BLUE SECURE
RASHP Benefit Summary
(Over 65 Retirees)

Benefit Type	In Network	Out of Network
Diagnostic Laboratory and Pathology	Covered if Medicare deductible, coinsurance or copay applies.	
Routine Laboratory and Pathology	Covered if Medicare deductible, coinsurance or copay applies.	
Radiation Therapy	Plan covers Medicare B Deduct and Copay or Coinsurance	
Chemotherapy	Plan covers Medicare B Deduct and Copay or Coinsurance	
Dialysis (all forms)	Plan covers Medicare B Deduct and Copay or Coinsurance	
Mammogram	Covered if Medicare deductible, coinsurance or copay applies.	
Cervical Cytology - Pap Smear only	Covered if Medicare deductible, coinsurance or copay applies.	
Mental Health Care	Plan covers Medicare B Deduct and Copay or Coinsurance	
Mental Health Care State Mandate for Biologically based Mental Illness & Children with Serious Emotional Disturbances	Inclusive in Mental Health Outpatient or Office benefit as determined by Medicare.	
Chemical Dependency	Plan covers Medicare B Deduct and Copay or Coinsurance	
Covered Therapies Includes Physical, Speech, and Occupational Therapy	Plan covers Medicare B Deduct and Copay or Coinsurance	
Pulmonary Rehabilitation	Plan covers Medicare B Deduct and Copay or Coinsurance	
Cardiac Rehabilitation	Plan covers Medicare B Deduct and Copay or Coinsurance	
Injectable Drugs Excludes vaccines, allergy injections & treatment of diabetes	Plan covers Medicare B Deduct and Copay or Coinsurance	
Home Care	Covered if Medicare deductible, coinsurance or copay applies. Covers Durable Medical Equipment as part of Home Care and Medicare A or B Coinsurance.	
Hospice Care	Covers Medicare A Copay for outpatient prescription drugs and Medicare A Coinsurance for respite care.	
PHYSICIAN SERVICES		
Inpatient Hospital Surgery	Plan covers Medicare B Deduct and Copay or Coinsurance	
Outpatient Hospital & Ambulatory Surgery	Plan covers Medicare B Deduct and Copay or Coinsurance	
Office Surgery	Plan covers Medicare B Deduct and Copay or Coinsurance	
Covered Therapies Includes Physical, Speech, and Occupational Therapy	Plan covers Medicare B Deduct, Copay or Coinsurance	
Anesthesia Includes Inpatient, Outpatient, Office Visits and maternity	Plan covers Medicare B Deduct and Copay or Coinsurance	
Additional Surgical Opinion	Plan covers Medicare B Deduct, Copay or Coinsurance	
Second Medical Opinion	Plan covers Medicare B Deduct, Copay or Coinsurance	
In-Hospital Physician Visits	Plan covers Medicare B Deduct, Copay or Coinsurance	

CLASSIC BLUE SECURE
RASHP Benefit Summary
(Over 65 Retirees)

Benefit Type	In Network	Out of Network
Physician's Office – Preventative Services		
Routine Physical Examinations	Not Covered	Not Covered
Adult Immunizations	Not Covered unless Medicare deductible, coinsurance or copay applies.	
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic Laboratory and Pathology	Not Covered unless Medicare deductible, coinsurance or copay applies.	
Routine Laboratory and Pathology	Not Covered unless Medicare deductible, coinsurance or copay applies.	
Eye Exams - Diagnostic	Plan covers Medicare B Deduct and Copay or Coinsurance	
Eye Exams Routine	Not Covered	
Hearing Evaluations Diagnostic	Plan covers Medicare B Deduct and Copay or Coinsurance	
Hearing Evaluations Routine	Not Covered unless Medicare deductible, coinsurance or copay applies.	
Hearing Aids	Not Covered unless Medicare deductible, coinsurance or copay applies.	
Diagnostic Office Visits – Includes all diagnostic physician visits e.g. GYN, cardiac, orthopedists, etc.	Plan covers Medicare B Deduct and Copay or Coinsurance	
Office & Outpatient Consultations	Plan covers Medicare B Deduct and Copay or Coinsurance	
Diagnostic Imaging Services, X-ray, CAT, MRI, etc.	Plan covers Medicare B Deduct, Copay or Coinsurance	
Routine Imaging Services, X-ray, CAT, MRI, etc.	Not Covered unless Medicare deductible, coinsurance or copay applies.	
Radiation Therapy	Plan covers Medicare B Deduct and Copay or Coinsurance	
Chemotherapy	Plan covers Medicare B Deduct and Copay or Coinsurance	
Dialysis (all forms) State Mandate	Plan covers Medicare B Deduct and Copay or Coinsurance	
Mammogram	Not Covered unless Medicare deductible, coinsurance or copay applies.	
Routine GYN Visits	Plan covers Medicare B Deduct and Copay or Coinsurance for office exam. Pap smear - see Laboratory & Pathology Benefit Type.	
Prostate Cancer Screenings	Plan covers Medicare B Deduct and Copay or Coinsurance	
Allergy Testing	Not Covered unless Medicare deductible, coinsurance or copay applies.	
Allergy Treatment Includes Serum and Injections	Not Covered unless Medicare deductible, coinsurance or copay applies.	
Mental Health Care	Plan covers Medicare B Deduct and Copay or Coinsurance	
Mental Health Care State Mandate for Biologically based Mental Illness & Children with Serious Emotional Disturbances	Inclusive in Mental Health or Office benefit as determined by Medicare.	
Chiropractic Care	Plan covers Medicare B Deduct and Copay or Coinsurance	
Inpatient Consultations	Plan covers Medicare B Deduct and Copay or Coinsurance	
Infertility Care	Not Covered unless Medicare deductible, coinsurance or copay applies.	
Bone Density Testing	Plan covers Medicare B Deduct and Copay or Coinsurance	
Injectable Drugs Excludes vaccines, allergy injections & treatment of diabetes	Plan covers Medicare B Deduct and Copay or Coinsurance	

CLASSIC BLUE SECURE
RASHP Benefit Summary
(Over 65 Retirees)

Benefit Type	In Network	Out of Network
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies	Plan covers Medicare B Deduct and Copay or Coinsurance for supplies. Insulin not covered.	
Diabetic Education	Plan covers Medicare B Deduct and Copay or Coinsurance	
Diabetic Equipment	Plan covers Medicare B Deduct and Copay or Coinsurance	
Mastectomy Prosthesis	Plan covers Medicare B Deduct and Copay or Coinsurance	
Durable Medical Equipment (DME)	Plan covers Medicare B Deduct and Copay or Coinsurance	
External Prosthetics/ Orthotics **Foot orthotics excluded**	Plan covers Medicare B Deduct and Copay or Coinsurance	
Foot Orthotics	Plan covers Medicare B Deduct and Copay or Coinsurance	
Medical Supplies	Plan covers Medicare B Deduct and Copay or Coinsurance	
Air Ambulance Service	Plan covers Medicare B Deduct and Copay or Coinsurance	
Prehospital Emergency Services/Transportation	Plan covers Medicare B Deduct and Copay or Coinsurance	
Nutritional Therapy	Plan covers Medicare B Deduct and Copay or Coinsurance	
Medicare Blood Deductible	Plan covers Medicare A Deductible Plan covers Medicare B Deduct & Coinsurance	
Private Duty Nursing	Covered at 80% of charge up to $100 per day for 30 days per contract year. (Coverage will be provided for Medically Necessary private duty nursing as an inpatient or in a member's home)	
Non-Assigned Provider Excess Charges - Medicare B only **Applies if a provider does not accept Medicare's assignment**	When Medicare pays a percentage of the Medicare Approved Amount for a covered Part B service, the plan will pay 100% of the balance. Plan also pays the difference between the Medicare Approved Amount for Part B services and actual charges billed by provider (not to exceed charge limitations established by Medicare programs).	
EMERGENCY SERVICES		
Facility – Emergency Room	Plan pays Medicare B Deduct and Copay or Coinsurance	
Physician's Hospital Emergency Room Visit	Plan pays Medicare B Deduct and Copay or Coinsurance	
Foreign Country Emergency Care Facility & Physician combined	$250 deductible, then plan pays 80% of charges up to $50,000 lifetime maximum if **not** covered by Medicare. (See standard Emergency Benefit Types when Medicare covers.)	
Freestanding Urgent Care Center Emergency & non-emergency services	Plan pays Medicare B Deduct and Copay or Coinsurance	
Physician's Freestanding Urgent Care Center Visit Emergency & non-emergency services	Plan pays Medicare B Deduct and Copay or Coinsurance	

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. All day and visit limits are combined limits for both in and out of network benefit.