



BlueCross BlueShield of Illinois
Loyola University Chicago Retiree Medical Insurance Plan
Group # 200866

• **Members Under 65 years of age-** For retirees and their eligible dependents under age 65, your benefits are payable as listed in this grid. An “Administrator Hospital/Facility” for the purposes of this chart is a hospital or facility that is a BlueCross BlueShield PPO Network provider. To determine if a hospital or facility is a BlueCross BlueShield PPO Network provider, call 1-800-327-8497 or visit www.bcbsil.com.

• **Members Age 65 years & up-** For retirees and their eligible dependents age 65 & older, Medicare will be your “primary insurance carrier” and this BlueCross BlueShield plan will be your “secondary carrier.” You must be enrolled in both Parts A & B of Medicare. Those retiring after 1/1/06 must also enroll in Medicare Part D thru Loyola, or this policy will be terminated. BlueCross BlueShield will determine the payable amounts for any covered service, as listed in this grid, and deduct from that resulting amount, any amounts paid or payable by Medicare. The difference, *if any*, would be paid by this BlueCross BlueShield plan. Therefore, the total amounts paid between the two insurance plans, (Medicare & BCBS), should not exceed the benefits listed in this grid. **Loyola’s BlueCross BlueShield Retiree Insurance plan is not a Medicare Supplement or a Medigap policy; it is a “carve-out” plan as stated herein.** An “Administrator Hospital/Facility” for the purposes of this chart is a hospital or facility that accepts Medicare assignment. Please call the hospital/facility directly to determine if the hospital/facility accepts Medicare assignment.

Lifetime Individual Comprehensive Major Medical Maximum **\$1,000,000**

Deductible (per calendar year)-	Employer Hospital (LUHS)	Administrator Hospital/Facility	Non-Administrator Hospital/Facility
All charges are applied towards the Calendar Year Deductible except as otherwise stated			
Individual:	\$300	\$300	\$300
Family:	2 per family	2 per family	2 per family

Out-of-Pocket Expense Limitation- The amount of money an individual contributes toward covered medical services during any one calendar year, including co-insurance payments. Charges in excess of the Usual & Customary Fee, In-patient deductibles, Calendar year deductible, Emergency Room Co-pays, and charges for Mental Illness & Substance Abuse Rehabilitation do not apply towards the out-of-pocket expense limits.	\$1,500 2 per family	\$1,500 2 per family	\$1,500 2 per family
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Major Medical Covered Hospital Services	Employer Hospital (LUHS)	Administrator Hospital/Facility	Non-Administrator Hospital/Facility
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Inpatient Hospital Services- Room and board allowance is based on the hospital’s most common semi-private room rate. Ancillary Services are charges such as operating rooms, drugs, lab work, surgical dressings, etc. during your in-patient stay. Pre-Admin Testing, Skilled Nursing Facilities, Hospice and Coordinated Home Care are also paid on the same basis.	Room & Board 100%	Room & Board 80%	Room & Board 50%
	Ancillary Serv. 100%	Ancillary Serv. 90%	Ancillary Serv. 50%
Per Admission In-patient Deductible- Each time you are admitted to a hospital, you must satisfy the In-Patient deductible. (Calendar year deductible does not apply.)	\$500	\$500	\$500
MSA Non-Certification Deductible-	\$0	\$100	\$100
Outpatient Diagnostic Services-	100%	90%	50%
All Other Outpatient Services-	100%	80%	50%
Hospital Emergency Room Care- (ER Co-Pay \$75) Initial treatment in hospital of accidental injuries or sudden and unexpected medical conditions with severe life-threatening symptoms. (ER co-pay is waived and inpatient deductible applies if admitted to hospital following ER care.)	100% (after ER co-pay)	100% (after ER co-pay)	100% (after ER co-pay)

Major Medical Covered Physician Services

Physicians Services- <ul style="list-style-type: none"> • Physician Office Visits • X-ray & Lab work performed in the office • In-Patient Medical/Surgical Services • Out-Patient Medical/Surgical Services (Includes Radiologist, Anesthesiologist, Surgeon, Radiation, Chemotherapy, Cardiac Rehab, Renal Dialysis)	80%
Diagnostic Physician’s Services	



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Other Covered Services- Must be Medically Necessary			
<ul style="list-style-type: none"> • Ambulance transportation • Durable Medical Equipment and Prosthetics (Rental price covered up to the purchase price) • Physical, Speech, and Occupational Therapy • Blood and blood components • Leg, arm, and neck braces • Private duty nursing • Allergy shots • Oxygen (includes administration) • Medical & surgical dressings, supplies, casts, splints 	80%		
Mental Illness & Substance Abuse Services	LUHS Provider	Administrator Hosp/Facility	Non-Administrator Hospital/Facility
Outpatient Treatment of Mental Illness & Substance Abuse Rehabilitation- <i>(Please note- In order to receive benefits for Substance Abuse, services must be rendered at an Administrator Facility.)</i>	Hospital 80%	Hospital 80%	Hospital 50%
	Physician 80%	Physician 80%	Physician 80%
In-patient Treatment of Mental Illness & Substance Abuse Rehabilitation	Hospital 80%	Hospital 80%	Hospital 50%
	Physician 80%	Physician 80%	Physician 80%

Basic Provisions of the Retiree Insurance Plan	
Retiree Eligibility:	You must be at least 60 years old <u>and</u> have completed at least 10 years of continuous full-time service with Loyola University immediately prior to the date of retirement, in order to be eligible for this insurance plan.
Dependent Eligibility:	At the time of your retirement, you have the option to enroll your spouse and/or your dependent children under the age of 23, as long as they are unmarried and qualified IRS dependents of the member's plan. If you ever cancel coverage for yourself, your spouse, or your children, you cannot reinstate coverage at a later date.
Coordination of Benefits:	This program follows the Federal MSP laws with respect to coordinating benefits with Medicare. The Birthday Rule is followed in coordinating with other group plans.
MSP Laws:	A series of federal laws collectively referred to as the "Medicare Secondary Payer" (MSP laws) regulate the manner in which certain employers may offer group health coverage to Medicare eligible employees and some dependents. The statutory requirements and rules for MSP coverage vary depending on the basis for Medicare, as well as certain other factors, including the size of the employers sponsoring Group Health Plan.
Surviving Spouse Option:	The surviving spouse of a deceased retiree is eligible to continue coverage under this plan until his/her death, as long as the spouse was covered under this plan when the member first became effective, and the surviving spouse continues to pay the applicable premiums as due.
Pre-existing conditions/waiting period:	None
For "Administrator Hospital/Facility" info:	<ul style="list-style-type: none"> • Members Under 65 years of age- An "Administrator Hospital/Facility" for the purposes of this chart is a hospital or facility that is a BlueCross BlueShield PPO Network provider. To determine if a hospital or facility is a BlueCross BlueShield PPO Network provider, call 1-800-327-8497 or visit www.bcbsil.com. • Members Age 65 years & up- An "Administrator Hospital/Facility" for the purposes of this chart is a hospital or facility that accepts Medicare assignment. Please call the hospital/facility directly to determine if the hospital/facility accepts Medicare assignment.