



CT TEACHERS' RETIREMENT BOARD

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**TRB RFP 2015-001
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ADDENDUM #3 Benefit Plan Cheat Sheet

Connecticut State Teachers' Medicare Supplement Plan - 2014

OUTLINE OF BENEFITS

Services	Benefit	Medicare Pays	This Plan Pays	You Pay
Hospitalization Semiprivate room and board, general nursing and other hospital services and supplies.	First 60 days	All but Medicare Part A Deductible \$1,216.00	Medicare Part A Deductible \$1,216.00	Nothing
	61 st to 90 th day	All but daily co-insurance \$304.00	Daily co-insurance \$304.00.	Nothing
	91 st to 150 th day- Lifetime Reserve	All but daily co-pay of \$608.00.	Daily co-pay \$608.00 up to a maximum of 60 days per lifetime.	Nothing
	Beyond 150 days Up to an additional 60 days	Nothing	Up to an additional 60 days Prior authorization required	Nothing
Medical Expenses Physician services, inpatient and outpatient surgical services and supplies, physical, occupational and speech therapy, diagnostic tests, and durable medical equipment.	Unlimited services if medically necessary.	After Medicare Part B \$147.00 per calendar year deductible 80% of the approved amount & 80% of approved amount for most outpatient mental health services. Most providers accept assignment	If provider accepts assignment: 20% (that Medicare does not pay); For non-assigned claims, the plan covers the assigned amount described above <u>plus</u> 80% of any additional billing.	The \$147 Medicare Part B deductible. All other charges are paid in full if your provider accepts Medicare assignment of benefits. If the provider does not accept assignment, the members share is approximately 3% of the total charge.
Laboratory Services Blood tests, urinalysis and other diagnostic services.	Unlimited, if medically necessary.	Generally 100% of the approved amount.	Nothing	Nothing
Home Health Aide	Services are medically necessary, limited to 4 hours per day.	Nothing	\$500.00 per calendar year	Any additional charges

Out of Country (for emergency treatment and stabilization only)

In-Patient Hospital Facility Charge – 30 days paid at 100% (physician's charges related to in-patient hospital stay is paid at 80%)

Out- Patient Charges for Life Threatening illness/accidents are paid at 80% all other medical treatments are paid at 20%.

Prescriptions and lab charges are not covered. Payment is limited to a Lifetime maximum of \$100,000.00



Connecticut State Teachers' Medicare Supplement Plan - 2014

Services	Benefit	Medicare Pays	This Plan Pays	You Pay
Outpatient Hospital and Ambulatory Surgical Services Services for the diagnosis or treatment of an illness or injury.	Unlimited, if medically necessary.	Medicare payment to the hospital, based on hospital costs.	20% that Medicare does not pay the hospital.	Nothing
Blood	Unlimited during a benefit period, if medically necessary.	80% of approved amount (deductible applies and starting with the 4 th pint).	First 3 pints of blood at 100%.	Nothing
Skilled Nursing Facility Care Semiprivate room and board; skilled nursing and rehabilitative services and other services and supplies (neither Medicare, HMO's nor the TRB plan will pay for long term nursing home care).	First 20 days:	100% of the approved amount.	Nothing	Nothing
	Additional 80 days:	All but daily-co-insurance.	Daily co-insurance \$152.00 a day	Nothing
	Beyond 100 days, up to an additional 20 days:	Nothing	Up to an additional 20 days Prior authorization required	Nothing
Hospice Care Pain relief, symptom management, and support services.	For as long as doctor certifies need.	All but limited costs for outpatient drugs and inpatient respite care.	Nothing	Nothing
Major Medical	\$1 million lifetime limit	Zero	80% of cost for inpatient stay subject to prior authorization	20% of cost

Vision Benefit

Eye exam in a 12 month period (not approved by Medicare) \$75.00
Frames-1 pair in a 24 month period \$100.00
Contact Lenses per calendar year \$120.00

Frame type lenses in a 24-month period:

Single Vision	\$60.00	Trifocal	\$120.00	Progressive lenses	\$120.00
Bifocal	\$80.00	Lenticular	\$200.00		

(Medicare pays for 1 pair of eyeglasses after cataract surgery) Sunglasses are not covered.

Hearing Benefit

Hearing Aids \$750.00 every 36 months
(includes fittings and adjustment)

