

Feature	BCBS Medigap - Post-65	
	Medicare A & B	Medigap
Provider	BlueCross BlueShield of Illinois 1-800-633-4227; www.medicare.gov ; Medicare A & B 1-800-516-1269 Medigap	
Cost Sharing		
Annual Deductible	\$992 Part A; \$131 Part B	\$0 Individual; \$0 Family
Out-of-pocket maximum	\$0 Individual; \$0 Family	\$0 Individual; \$0 Family
Lifetime coverage limit	Limit does not apply	\$2,000,000; for all Northrop Grumman-sponsored medical plan options; retiree and active combined; in and out-of-network combined
Policies/Requirements		
Need to file claims	Check with Medicare for details	Check with Plan for details
Domestic partner benefits	Yes	Yes
Access		
Ability to self-refer to OB/GYN	Yes	Yes
Ability to self-refer to specialists	Yes	Yes
Out-of-area dependent coverage	Yes	Yes
Out-of-area participant coverage	Yes	Yes
Spending Account		
HRA -- You only	Not applicable	Not applicable
HRA -- You and spouse	Not applicable	Not applicable
HRA -- You and child	Not applicable	Not applicable
HRA -- You and family	Not applicable	Not applicable
Eligible expenses for reimbursement	Not applicable	Not applicable
Outpatient Services		
Primary doctor office visit	80% covered; Part B; Medicare-approved amounts	20% covered; remaining Medicare-approved amounts
Specialist doctor office visit	80% covered; Part B; Medicare-approved amounts	20% covered; remaining Medicare-approved amounts
Preventive Care		
Annual physical exam	Not covered; Medicare will cover a one-time physical exam within the first six months of Part B election	100% covered; limited to \$300 per year; deductible does not apply
Well-woman exam (includes pap)	100% covered; lab Pap test; 80% covered for pelvic exam; Part B; Medicare-approved amounts; limitations apply; check with Plan for details	20% covered; remaining Medicare-approved amounts for pelvic exam
Mammogram	80% covered; Part B; Medicare-approved amounts; limited to every 12 months for women age 40 and older only	20% covered; remaining Medicare-approved amounts
Pediatric exams	Check Medicare guidelines for details	Check with Plan for details
Immunizations (child)	100% covered; Part B; annual pneumonia and flu; deductible does not apply; 80% covered; Hepatitis B; Medicare-approved amounts	20% covered after deductible is met; remaining Medicare-approved amounts for Hepatitis B

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Colorectal screening	80% covered; Part B; Medicare-approved amounts; 75% covered if outpatient hospital procedure; limitations apply; check Medicare guidelines for details	20% covered; remaining Medicare-approved amounts; 25% covered if outpatient hospital procedure
Cancer screenings	Check Medicare guidelines for details	Check with Plan for details
Cardiovascular screenings	Check Medicare guidelines for details	Check with Plan for details
Allergy tests and treatments	Check Medicare guidelines for details	Check with Plan for details
Outpatient Care		
Outpatient surgery	80% covered; Part B; Medicare-approved amounts for facility and physician charges; check www.medicare.gov for additional information	20% covered; remaining Medicare-approved amounts for facility and physician charges; limitations apply; check with Plan for details
Outpatient laboratory services	100% covered; Part B; Medicare-approved amounts for Medicare-covered lab services	No additional benefits
Outpatient physical therapy	80% covered; Part B; Medicare-approved amounts; must be medically necessary	20% covered; remaining Medicare-approved amounts
Outpatient X-ray	80% covered; Part B; Medicare-approved amounts for covered diagnostic tests and X-rays	20% covered; remaining Medicare-approved amounts
Outpatient occupational therapy	80% covered; Part B; Medicare-approved amounts; must be medically necessary	20% covered; remaining Medicare-approved amounts
Outpatient speech therapy	80% covered; Part B; Medicare-approved amounts; must be medically necessary	20% covered; remaining Medicare-approved amounts
Outpatient cardiac rehabilitation	Check Medicare guidelines for details	Check with Plan for details
Family Planning / Maternity Care		
Office visit: pre/postnatal	Check Medicare guidelines for details	Check with Plan for details
In-hospital delivery services	Check Medicare guidelines for details	Check with Plan for details
Newborn nursery services	Check Medicare guidelines for details	Check with Plan for details
Fertility services	Check Medicare guidelines for details	Check with Plan for details
In vitro fertilization	Check Medicare guidelines for details	Check with Plan for details
Artificial insemination	Check Medicare guidelines for details	Check with Plan for details
Female tubal ligation	Check Medicare guidelines for details	Check with Plan for details
Male vasectomy	Check Medicare guidelines for details	Check with Plan for details
Hearing		
Hearing evaluations	80% covered; Part B; diagnostic hearing exams; Medicare-approved amounts	20% covered; diagnostic hearing exams; Medicare-approved amounts
Hearing aids	Not covered	100% covered; repair as needed and new hearing aids every three years; limited to \$500 per ear per year; ded. does not apply; max includes exam
Vision		

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Routine vision exams	80% covered; diagnosis/treatment of diseases/conditions; Medicare-approved amounts; routine exam not covered; check Medicare guidelines for details	20% covered; remaining Medicare-approved amounts for diseases/conditions
Regular lenses and frames	100% covered; after cataract surgery; limited to one pair; deductible does not apply; regular lenses and frames not covered	No additional benefits
Contact lenses	100% covered; after cataract surgery; limited to one pair; deductible does not apply; regular contact lenses not covered	No additional benefits
Dental		
Dental implants	Check Medicare guidelines for details	Check with Plan for details
Accidental injury to teeth	Check Medicare guidelines for details	Check with Plan for details
Surgical removal of tumors, cysts and impacted teeth	Check Medicare guidelines for details	Check with Plan for details
Inpatient Services		
Hospital copay	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
Hospital semi-private room	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
Inpatient lab and X-ray	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
Inpatient surgery	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
Inpatient physician and surgeon services	100% covered after ded is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
Emergency Care		
Emergency room (not followed by admission)	80% covered; Part B; emergency room and physician charges; Medicare-approved amounts; care received outside the U.S. is not covered	20% covered; remaining Medicare-approved emergency room and physician charges; check with Plan for details about care received outside the U.S.
Urgent care clinic visit	80% covered; Part B; Medicare-approved amounts	20% covered; remaining Medicare-approved amounts

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Ambulance services	80% cov; Part B; Medicare-approved amts or appl fee schedule charge; must be med nec	20% cov; remaining Medicare-approved amts
	Mental Health	
Mental Health: Combined with substance abuse	No	No
Mental Health: Outpatient coverage	50% covered; Part B; Medicare-approved amounts	50% covered; remaining Medicare-approved amounts

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Mental Health: Inpatient coverage	100% covered after deductible is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; limited to 190 days per lifetime	100% covered; Part A deductible and copays for days 1-150; 100% covered for the 40 additional lifetime days of hospital stay
Substance Abuse		
Detox: Outpatient coverage	Check Medicare guidelines for details	Check with Plan for details
Detox: Inpatient coverage	Check Medicare guidelines for details	Check with Plan for details
Rehab: Outpatient coverage	80% covered; Part B; Medicare-approved amounts	20% covered; remaining Medicare-approved amounts
Rehab: Inpatient coverage	100% covered after deductible is met; days 1-60; \$248 copay/day for 61-90; \$496 copay/day for 91-150; check with Plan about benefit periods/lifetime reserves	100% covered; Part A deductible and copays for days 1-150; 100% covered for 365 additional days per lifetime
Alternative Care		
Chiropractic	80% covered; Part B; Medicare-approved amounts; manual manipulation of the spine to correct subluxation only	20% covered; remaining Medicare-approved amounts
Acupuncture	Not covered	Check with Plan for details
Care Management Programs		
Heart disease care management	Check with Plan	
Hypertension care management	Check with Plan	
Diabetes care management	Check with Plan	
Asthma care management	Check with Plan	
Prenatal care management	Check with Plan	
Cancer care management	Check with Plan	
Smoking cessation program	Check with Plan	
Weight control program	Check with Plan	
Other		
Noncustodial home health care	100% covered; Part A and B; covered home health visits; must be medically necessary; deductible does not apply	No additional benefits
Hospice care	100% covered; Part A; hospice care; respite care 95% covered; deductible does not apply; limitations apply; check with Plan for details	No additional benefit for hospice care; respite care 5% covered; Medicare-approved amounts
Prescribed care in noncustodial skilled nursing facility	100% covered; days 1-20; \$124/day days 21-100; Part A; limited to 100 days per benefit period; check with Plan for details; ded does not apply	100% covered; copay for days 21-100
Durable medical equipment	Part B coverage varies by state; check with your DME Regional Carrier for details; state-specific phone nos. at www.medicare.gov	Covers remaining Medicare-approved amounts not covered by Part B
Prosthetic devices	80% covered; Part B; Medicare-approved amounts for devices needed to replace a body part or function	20% covered; remaining Medicare-approved amounts