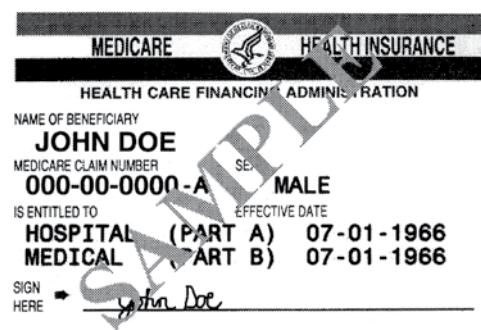


Medicare Supplemental Plan

Medicare Supplemental Plan

The CIGNA Medicare Surround Plan offered through Baltimore County Public Schools is health care coverage which will pay after Medicare. This plan requires you to have Medicare Part A & B in order to receive supplemental benefits. When treated in a doctor's office or a hospital, always present your Medicare card and your CIGNA card.



Note: When seeking medical care, please show both your Medicare card and your CIGNA card.

When seeking medical care, you will have the least out-of-pocket costs when you are seen by a physician who accepts Medicare assignment. Please note that all physicians must submit your claims to Medicare; however, not all physicians have to accept assignment. In other words, the physician who does not accept Medicare assignment may charge you up to 15% above the Medicare allowed amount for services, also defined as the limiting amount. You may be asked to pay the bill in full at the time of service.

Once you have been seen by the physician, the claim will be submitted to Medicare. After the claim is paid, you will receive a Medicare explanation of benefits. Since CIGNA is your supplemental or secondary insurance plan, the claim is then filed with us. CIGNA also sends an Explanation of Health Care Benefits (EOHB) which states the amount the provider may bill if he accepts assignment. (See "How to file claims" that follows for more details.) The benefit chart within this booklet will show you the type of service, and how it is paid by Medicare and CIGNA.

As a member of CIGNA Medicare Surround Plan, you are covered for services in Maryland, in the United States, and even outside the U.S. You are also eligible to seek alternative therapies and wellness services at a discount rate through the CIGNA Healthy Rewards Program. For more information about the providers and services, you may call CIGNA's Member Services toll free number (800) 896-0948 or by visiting the online directory on CIGNA's Website www.mycigna.com.

Baltimore County Public Schools also offers a prescription plan through Express Scripts, Inc. (ESI). You will be enrolled in the prescription plan once you enroll in the CIGNA Medicare Surround Plan.

Prescription Drugs

Coverage for Prescription Drugs

The CIGNA Medicare Surround Plan does provide coverage for outpatient prescription drugs. The prescription plan is administered through Express Scripts, Inc. (ESI). This Plan is an approved Medicare Part D Plan. The Plan has been deemed creditable and is equal to or better than the Medicare Part D Plan. **Therefore, Baltimore County Public School retirees in the CIGNA Medicare Surround Plan do not need to enroll in an Independent Medicare Part D prescription plans.** Because you have employer-sponsored prescription benefits, late enrollment penalties will not apply if you need a Medicare prescription plan in the future.

The plan covers federal legend drugs prescribed for FDA and Manufacturer approved diagnoses. Diabetic supplies are also covered under the prescription plan.

Drugs that are excluded from coverage include over-the-counter medications, diet drugs, cosmetic drugs and drugs prescribed for a condition not approved by the FDA as appropriate for that condition.

Medical devices are not included in prescription coverage – those claims should be submitted to Medicare and then to CIGNA for payment. Allergy serum claims should be submitted directly to CIGNA for coverage under your health benefits.

Certain medications require that an appropriate diagnosis be submitted to ESI before they can be filled. Your physician can fax a request for prior authorization for these medications to ESI at (800) 357-9577. You and your physician can also contact ESI by phone or using the internet for a current listing of medications requiring prior authorization.

Your Share of the Cost of Outpatient Prescriptions:

There is no deductible or "doughnut hole coverage gap" that applies to this prescription plan.

- Local Pharmacy – 20% coinsurance per prescription
- Mail Order – \$15 copay for generic drugs; \$40 copay for any brand-name drug
- Prior Authorization or Step Therapy applies in some cases

ESI also provides a convenient mail-order service for maintenance medications. These are medications you are using, in the same strength, for greater than a three month period. Contact Express Scripts at (866) 344-2922 or go to www.express-scripts.com for more information on mail order service, for order forms, and for a determination of what your medication(s) will cost using mail order.

What is Step Therapy?

Step therapy is a program which encourages the use of lower cost generic medications for treatment of medical conditions which require regular use of medications. Some examples of medical conditions that step therapy focuses on are high blood pressure, high cholesterol, and gastrointestinal conditions. It helps you get an effective medication to treat your condition while keeping your costs as low as possible.

The next time your doctor writes a prescription for you, ask your doctor if a generic medication listed by your plan as a "front-line drug"¹ is right for you. It makes good sense to ask for these drugs because, for most everyone, they work as well as brand-name drugs – and they almost always cost less.

If you've already tried a front-line drug, or your doctor decides one of these drugs isn't appropriate for you, then your doctor can prescribe a "back-up drug."² Ask your doctor if one of the lower-cost brands (Step 2 drugs) listed by your plan is appropriate. In some cases, you may be required to try more than one first line drug. Remember, you can always get a higher-cost brand-name drug at a higher copayment if the front-line or Step 2 back-up drugs aren't right for you.

For a "Step Therapy Criteria Chart," go to http://www.bcps.org/benefits/pdf/Express-Scripts_Front-Line-Drugs_Retirees.pdf.

¹ The first step – are generic drugs proven to be safe, effective and affordable. These drugs should be tried first because they can provide the same health benefit as more expensive drugs, at a lower cost.

² Step 2 and 3 drugs – are brand-name drugs. There are lower-cost brand drugs (Step 2) and higher-cost brand drugs (Step 3). Back-up drugs typically cost more than front-line drugs.

Health Benefits Summary	Medicare Pays:	Baltimore County Public Schools CIGNA Medicare Surround Plan Pays:
<i>Inpatient Hospital/Facility Services</i>		
Room & Board (ICU/CCU (other special care units), and Ancillary Services (incl. nursery charges)	100% of the Medicare approved amount after inpatient deductible	100% of inpatient deductible day 1-60; The benefit will reduce to 80% after day 61 unless a new benefit period begins
Extended Care Facility/Skilled Nursing Care	Days 1–20: 100% of the Medicare approved amount; Days 21–100: 100% of the Medicare approved amount after per day deductible	Day 1-20: Medicare covers at 100% - no CIGNA payment is necessary; Day 21 – 100: 100% of the per day deductible; Days 101-120: 100% of the allowed benefit
<i>Inpatient Professional/Practitioner Services</i>		
Physician Surgical Services	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Anesthesia, Assistant Surgeon	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Consultation (including follow-visits) & Physician Visits (Includes ECF)	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Radiation Therapy, Chemotherapy, and Renal Dialysis	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
<i>Outpatient Hospital/Facility Services</i>		
Minor/All Surgery (includes hospital based and freestanding surgical centers)	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Preadmission Testing	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Radiation Therapy, Chemotherapy, and Renal Dialysis	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Physical & Speech Therapy	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Occupational Therapy	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Diagnostic Tests	80% of the Medicare approved amount after annual deductible. Note: Medicare pays 100% of the Medicare approved amount for clinical laboratory services.	100% of the balance due after Medicare including the Medicare deductible
<i>Outpatient/Office Professional Services</i>		
Minor/All Surgery	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Anesthesia, Assistant Surgeon	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Diagnostic Tests	80% of the Medicare approved amount after annual deductible. Note: Medicare pays 100% of the Medicare approved amount for clinical laboratory services.	100% of the balance due after Medicare including the Medicare deductible
Office Visit for Illness, Injury or consultation	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Allergy Tests	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Allergy and Other Covered Injections – administration of injections	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Physical therapy & Acupuncture	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Speech & Occupational Therapy	Speech therapy: 80% of the Medicare approved amount after annual deductible. Note: Occupational therapy limited to \$1,860 per year. Speech & physical therapy limited to \$1,860 per year.	80% of the balance due after Medicare including the Medicare deductible
<i>Preventive/Well Care (Routine)</i>		
Annual Adult Physicals, Immunizations and Diagnostic Tests: age 18 & older	100% of the Medicare approved amount. One "Welcome" visit within 12 months of becoming eligible for Medicare – A & B deductibles and coinsurance apply.	100% of the balance due after Medicare including the Medicare deductible
Annual GYN Services (includes pap smear) rendered in the office	100% of the Medicare approved amount after annual deductible. Note: Limited to one every two years and pap smear is not subject to annual deductible.	100% of the balance due after Medicare including the Medicare deductible
Mammography Screening (provider must be American College of Radiology [ACR] approved)	100% of the Medicare approved amount. Note: Limited to one screening annually after age 40.	100% of the balance due after Medicare including the Medicare deductible
Prostate Cancer Screening (including PSA test)	80% of the Medicare approved amount after annual deductible. Note: Limited to one exam annually after age 50 and PSA is not subject to coinsurance or deductible.	100% of the balance due after Medicare including the Medicare deductible

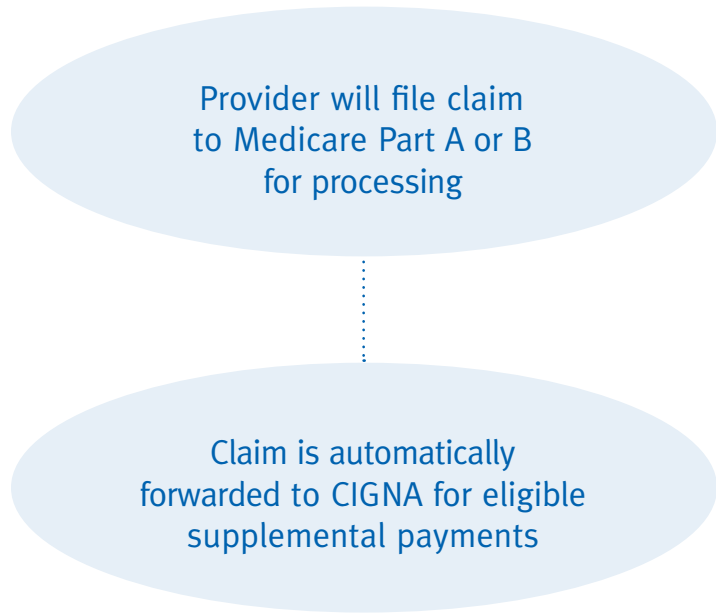
Health Benefits Summary	Medicare Pays:	Baltimore County Public Schools CIGNA Medicare Surround Plan Pays:
Emergency Care		
Accidental Injury/First Aid Medical Emergency or Life Threatening Event	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Follow-Up Visits to an Accidental Injury or Medical Emergency	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Ambulance		
<i>Ground (public or private)</i>	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Mental Health		
Inpatient Hospital/Facility and Professional Services	100% of the Medicare approved amount after inpatient deductible Note: Coverage limited to 190 lifetime days.	100% of the balance due after Medicare including the Medicare deductible
Outpatient Facility, Professional Services	55% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Prosthetic Devices & Orthopedic Braces		
Purchase, repair or replacement	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Durable Medical Equipment	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Medical Supplies	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Hearing Aids	Not covered	100% up to \$2800 every three years
Home Health Care		
Facility/Agency	100% of the Medicare approved amount	Medicare covers 100% of the Medicare allowed amount - no CIGNA payment necessary
Outpatient Private Duty Nursing (Non-custodial; pre-authorization required)	100% of the Medicare approved amount	Medicare covers 100% of the Medicare allowed amount - no CIGNA payment necessary
Hospice Care (Inpatient or At Home)	100% of the Medicare approved amount	Medicare covers 100% of the Medicare allowed amount - no CIGNA payment necessary
Cardiac Rehabilitation	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Organ Transplants		
Kidney, Cornea, Bone Marrow	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Heart, Heart-Lung, Single or Double Lung, Pancreas, and Liver	80% of the Medicare approved amount after annual deductible	100% of the balance due after Medicare including the Medicare deductible
Prescription Drugs		
Outpatient Prescription Drugs	Not covered	Coverage through Express Scripts (ESI)
Drugs dispensed by medical provider in office	80% of the Medicare approved amount after annual deductible	80% of the balance due after Medicare including the Medicare deductible
Routine Vision	Not covered	Not covered
Dental	Not covered	Not covered
Additional Information		
Deductible (Part A, Part B)	Verify with Medicare. Deductibles change yearly.	Not applicable
Out-of-Pocket Maximum	Not applicable	\$650
Lifetime Maximum	Not applicable	\$300,000 (applies to Part B expenses)

Note: This benefit matrix is intended for comparison/informational purposes and is not meant to be a binding contract. Specific benefit inquiries or quotes for benefits should be directed to the appropriate customer service department.

Note: CIGNA will pay up to the Medicare approved amount if the provider accepts Medicare assignment. CIGNA will not pay above the limiting amount if the doctor does not accept Medicare assignment.

How to File Medical Claims

Care Rendered in or outside of Maryland



- If the provider accepts Medicare assignment, Medicare and CIGNA payments are sent directly to the provider.
- If provider does NOT accept Medicare assignment, the Medicare and CIGNA payments are sent directly to you.
- You will receive:
 - 1) Medicare Explanation of Benefits
 - 2) CIGNA Explanation of Health Care Benefits

To find doctors who accept Medicare, or to learn more about Medicare benefits and services, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD users call 1-877-486-2048.

Understanding Your Medicare Explanation of Benefits

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Page 1 of 2
July 1, 2000

HCFIA
MEDICARE - MEDICAID
Health Care Financing Administration

Medicare Summary Notice

CUSTOMER SERVICE INFORMATION

Your Medicare Number:

If you have questions, write or call:
Medicare Part B
P.O. Box 5798
Timonium, MD 21094-5798

Toll-Free: 1-800-444-4606 MD
TTY for hearing impaired: 1-800-516-6684

HELP STOP FRAUD: Be informed - Read your Medicare Summary Notice.

This is a summary of claims processed from 06/07/2000 through 06/29/2000.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 02-00147-171-950 Johns Hopkins Bayview, Po Box 630748, Baltimore, MD 21263-0748 Dr. Christmas, Colleen M.D.						
	1 Office/outpatient visit, est (99213)	\$57.00	\$48.63	\$38.90	\$9.73	a
Claim number 02-00171-136-230 Johns Hopkins Bayview, Po Box 630748, Baltimore, MD 21263-0748 Dr. Christmas, Colleen M.D.						
	1 Office/outpatient visit, est (99213)	\$57.00	\$48.63	\$38.90	\$9.73	a

This is an Explanation of Benefits for a resident of Maryland.

You May Be Billed

You May Be Billed: This amount represents your deductible or coinsurance under Medicare. **Do not pay this amount to the provider at the time you receive this notice.** When you receive care in Maryland the claim will automatically be filed to CIGNA for review and payment of eligible supplemental plan benefits.

Medicare Approved

Medicare Approved: The amount Medicare approves for a certain service or supply. A provider who accepts Medicare assignment will accept this amount as payment in full. A provider who does not accept Medicare assignment can bill an additional 15% over this amount.

Medicare Paid Provider

Medicare Paid Provider: The amount of the payment made by Medicare directly to the provider of care.