

Summary of Medicare Carve Out Benefits



Under the Comprehensive benefits program, health care benefits are provided under one integrated program. These benefits include coverage for hospital services, physician services, and many other covered services. Most benefits are subject to deductible and coinsurance provisions which require you to share a portion of the medical costs. Below are specific benefit levels.

CenturyLink

Group #'s 16198-01/02/03

Effective 1/1/2010

Benefit	Coverage
Benefit Period ⁽¹⁾	Calendar Year
Deductible (per benefit period)	
Individual	None
Family	None
Plan Payment Level – Based on the provider's reasonable charge (PRC)	80%
Out-of-Pocket Maximums (Once met, plan payment level becomes 100%)	
Individual	\$1,500
Family	None
Lifetime Maximum (per person)	\$250,000
Primary Care Physician Office Visits	80%
Specialist Office Visits	80%
Preventive Care	
<i>Adult</i>	
Routine physical exams	100%
Adult Immunizations	100%
Routine gynecological exams, including a Pap Test	100%
Mammograms, annual routine and medically necessary	100%
<i>Pediatric</i>	
Routine physical exams	100%
Pediatric immunizations	100%
Emergency Room Services	80%
Urgent Care	80%
Spinal Manipulations	80%
	Limit: 20 visits per calendar year
Physical Medicine	80%
Speech Therapy	80%
Occupational Therapy	80%
Acupuncture	80%
	Limit: 20 visits per calendar year
Allergy Extracts and Injections	80%
Ambulance	80%
Assisted Fertilization Procedures	80%
	Limit: \$1,000 per calendar year; \$3,000 per lifetime combined with Assisted Fertilization and Infertility
Dental Services Related to Accidental Injury	80%
Diabetes Treatment	80%
Diagnostic Services (including routine)	80%
<i>Advanced Imaging</i> (MRI, CAT Scan, PET scan, etc.)	
<i>Basic Diagnostic Services</i> (standard imaging, diagnostic medical, lab/pathology, allergy testing)	80%
Durable Medical Equipment, Orthotics and Prosthetics	80%
Enteral Formulae	80%
Routine Foot Care	Not Covered
Hearing Care	80%
Routine Hearing Exam	80%
Hearing Aid	80%
(repairs not covered)	Limit : \$1,000 per Hearing Aid ; once every 36 months
Home Infusion Therapy	80%
Home Health Care	80%
	Limit: 120 visits per calendar year
Hospice	80%
	Limit: \$10,000 per lifetime
Hospital Services – Inpatient	80%

Benefit	Coverage
Hospital Services – Outpatient	80%
Infertility Counseling, Testing and Treatment	80% Limit: \$1,000 per calendar year; \$3,000 per lifetime; combined with Assisted Fertilization and Infertility
Maternity (facility & professional services)	80%
Medical/Surgical Expenses (except office visits)	80%
Mental Health – Inpatient	80%
Mental Health – Outpatient	80%
Private Duty Nursing	80%
Respiratory Therapy	80%
Skilled Nursing Facility Care	80% Limit: 120 days per calendar year
Substance Abuse	
Inpatient Detoxification	80%
Inpatient Rehabilitation	80%
Outpatient	80%
Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	80%
Transplant Services	80%

Questions? Call **1-800-215-7865** Reference Code: **P0401009**

(Please have your Reference Code ready when you call)

8am to 8 pm 7 days a week

(1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.