

**BLUE CROSS BLUE SHIELD OF NORTH DAKOTA  
NOTICE OF CHANGES IN MEDICARE AND YOUR  
NDPERS DAKOTA RETIREE PLAN FOR 2012**



An independent licensee of the Blue Cross & Blue Shield Association

The following chart briefly describes the modifications in Medicare and in your NDPERS Dakota Retiree Plan Coverage. **Please read this carefully!**

SERVICES	MEDICARE BENEFITS		YOUR SUPPLEMENT COVERAGE	
	Medicare Now Pays per Benefit Period	Effective January 1, 2012 Medicare will Pay	Your 2011 Coverage per Calendar Year	Effective January 1, 2012 Your Coverage will Pay
Medicare Part A Services and Supplies				
Inpatient Hospital Services	All but \$1,132 for first 60 days per Benefit Period.	All but \$1,156 for first 60 days per Benefit Period.	Pays \$1,132 Deductible.	Pays \$1,156 Deductible per Benefit Period.
Semi-Private Room & Board	All but \$283 a day for 61st – 90th days per Benefit Period.	All but \$289 for 61st – 90th days per Benefit Period.	Pays Coinsurance Amount of \$283 a day.	Pays Coinsurance Amount of \$289 a day.
Misc. Hospital Services & Supplies, such as Drugs, X-rays, Lab Tests and Operating Room	All but \$566 a day for 91st – 150th days (if individual chooses to use 60 nonrenewable lifetime reserve days).	All but \$578 a day for 91st – 150th days (if individual chooses to use 60 nonrenewable lifetime reserve days).	Pays Coinsurance Amount of \$566 a day for days 91 – 150. Once lifetime reserve days are used, pays 100% of Medicare eligible expenses for an additional 365 days.	Pays Coinsurance Amount of \$578 a day for days 91 – 150. Once lifetime reserve days are used, pays 100% of Medicare eligible expenses for an additional 365 days.
Blood	Pays all costs except nonreplacement fees for the first 3 pints of blood in each Calendar Year.	Pays all costs except nonreplacement fees for the first 3 pints of blood in each Calendar Year.	Pays the first 3 pints of blood per Calendar Year.	Pays the first 3 pints of blood per Calendar Year.
Skilled Nursing Services	100% of costs for first 20 days (after a 3-day prior hospital confinement) per Benefit Period.	100% of costs for first 20 days (after a 3-day prior hospital confinement) per Benefit Period.	\$0	\$0
	All but \$141.50 a day for 21st – 100th days per Benefit Period.	All but \$144.50 a day for 21st – 100th days per Benefit Period.	Up to \$141.50 a day.	Up to \$144.50 a day.
	Beyond 100 days - \$0	Beyond 100 days - \$0	Beyond 100 days - \$0	Beyond 100 days - \$0
Medicare Part B	Generally 80% of Allowed Charge (after \$162 Deductible) per Calendar Year.	Generally 80% of Allowed Charge (after \$140 Deductible) per Calendar Year.	Pays \$162 Deductible and generally 20% Coinsurance of the remaining Allowed Charge. Pays 100% of Part B Excess Charges (above Medicare approved amounts).	Pays \$140 Deductible and generally 20% Coinsurance of the remaining Allowed Charge. Pays 100% of Part B Excess Charges (above Medicare approved amounts).

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	Medicare Now Pays per Benefit Period	Effective January 1, 2012 Medicare will Pay	Your 2011 Coverage per Calendar Year	Effective January 1, 2012 Your Coverage will Pay
Prescription Drugs	Inpatient Prescription Drugs, 80% of Allowed Charge for immunosuppressive drugs following a covered transplant (after \$162 Deductible per Calendar Year).	Inpatient Prescription Drugs, 80% of Allowed Charge for immunosuppressive drugs following a covered transplant (after \$140 Deductible per Calendar Year).	Pays 20% Coinsurance of the remaining Allowed Charge.	Pays 20% Coinsurance of the remaining Allowed Charge.
Mammography Screening	80% of Allowed Charge (after \$162 Deductible) per Calendar Year. Payment is based on the lower of the actual charge or the applicable fee schedule amount.	80% of Allowed Charge (after \$140 Deductible) per Calendar Year. Payment is based on the lower of the actual charge or the applicable fee schedule amount.	Coinsurance Amount of 20% of Medicare Allowed Charge.	Coinsurance Amount of 20% of Medicare Allowed Charge.
Blood	80% of all costs except nonreplacement fees for the first 3 pints of blood in each Calendar Year (after \$162 Deductible per Calendar Year).	80% of all costs except nonreplacement fees for the first 3 pints of blood in each Calendar Year (after \$140 Deductible per Calendar Year).	Pays 20% and the first 3 pints of blood per Calendar Year.	Pays 20% and the first 3 pints of blood per Calendar Year.
Foreign Travel	\$0	\$0	Pays 80% of expenses which would have been covered by Medicare in the United States subject to a \$250 Deductible and a Lifetime maximum of \$50,000. Expenses must be incurred within first 60 days of travel.	Pays 80% of expenses which would have been covered by Medicare in the United States subject to a \$250 Deductible and a Lifetime maximum of \$50,000. Expenses must be incurred within first 60 days of travel.

This chart summarizes the changes in your Medicare benefits and in your NDPERS Dakota Reintree Plan provided by Blue Cross Blue Shield of North Dakota. For information on your Medicare benefits contact your Social Security Office. For information on your NDPERS Dakota Retiree Plan call the Blue Cross Blue Shield NDPERS Service Center toll-free 1-800-223-1704.