

MedicareBluePPOSM

Summary of Benefits

January 1, 2010 - December 31, 2010

Summary of Benefits

Section 1

Introduction to Summary of Benefits

Thank you for your interest in Medicare Blue PPO (PPO). Our plan is offered by HCSC INSURANCE SERVICES COMPANY/HISC/Blue Cross and Blue Shield of Oklahoma, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Medicare Blue PPO (PPO) and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Medicare Blue PPO (PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Medicare Blue PPO (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Medicare Blue PPO (PPO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS MEDICARE BLUE PPO AVAILABLE?

The service area for this plan includes: Canadian, Cleveland, Creek, Delaware, Grady, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Osage, Pawnee, Payne, Pottawatomie, Rogers, Sequoyah, Tulsa, Wagoner, Washington Counties, OK. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN MEDICARE BLUE PPO?

You can join Medicare Blue PPO (PPO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Medicare Blue PPO (PPO) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Medicare Blue PPO (PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list, visit us at <http://www.hisc.net/okmember/2009/provider.htm>. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out-of-network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out-of-network. For more information, please call the customer service number at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Medicare Blue PPO (PPO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Medicare Blue PPO (PPO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.ccok.com/rxformulary?BusUnit=07. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Medicare Blue PPO (PPO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.ccok.com/rxformulary?BusUnit=07.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Medicare Blue PPO (PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or services, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service, that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Oklahoma Foundation for Medical Quality, 1-405-840-2891.

As a member of Medicare Blue PPO (PPO) you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Oklahoma Foundation for Medical Quality, 1-405-840-2891.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Medicare Blue PPO(PPO) for more details.

WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Medicare Blue PPO. Get this information before you decide to enroll in this plan.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to the following types of drugs. Contact Medicare Blue PPO (PPO) for more details.

- Some Antigenes: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and infusion drugs provided through DME.

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.Medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-918-594-5323 or 1-800-642-8065 to obtain a copy of the plan ratings for this plan. TTY/TDD users call 1-800-722-0353 Monday - Sunday, 8 a.m. - 8 p.m., Central time.

PLEASE CALL BLUE CROSS AND BLUE SHIELD OF OKLAHOMA FOR MORE INFORMATION ABOUT MEDICARE BLUE PPO

Visit us at www.bcbsok.com or, call us:

Customer Service Hours: Monday - Sunday, 8 a.m. - 8 p.m., Central time.

Current members should call toll-free: (800) 642-8065 for questions related to the Medicare Advantage Program. (TTY/TDD (800) 722-0353)

Prospective members should call toll-free: (866) 303-BLUE (2583) for questions related to the Medicare Advantage Program. (TTY/TDD (800) 722-0353)

FOR MORE INFORMATION ABOUT MEDICARE,

please call Medicare at **1-800-MEDICARE** (1-800-633-4227).

TTY users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week. **Or**, visit www.medicare.gov on the web.

Please contact Medicare Blue PPO at 1-800-642-8065 if you need information in another format or language other than what is listed here: Spanish; Braille. TTY users should call 1-800-722-0353.

Our Customer Service hours are Monday - Sunday, 8 a.m. - 8 p.m., Central time.

Summary of Benefits - Section 2

If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
<p>IMPORTANT INFORMATION</p> <p>1. Premium and Other Important Information</p>	<p>Most Medicare beneficiaries will continue to pay the same \$96.40 Part B premium amount in 2010 and the yearly deductible amount is \$155.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>\$88.10 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	
<p>2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>\$2,500 out-of-pocket limit.</p> <p>All plan services included.</p> <p>No referral required for network doctors, specialists and hospitals.</p>	<p>\$500 yearly deductible. Contact the plan for services that apply.</p> <p>\$2,500 out-of-pocket limit.</p> <p>All plan services included.</p> <p>Plan covers you when you travel in the U.S.</p>
<p>INPATIENT CARE</p> <p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010 the amounts for each benefit period are: Days 1-60: \$1,100 deductible Days 61-90: \$275 per day Days 91-150: \$550 per lifetime reserve day.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p>	<p>For Medicare-covered hospital stays: Days: 1 - 5: \$100 copay per day Days 6 - 90: \$0 copay per day</p> <p>\$0 copay for each additional hospital day</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>30% of the cost for each hospital stay.</p>

Summary of Benefits

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Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
4. Inpatient Mental Health Care	<p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	
	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>For Medicare-covered hospital stays: Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>30% of the cost for each hospital stay.</p>
5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1-20: \$0 per day Days 21-100: \$137.50 per day</p>	<p>Authorization rules may apply.</p> <p>For Skilled Nursing Facility stays: Days 1 - 20: \$0 copay per day</p>	<p>Authorization rules may apply.</p> <p>30% of the cost per SNF day</p>

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)(<i>continued</i>)	<p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or Skilled Nursing Facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>Days 21 - 100: \$100 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	
6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	<p>Authorization rules may apply.</p> <p>\$0 copay for Medicare-covered home health visits.</p>	<p>Authorization rules may apply.</p> <p>30% for home health visits.</p>
7. Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>You must get care from a Medicare-certified hospice.</p>	<p>You must get care from a Medicare-certified hospice.</p>
OUTPATIENT CARE			
8. Doctor Office Visits	20% coinsurance	See “Physical Exams” for more information	See “Physical Exams” for more information

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Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
8. Doctor Office Visits <i>(continued)</i>		<p>\$20 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20-50 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$20 copay for each specialist visit for Medicare-covered benefits.</p>	<p>30% for each primary care doctor visit.</p> <p>30% for each specialist visit.</p>
9. Chiropractic Services	<p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>\$20 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part if you get it from a chiropractor or other qualified providers.</p>	<p>30% of the cost for chiropractic benefits.</p>
10. Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>\$20 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>30% of the cost for podiatry benefits.</p>
11. Outpatient Mental Health Care	<p>45% coinsurance for most outpatient mental health services.</p>	<p>\$40 copay for each Medicare-covered individual or group therapy visit.</p>	<p>30% of the cost for Mental Health benefits.</p> <p>30% of the cost for Mental Health benefits with a psychiatrist.</p>
12. Outpatient Substance Abuse Care	<p>20% coinsurance</p>	<p>\$40 copay for Medicare-covered individual or group visits.</p>	<p>30% of the cost for outpatient substance abuse benefits.</p>

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
13. Outpatient Services/Surgery	<p>20% coinsurance for the doctor.</p> <p>20% of outpatient facility charges.</p>	<p>\$150 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$150 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>30% of the cost for ambulatory surgical center benefits.</p> <p>30% of the cost for outpatient hospital facility benefits.</p>
14. Ambulance Services (medically necessary ambulance services)	20% coinsurance	\$100 copay for Medicare-covered ambulance benefits.	\$100 copay for ambulance benefits
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>20% coinsurance for the doctor</p> <p>20% of facility charge, or a set copay per emergency room visit.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>\$50 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	\$20 to \$50 copay for Medicare-covered urgently needed care visits.	\$20 to \$50 copay for Medicare-covered urgently needed care visits.

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Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
<p>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p> <p>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</p>	20% coinsurance	<p>20% of the cost for Medicare-covered Occupational Therapy visits.</p> <p>20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>30% of the cost for Occupational Therapy benefits.</p> <p>30% of the cost for Physical and/or Speech Language Therapy visits.</p>
<p>18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	20% coinsurance	<p>Authorization rules may apply.</p> <p>20% of the cost for Medicare-covered items.</p>	<p>Authorization rules may apply.</p> <p>30% of the cost for durable medical equipment.</p>
<p>19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	20% coinsurance	<p>Authorization rules may apply</p> <p>20% of the cost for Medicare-covered items.</p>	<p>Authorization rules may apply.</p> <p>30% of the cost for prosthetic devices.</p>
<p>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>0 to 20% of the cost for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>0 to 20% of the cost for Diabetes supplies.</p>	<p>30% of the cost for Diabetes self-monitoring training.</p> <p>30% of the cost for Nutrition Therapy for Diabetes.</p> <p>30% of the cost for Diabetes supplies.</p>

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
<p>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and X-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>Authorization rules may apply.</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - X-rays - diagnostic radiology services (not including X-rays) - therapeutic radiology services <p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$100 copay for Medicare-covered diagnostic procedures and tests.</p>	<p>Authorization rules may apply.</p> <p>30% of the cost for diagnostic procedures, tests, and lab services.</p> <p>30% of the cost for therapeutic radiology services.</p> <p>30% of the cost for outpatient X-rays.</p> <p>30% of the cost for diagnostic radiology services.</p>
<p>PREVENTIVE SERVICES</p>			
<p>22. Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>\$0 copay for Medicare-covered bone mass measurement.</p> <p>Separate Office Visit cost sharing of \$20 copay may apply</p>	<p>30% of the cost for Medicare-covered bone mass measurement.</p>
<p>23. Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>Authorization rules may apply.</p> <p>\$0 to \$100 copay for Medicare-covered colorectal screenings.</p>	<p>Authorization rules may apply.</p> <p>30% of the cost for colorectal screenings.</p>

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Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
<p>24. Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>20% coinsurance for Hepatitis B vaccine.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>Authorization rules may apply.</p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and Pneumonia vaccines.</p>	<p>Authorization rules may apply.</p> <p>30% of the cost for immunizations.</p>
<p>25. Mammograms (annual screening for women with Medicare age 40 and older)</p>	<p>20% coinsurance</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>\$0 copay for Medicare-covered screening mammograms.</p>	<p>30% of the cost for screening mammograms.</p>
<p>26. Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 copay for Pap smears.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams.</p>	<p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>Separate Office Visit cost-sharing of \$20 copay may apply.</p>	<p>30% of the cost for pap smears and pelvic exams.</p>
<p>27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>\$0 copay for Medicare-covered prostate cancer screening.</p> <p>Separate Office Visit cost-sharing of \$20 copay may apply.</p>	<p>30% of the cost for prostate cancer screening.</p>

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
28. End Stage Renal Disease	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>20% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>30% of the cost for Nutrition Therapy for End Stage Renal Disease.</p> <p>20% of the cost for renal dialysis.</p>
29. Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B 20% of the cost for Part B-covered chemotherapy drugs and other Part-B covered drugs.</p> <p>30% of the cost for Part B drugs out-of-network.</p> <p>Drugs covered under Medicare Part C 0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p> <p>Drugs covered under Medicare Part D This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.ccok.com/rxformulary?BusUnit=07 on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long-term care facilities, <p>or</p> <ul style="list-style-type: none"> -have access to Indian/Tribal/Urban (Indian Health Service). 	

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If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
29. Prescription Drugs <i>(continued)</i>		<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Medicare Blue PPO (PPO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Medicare Blue PPO (PPO) approves the exception, you will pay Non-Preferred Brand and Non-Preferred Generic cost-sharing for that drug.</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the</p>
		\$0 deductible	

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
29. Prescription Drugs <i>(continued)</i>			pharmacy's full charge for the drug and submit documentation to receive reimbursement from Medicare Blue PPO.
Initial Coverage		You pay the following until total yearly drug costs reach \$2,830:	You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830
Retail Pharmacy		Preferred Generic - \$8 copay for a one-month (30-day) supply of drugs in this tier - \$24 copay for a three-month (90-day) supply of drugs in this tier	Preferred Generic - \$8 copay for a one-month (30-day) supply of drugs in this tier
		Preferred Brand - \$34 copay for a one-month (30-day) supply of drugs in this tier - \$102 copay for a three-month (90 day) supply of drugs in this tier	Preferred Brand - \$34 copay for a one-month (30-day) supply of drugs in this tier
		Non-Preferred Brand and Non-Preferred Generic - \$64 copay for a one-month (30-day) supply of drugs in this tier - \$192 copay for a three-month (90-day) supply of drugs in this tier	Non-Preferred Brand and Non-Preferred Generic - \$64 copay for a one-month (30-day) supply of drugs in this tier
		Non-specialty injectables - 30% coinsurance for a one-month (30-day) supply of drugs in this tier	Non-specialty injectables - 30% coinsurance for a one-month (30-day) supply of drugs in this tier

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
Long-Term Care Pharmacy		<ul style="list-style-type: none"> - 30% coinsurance for a three-month (90-day) supply of drugs in this tier 	
		<p>Specialty drugs</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs in this tier - 30% coinsurance for a three-month (90-day) supply of drugs in this tier 	<p>Specialty drugs</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs in this tier
		<p>Preferred Generic</p> <ul style="list-style-type: none"> - \$8 copay for a one-month (31-day) supply of drugs in this tier 	
		<p>Preferred Brand</p> <ul style="list-style-type: none"> - \$34 copay for a one-month (31-day) supply of drugs in this tier 	
		<p>Non-Preferred Brand and Non-Preferred Generic</p> <ul style="list-style-type: none"> - \$64 copay for a one-month (31-day) supply of drugs in this tier 	
		<p>Non-specialty injectables</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (31-day) supply of drugs in this tier 	
		<p>Specialty drugs</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (31-day) supply of drugs in this tier 	
Mail Order		<p>Preferred Generic</p> <ul style="list-style-type: none"> - \$8 copay for a one-month (30-day) supply of drugs in this tier 	

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
		<ul style="list-style-type: none"> - \$24 copay for a three-month (90-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$34 copay for a one-month (30-day) supply of drugs in this tier <ul style="list-style-type: none"> - \$102 copay for a three-month (90-day) supply of drugs in this tier <p>Non-preferred Brand and Non-preferred Generic</p> <ul style="list-style-type: none"> - \$64 copay for a one-month (30-day) supply of drugs in this tier - \$192 copay for a three-month (90-day) supply of drugs in this tier <p>Non-specialty injectables</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs in this tier - 30% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Specialty drugs</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs in this tier - 30% coinsurance for a three-month (90-day) supply of drugs in this tier 	

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Medicare Blue PPO for details.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
Coverage Gap		After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.	After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Medicare Blue (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Medicare Blue (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.
Catastrophic Coverage		After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance 	After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance
30. Dental Services	Preventive dental services (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits. In general, preventive dental benefits (such as cleaning) not covered.	\$0 copay for comprehensive dental benefits.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
31. Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In general, routine hearing exams and hearing aids not covered.</p> <p>- \$20 copay for Medicare-covered diagnostic hearing exams.</p>	<p>30% of the cost for hearing exams.</p>
32. Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>Non-Medicare-covered eye exams and glasses not covered.</p> <p>- \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery</p> <p>- \$20 copay for exams to diagnose and treat diseases and conditions of the eye.</p>	<p>30% of the cost for eye exams.</p> <p>30% of the cost for eye wear.</p>
33. Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>\$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p>Separate Office Visit cost sharing of \$20 copay may apply.</p>	<p>30% of the cost for routine exams.</p>
34. Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or</p>	<p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Nutritional Training - Nursing Hotline 	<p>\$0 copay for health and wellness services.</p>

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
	are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	\$0 copay for each Medicare-covered smoking cessation counseling session.	
35. Transportation (Routine)	Not covered	This plan does not cover routine transportation.	
36. Acupuncture	Not covered.	This plan does not cover Acupuncture.	

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