

# MedicareBluePPO<sup>SM</sup> Basic

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## 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 Basic (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 Basic (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 Basic (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 join or leave a plan only at certain times. Please call Medicare Blue PPO Basic (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 Basic (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 BASIC 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 places to join the plan.

#### WHO IS ELIGIBLE TO JOIN MEDICARE BLUE PPO BASIC?

You can join Medicare Blue PPO Basic (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 Basic (PPO) unless they are members of our organization and have been since dialysis began.

#### CAN I CHOOSE MY DOCTORS?

Medicare Blue PPO Basic (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 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, 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 service, 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.**

## 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 Basic (PPO) does cover Medicare Part B prescription drugs. Medicare Blue PPO Basic (PPO) does NOT cover Medicare Part D prescription drugs.

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

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

- Some Antigens: 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 patient if the transplant was paid for by Medicare, or paid by a private insurance that paid as a 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](http://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**  
**Medicare Blue PPO Basic**  
**for more information about this plan.**

*Visit us* at [www.bcbsok.com](http://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 **(800) MEDICARE** (1-800-633-4227).  
TTY/TDD users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week. **Or**, visit [www.medicare.gov](http://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 Basic for details.

Benefit Category	Original Medicare	Medicare Blue PPO Basic	
		In-Network	Out-of-Network
<p><b>IMPORTANT INFORMATION</b></p> <p><b>1. Premium and Other Important Information</b></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>\$24.60 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	
<p><b>2. Doctor and Hospital Choice</b> (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 covered</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 covered</p> <p>Plan covers you when you travel in the U.S.</p>
<p><b>INPATIENT CARE</b></p> <p><b>3. Inpatient Hospital Care</b> (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>Lifetime reserve days can only be used once.</p>	<p>No referral required for network doctors, specialists and hospitals.</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>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>

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<b>4. Inpatient Mental Health Care</b>	<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>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>
<b>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</b>	<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 SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 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 Basic	
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<b>5. Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)( <i>continued</i> )	100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. 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.	Plan covers up to 100 days each benefit period. No prior hospital stay is required.	
<b>6. Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	Authorization rules may apply.  \$0 copay for Medicare-covered home health visits.	Authorization rules may apply.  30% for home health visits.
<b>7. Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	You must get care from a Medicare-certified hospice.	You must get care from a Medicare-certified hospice.
<b>OUTPATIENT CARE</b>			
<b>8. Doctor Office Visits</b>	20% coinsurance.	See "Physical Exams," for more information.  \$20 to copay for each primary care doctor visit for Medicare-covered benefits.	See "Physical Exams," for more information.  30% for each primary care doctor visit.

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Benefit Category	Original Medicare	Medicare Blue PPO Basic	
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<b>8. Doctor Office Visits</b> <i>(continued)</i>		\$20 to \$50 copay for each in-area, network urgent care Medicare-covered visit.  \$20 copay for each specialist visit for Medicare-covered benefits.	30% for each specialist visit.
<b>9. Chiropractic Services</b>	Routine care not covered.  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.	\$20 copay for each Medicare-covered visit.  Medicare-covered chiropractic visits are 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.	30% of the cost for chiropractic benefits.
<b>10. Podiatry Services</b>	Routine care not covered.  20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	\$20 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	30% of the cost for podiatry benefits.
<b>11. Outpatient Mental Health Care</b>	45% coinsurance for most outpatient mental health services.	\$40 copay for each Medicare-covered individual or group therapy visit.	30% of the cost for Mental Health benefits.  30% of the cost for Mental Health benefits with a psychiatrist.
<b>12. Outpatient Substance Abuse Care</b>	20% coinsurance.	\$40 copay for Medicare-covered individual or group visits.	30% of the cost for outpatient substance abuse benefits.

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<b>13. Outpatient Services/Surgery</b>	20% coinsurance for the doctor.	\$150 copay for each Medicare-covered ambulatory surgical center visit.	30% of the cost for ambulatory surgical center benefits.
	20% of outpatient facility charges.	\$150 copay for each Medicare-covered outpatient hospital facility visit.	30% of the cost for outpatient hospital facility benefits.
<b>14. Ambulance Services</b> (medically necessary ambulance services)	20% coinsurance.	\$100 copay for Medicare-covered ambulance benefits.	\$100 copay for ambulance benefits.
<b>15. Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor.	\$50 copay for Medicare-covered emergency room visits.	\$50 copay for Medicare-covered emergency room visits.
	20% of facility charge, or a set copay per emergency room visit.	Worldwide coverage.	Worldwide coverage.
	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.	If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit	If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit
<b>16. Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay.	\$20 to \$50 copay for Medicare-covered urgently needed care visits.	\$20 to \$50 copay for Medicare-covered urgently needed care visits.
	NOT covered outside the U.S. except under limited circumstances.		
<b>17. Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance.	20% of the cost for Medicare-covered Occupational Therapy visits.	30% of the cost for Occupational Therapy benefits.
		20% of the cost for Medicare-covered Physical and/or Speech /Language Therapy visits.	30% of the cost for Physical and/or Speech/ Language Therapy visits.

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<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>			
<b>18. Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance.	Authorization rules may apply.  20% of the cost for Medicare-covered items.	Authorization rules may apply.  30% of the cost for durable medical equipment.
<b>19. Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	Authorization rules may apply.  20% of the cost for Medicare-covered items.	Authorization rules may apply.  30% of the cost for prosthetic devices.
<b>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance.  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.	0% to 20% of the cost for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  0% to 20% of the cost for Diabetes supplies.	30% of the cost for Diabetes self-monitoring training.  30% of the cost for Nutrition Therapy for Diabetes.  30% of the cost for Diabetes supplies.
<b>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	20% coinsurance for diagnostic tests and x-rays.  \$0 copay for Medicare-covered lab services.  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	Authorization rules may apply.  \$0 copay for Medicare-covered: - X-rays - diagnostic radiology services (not including X-rays) - therapeutic radiology services  \$0 copay for Medicare-covered lab services.	Authorization rules may apply.  30% of the cost for diagnostic procedures, tests, and lab services.  30% of the cost for therapeutic radiology services.  30% of the cost for outpatient X-rays.

Benefit Category	Original Medicare	Medicare Blue PPO Basic	
		In-Network	Out-of-Network
<p><b>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b> <i>(continued)</i></p> <p><b>PREVENTIVE SERVICES</b></p>	<p>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>\$0 to \$100 copay for Medicare-covered diagnostic procedures and tests.</p>	<p>30% of the cost for diagnostic radiology services.</p>
<p><b>22. Bone Mass Measurement</b> (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><b>23. Colorectal Screening Exams</b> (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>
<p><b>24. Immunizations</b> (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>

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Benefit Category	Original Medicare	Medicare Blue PPO Basic	
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<p><b>25. Mammograms</b> (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><b>26. Pap Smears and Pelvic Exams</b> (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><b>27. Prostate Cancer Screening Exams</b> (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>
<p><b>28. End-Stage Renal Disease</b></p>	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal 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>

Benefit Category	Original Medicare	Medicare Blue PPO Basic	
		In-Network	Out-of-Network
<b>28. End-Stage Renal Disease</b> <i>(continued)</i>	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 dietician or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.		
<b>29. Prescription Drugs</b>	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>Drugs covered under Medicare Part B 20% of the cost for Part B-covered chemotherapy drugs and other Part B drugs.</p> <p>Drugs covered under Medicare Part D This plan does not offer prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B 30% of the cost for Part B drugs out-of-network.</p> <p>Drugs covered under Medicare Part D This plan does not offer prescription drug coverage.</p>
<b>30. Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p>\$0 copay for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>	\$0 copay for comprehensive - dental - benefits.
<b>31. Hearing Services</b>	<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>	30% of the cost for hearing exams.

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Benefit Category	Original Medicare	Medicare Blue PPO Basic	
		In-Network	Out-of-Network
<b>32. Vision Services</b>	<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</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after each cataract surgery</li> <li>- \$20 copay for exams to diagnose and treat diseases and conditions of the eye.</li> </ul>	<p>30% of the cost for eye exams.</p> <p>30% of the cost for eye wear.</p>
<b>33. Physical Exams</b>	<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>
<b>34. Health/Wellness Education</b>	<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 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.</p>	<p>This plan covers the following health/ wellness education benefits.</p> <ul style="list-style-type: none"> <li>- Nutritional Training</li> <li>- Nursing Hotline</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>\$0 copay for Health and Wellness Services</p>

Benefit Category	Original Medicare	Medicare Blue PPO Basic	
		In-Network	Out-of-Network
<b>35. Transportation</b> (Routine)	Not covered.	This plan does not cover routine transportation.	
<b>36. Acupuncture</b>	Not covered.	This plan does not cover Acupuncture.	

<sup>SM</sup>Service Mark of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

A Medicare Advantage plan offered by HCSC Insurance Services Company, an Independent Licensee of the Blue Cross and Blue Shield Association under contract H3709 with the Centers for Medicare and Medicaid Services.