

MedicareBluePPO<sup>SM</sup>

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## Summary of Benefits

January 1, 2009 - December 31, 2009

# MedicareBluePPO<sup>SM</sup>

## Summary of Benefits

### Section 1

#### Introduction to Summary of Benefits

Thank you for your interest in **Medicare Blue PPO**. Our plan is offered by HCSC Insurance Services Company/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 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. 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 at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY 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 are able to compare Medicare Blue 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 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 unless they are members of Medicare Blue PPO and have been since their dialysis began.

#### CAN I CHOOSE MY DOCTORS?

Medicare Blue 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/2008>. 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 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 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 <http://www.hisc.net/okmember/2008>. Our customer service number is listed at the end of this introduction.

## WHAT IS A PRESCRIPTION DRUG FORMULARY?

Medicare Blue 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 <http://www.hisc.net/okmember/2008>.

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?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Medicare Blue PPO, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## 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 90 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 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.

## WHAT IS A MEDICATION MANAGEMENT THERAPY (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 for more details.

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

Some outpatient prescription drugs may be covered under Medicare Part B. Most injectable drugs administered incident to a physician's service may be covered under Medicare Part B. These may include, but are not limited to the following types of drugs. Contact Medicare Blue 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 individuals 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.
- **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 48 hours after receiving chemotherapy.
- **Inhalation and infusion drugs** provided through DME, such as an infusion pump.

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

*Visit us* at [www.bcbsok.com](http://www.bcbsok.com) or, call us:

**Customer Service Hours:** Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. – 8 p.m. CST

**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 **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](http://www.medicare.gov) on the web. If you have special needs, this document may be available in other formats.

## 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><b>IMPORTANT INFORMATION</b></p> <p><b>1. Premium and Other Important Information</b></p>	<p>In 2009 the monthly Part B premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>\$63.10 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>\$2500 in-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit.</p>	<p>\$500 yearly deductible. Contact the plan for services that apply.</p> <p>\$2500 out-of-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit.</p> <p>Part D prescription drug benefits do not apply to the out-of-pocket maximum.</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>No referral required for network doctors, specialists and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>	
<p><b>INPATIENT CARE</b></p> <p><b>3. Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2008 the amounts for each benefit period were:            Days 1 - 60: \$1,024 deductible            Days 61 - 90: \$256 per day            Days 91 - 150: \$512 per lifetime reserve day</p> <p>These amounts will change for 2009.</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>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>3. Inpatient Hospital Care</b> (continued)	<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>		
<b>4. Inpatient Mental Health Care</b>	<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 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</b> (in a Medicare-certified skilled nursing facility)	<p>In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1–20: \$0 per day Days 21–100: \$128 per day</p> <p>These amounts will change for 2009.</p>	<p>Authorization rules may apply.</p> <p>For Skilled Nursing Facility stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day</p>	<p>Authorization rules may apply.</p> <p>For each Skilled Nursing Facility stay: 30% of the cost per Skilled Nursing Facility day.</p>

Benefit Category	Original Medicare	Medicare Blue PPO	
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<b>5. Skilled Nursing Facility</b> (continued)	<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>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	
<b>6. Home Health Care</b> (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>
<b>7. Hospice</b>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.</p>	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	<p>See “Physical Exams” for more information</p> <p>\$20 copay for each primary care doctor visit for Medicare-covered benefits.</p>	<p>See “Physical Exams” for more information</p> <p>30% for each primary care doctor visit.</p> <p>30% for each specialist visit.</p>

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<b>8. Doctor Office Visits</b> (continued)		\$20 copay for each in-area, network urgent care Medicare-covered visit.  \$20 copay for each specialist visit for Medicare-covered benefits.	
<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 Medicare-covered visits.  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.	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>	50% 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.
<b>13. Outpatient Services/Surgery</b>	20% coinsurance for the doctor.  20% of outpatient facility charges.	\$150 copay for each Medicare-covered ambulatory surgical center visit.	30% of the cost for ambulatory surgical center benefits.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
<b>13. Outpatient Services/Surgery</b> (continued)		\$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 Medicare-covered 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  20% of facility charge, or a set copay per emergency room visit.  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.  NOT covered outside the U.S. except under limited circumstances.	\$50 copay for Medicare-covered emergency room visits.  If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.	Worldwide coverage.  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  NOT covered outside the U.S. except under limited circumstances.	\$20 to \$50 copay for Medicare-covered urgently needed care visits.	\$20 to \$50 copay for Medicare-covered urgently needed care visits.
<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.  20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits.  Additional facility charges may apply.	30% of the cost for Occupational Therapy benefits.  30% of the cost for Physical and/or Speech Language Therapy visits.

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Benefit Category	Original Medicare	Medicare Blue PPO	
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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.	20% of the cost for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  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, and Lab 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).	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	
		In-Network	Out-of-Network
<b>21. Diagnostic Tests, X-Rays, and Lab Services</b> (continued)	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.	\$0 to \$100 copay for Medicare-covered diagnostic procedures and tests.	30% of the cost for diagnostic radiology services.
<b>PREVENTIVE SERVICES</b>			
<b>22. Bone Mass Measurement</b> (for people with Medicare who are at risk)	20% coinsurance  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	\$0 copay for Medicare-covered bone mass measurement.	30% of the cost for Medicare-covered bone mass measurement.
<b>23. Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	20% coinsurance  Covered when you are high risk or when you are age 50 and older.	Authorization rules may apply.  \$0 to \$100 copay for Medicare-covered colorectal screenings.	Authorization rules may apply.  30% of the cost for colorectal screenings.
<b>24. Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines.  20% coinsurance for Hepatitis B vaccine.  You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	Authorization rules may apply.  \$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for Flu and Pneumonia vaccines.	Authorization rules may apply.  30% of the cost for immunizations.

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<b>25. Mammograms</b> (annual screening for women with Medicare age 40 and older)	<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>	\$0 copay for Medicare-covered screening mammograms.	30% of the cost for screening mammograms.
<b>26. Pap Smears and Pelvic Exams</b> (for women with Medicare)	<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>	\$0 copay for Medicare-covered pap smears and pelvic exams.	30% of the cost for pap smears and pelvic exams.
<b>27. Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	<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>	\$0 copay for Medicare-covered prostate cancer screening.	30% of the cost for prostate cancer screening.
<b>28. End Stage Renal Disease</b>	<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.</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	
		In-Network	Out-of-Network
28. End-Stage Renal Disease (continued)	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.		
29. Prescription Drugs	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.		
Drugs covered under Medicare Part B		20% of the cost for Part B-covered drugs (not including Part B covered chemotherapy drugs).	
Drugs covered under Medicare Part C		20% of the cost for Part B-covered chemotherapy drugs.	
Drugs covered under Medicare Part D		20% of the cost for Part C-covered home infusion drugs (i.e., home infusion drugs that would otherwise be covered under Part D).	
		This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.ccok.com/rxformulary?BusUnit=07">www.ccok.com/rxformulary?BusUnit=07</a> on the web.	
		Different out-of-pocket costs may apply for people who: <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long-term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>	
		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	

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<p><b>29. Prescription Drugs</b> (continued)</p>		<p>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 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 <a href="http://Medicare.gov">Medicare.gov</a>.</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>	
		\$0 deductible	<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 pharmacy's full charge for the drug and submit</p>

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
Initial Coverage		You pay the following until total yearly drug costs reach \$2,700:	documentation to receive reimbursement from Medicare Blue PPO.  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 \$2,700:
Retail Pharmacy		<p>Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$7 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$21 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$33 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$99 copay for a three-month (90 day) supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand and Non-Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$63 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$189 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Non-specialty injectables</p> <ul style="list-style-type: none"> <li>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- 30% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul>	<p>Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$7 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$33 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand and Non-Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$63 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Non-specialty injectables</p> <ul style="list-style-type: none"> <li>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>Specialty drugs</p>

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Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
Long Term Care Pharmacy		Specialty drugs - 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	- 30% coinsurance for a one-month (30-day) supply of drugs in this tier
		Preferred Generic - \$7 copay for a one-month (31-day) supply of drugs in this tier	
		Preferred Brand - \$33 copay for a one-month (31-day) supply of drugs in this tier	
		Non-Preferred Brand and Non-Preferred Generic - \$63 copay for a one-month (31-day) supply of drugs in this tier	
		Non-specialty injectables - 30% coinsurance for a one-month (31-day) supply of drugs in this tier	
		Specialty drugs - 30% coinsurance for a one-month (31-day) supply of drugs in this tier	
Mail Order		Preferred Generic - \$7 copay for a one-month (30-day) supply of drugs in this tier - \$21 copay for a three-month (90-day) supply of drugs in this tier	
		Preferred Brand - \$33 copay for a one-month	

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
Coverage Gap		<p>(30-day) supply of drugs in this tier</p> <ul style="list-style-type: none"> <li>- \$99 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Non-preferred Brand and Non-preferred Generic</p> <ul style="list-style-type: none"> <li>- \$63 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$189 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Non-specialty injectables</p> <ul style="list-style-type: none"> <li>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- 30% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Specialty drugs</p> <ul style="list-style-type: none"> <li>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- 30% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>	<p>After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. 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</p>

## 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 (continued)			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 \$4,350, you pay the greater of: - a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance	After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: - a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance
<b>30. Dental Services</b>	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.	
<b>31. Hearing Services</b>	Routine hearing exams and hearing aids not covered.  20% coinsurance for diagnostic hearing exams.	In general, routine hearing exams and hearing aids not covered. - \$20 copay for Medicare-covered diagnostic hearing exams.	30% of the cost for hearing exams.
<b>32. Vision Services</b>	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.  Routine eye exams and glasses not covered.	Non-Medicare-covered eye exams and glasses not covered.  \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery	30% of the cost for eye exams.  30% of the cost for eye wear.

Benefit Category	Original Medicare	Medicare Blue PPO	
		In-Network	Out-of-Network
<b>32. Vision Services</b> (continued)	<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>	- \$20 copay for exams to diagnose and treat diseases and conditions of the eye.	
<b>33. Physical Exams</b>	<p>20% coinsurance for one exam within the first 12 months of your new Medi-care 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>	30% of the cost for routine exams.
<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>	
<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.	

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