

# Summary of Benefits for SmartValue Classic, Enhanced, Plus and Enhanced Plus

## Available in Nevada in Select Counties

Rocky Mountain Hospital and Medical Service, Inc. (RMHMS) has contracted with the Centers for Medicare and Medicaid Services (CMS) to offer the Medicare Advantage Private Fee for Service (PFFS) plans noted above or herein. RMHMS is the state-licensed, risk-bearing entity offering these plans. RMHMS has retained the services of its related companies and authorized agents/brokers/producers to provide administrative services and/or to make the PFFS plans available in this region.

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Si usted necesita asistencia en español para poder entender este documento, podrá requerirla sin costo alguno llamándonos gratis al número telefónico que se muestra en este material.



# Section 1

## Introduction to the Summary of Benefits for SmartValue Classic, Enhanced, Plus and Enhanced Plus

**January 1, 2008 - December 31, 2008**

**Thank you for your interest in SmartValue. Our plans are offered by Rocky Mountain Hospital and Medical Services, Inc., a Medicare Advantage Private Fee-for-Service organization. This Summary of Benefits tells you some features of our plans. 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 SmartValue 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 Advantage Private Fee-for-Service plan, like SmartValue. 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 SmartValue 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 can compare SmartValue 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 SmartValue Available?**

The service area for these plans includes: Carson City, Clark, Douglas, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine counties, NV. You must live in one of these areas to join the plan.

## Who Is Eligible to Join SmartValue?

You can join SmartValue 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 SmartValue unless they are members of our organization and have been since their dialysis began.

## Can I Choose My Doctors?

As a member of SmartValue, you can use any Medicare doctor, specialist, or hospital that accepts Medicare payment and accepts the terms, conditions and payment rate of the Anthem Blue Cross and Blue Shield plan. Anthem Blue Cross and Blue Shield has the right to determine if the service or treatment ordered by your health care provider is covered under the Anthem Blue Cross and Blue Shield plan.

## Does My Plan Cover Medicare Part B or Part D Drugs?

**SmartValue Plus** and **Enhanced Plus** do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

**SmartValue Classic** and **Enhanced** do cover Medicare Part B prescription drugs. **SmartValue Classic** and **Enhanced** do NOT cover Medicare Part D prescription drugs. As a member of **SmartValue Classic** or **Enhanced** you can receive prescription drug coverage by joining another Prescription Drug Plan. You can only join one Medicare Prescription Drug Plan.

## Where Can I Get My Prescriptions If I Join This Plan?

**SmartValue Plus** and **Enhanced Plus** have 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 current Pharmacy Network List or visit us at [www.anthem.com/medicare](http://www.anthem.com/medicare). Our

customer service number is listed at the end of this introduction.

Anthem Blue Cross and Blue Shield has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

## What Is a Prescription Drug Formulary?

**SmartValue Plus** and **Enhanced Plus** use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or 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.anthem.com/medicare](http://www.anthem.com/medicare).

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 **SmartValue Plus** and **Enhanced Plus**, 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 **SmartValue Plus** and **Enhanced Plus**, 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 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 **SmartValue Plus** or **Enhanced Plus** for more details.

## What Types of Drugs May Be Covered Under Medicare Part B?

Outpatient prescription drugs that may be covered under Medicare Part B include, but are not limited to, the following types of drugs. Contact **SmartValue Classic** or **Enhanced** 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 patients 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.

**Please call Anthem Blue Cross and Blue Shield for more information about this plan.**

Visit us at [www.anthem.com/medicare](http://www.anthem.com/medicare) or call us.

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

**For SmartValue Classic, Enhanced, Plus and Enhanced Plus Plans:**

**Current members** should call **1-888-445-8916** for questions related to the **Medicare Advantage** program (TTY/TDD: 1-800-425-5705).

**Prospective members** should call **1-877-831-3000** for questions related to the **Medicare Advantage** program (TTY/TDD: 1-800-297-1538).

**For SmartValue Plus and Enhanced Plus Plans:**

**Current members** should call **1-888-445-8916** for questions related to the **Medicare Part D Prescription Drug** program (TTY/TDD: 1-800-425-5705).

**Prospective members** should call **1-877-831-3000** for questions related to the **Medicare Part D Prescription Drug** program (TTY/TDD: 1-800-297-1538).

**For SmartValue Classic, Enhanced, Plus and Enhanced Plus Plans:**

**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](http://www.medicare.gov) on the web.

*If you have special needs, this document may be available in other formats.*

# Section 2

## Summary of Benefits for SmartValue

If you have any questions about this plan's benefits or costs,  
please contact Anthem Blue Cross and Blue Shield for details.

Benefit Category	Original Medicare	SmartValue Classic
<b><i>Important Information</i></b>		
<b>1. Premium and Other Important Information</b>	<p>You pay the Medicare Part B premium each month. (This amount is \$93.50 in 2007, and it may change in 2008.)</p> <p>Most people will pay the standard monthly Part B premium. However, some people will have to pay a higher premium because of their yearly income. For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b><i>General</i></b></p> <p>Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services.</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B Premium. (This amount is \$93.50 in 2007, and it may change in 2008.)</p> <p>Unless otherwise noted, out-of-network services not covered.</p>
<b>2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16)</b>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You may have to pay a separate copay for certain doctor office visits. You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p><i>See p. 30 for additional information about Doctor and Hospital Choice.</i></p>
<b><i>Inpatient Care</i></b>		
<b>3. Inpatient Hospital Care</b>	<p>For each benefit period<sup>3</sup>:</p> <ul style="list-style-type: none"> <li>■ Days 1 - 60: an initial deductible of \$992 in 2007</li> </ul>	<p><b><i>General</i></b></p> <p>You must notify the plan if you plan to be admitted to the hospital.</p>

<sup>3</sup> A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period 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.

SmartValue Enhanced	SmartValue Plus	SmartValue Enhanced Plus
<p><b>General</b></p> <p>Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services.</p> <p>\$29 monthly plan premium in addition to your monthly Medicare Part B Premium. (This amount is \$93.50 in 2007, and it may change in 2008.)</p> <p>Unless otherwise noted, out-of-network services not covered.</p>	<p><b>General</b></p> <p>Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services.</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B Premium. (This amount is \$93.50 in 2007, and it may change in 2008.)</p> <p>Unless otherwise noted, out-of-network services not covered.</p>	<p><b>General</b></p> <p>Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services.</p> <p>\$62 monthly plan premium in addition to your monthly Medicare Part B Premium. (This amount is \$93.50 in 2007, and it may change in 2008.)</p> <p>Unless otherwise noted, out-of-network services not covered.</p>
<p>You may have to pay a separate copay for certain doctor office visits. You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p><i>See p. 30 for additional information about Doctor and Hospital Choice.</i></p>	<p>You may have to pay a separate copay for certain doctor office visits. You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p><i>See p. 30 for additional information about Doctor and Hospital Choice.</i></p>	<p>You may have to pay a separate copay for certain doctor office visits. You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p><i>See p. 30 for additional information about Doctor and Hospital Choice.</i></p>
<p><b>General</b></p> <p>You must notify the plan if you plan to be admitted to the hospital.</p>	<p><b>General</b></p> <p>You must notify the plan if you plan to be admitted to the hospital.</p>	<p><b>General</b></p> <p>You must notify the plan if you plan to be admitted to the hospital.</p>

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>SmartValue Classic</b>
<b>(includes Substance Abuse and Rehabilitation Services)</b>	<ul style="list-style-type: none"> <li>■ Days 61 - 90: \$248 per day in 2007</li> <li>■ Days 91 - 150: \$496 per lifetime reserve day in 2007</li> </ul> <p>These amounts may change in 2008.</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days<sup>4</sup>.</p> <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>If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> <li>■ Days 1 - 5: \$150 copay per day</li> <li>■ Days 6 - 90: \$0 copay per day</li> </ul> <p>\$0 copay for additional hospital days</p> <p>\$750 out-of-pocket limit every year.</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>
<b>4. Inpatient Mental Health Care</b>	<p>Same deductible and copay as inpatient hospital care (See “Inpatient Hospital Care” above.) 190-day limit in a Psychiatric Hospital.</p>	<p>\$500 copay for each Medicare-covered hospital stay</p> <p>You must notify the plan if you plan to be admitted to the hospital. If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>\$500 out-of-pocket limit every stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>
<b>5. Skilled Nursing Facility (in a Medicare-certified Skilled Nursing Facility)</b>	<p>For each benefit period<sup>3</sup> after at least a 3-day covered hospital stay:</p> <ul style="list-style-type: none"> <li>■ Days 1 - 20: \$0 per day in 2007</li> <li>■ Days 21 - 100: \$124 per day in 2007</li> </ul>	<p>For SNF stays:</p> <ul style="list-style-type: none"> <li>■ Days 1 - 20: \$0 copay per day</li> <li>■ Days 21 - 100: \$50 copay per day</li> </ul>

<sup>3</sup> A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period 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.

<sup>4</sup> Lifetime reserve days can only be used once.

SmartValue Enhanced	SmartValue Plus	SmartValue Enhanced Plus
<p>If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>\$100 copay for each Medicare-covered hospital stay</p> <p>\$0 copay for additional hospital days</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>If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> <li>■ Days 1 - 5: \$200 copay per day</li> <li>■ Days 6 - 90: \$0 copay per day</li> </ul> <p>\$0 copay for additional hospital days</p> <p>\$1,000 out-of-pocket limit every year.</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>If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>\$100 copay for each Medicare-covered hospital stay</p> <p>\$0 copay for additional hospital days</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>\$100 copay for each Medicare-covered hospital stay</p> <p>You must notify the plan if you plan to be admitted to the hospital. If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p>\$900 copay for each Medicare-covered hospital stay</p> <p>You must notify the plan if you plan to be admitted to the hospital. If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>\$900 out-of-pocket limit every stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p>\$100 copay for each Medicare-covered hospital stay</p> <p>You must notify the plan if you plan to be admitted to the hospital. If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>
<p>For SNF stays:</p> <ul style="list-style-type: none"> <li>■ Days 1 - 20: \$0 copay per day</li> <li>■ Days 21 - 100: \$50 copay per day</li> </ul>	<p>For SNF stays:</p> <ul style="list-style-type: none"> <li>■ Days 1 - 20: \$0 copay per day</li> <li>■ Days 21 - 100: \$100 copay per day</li> </ul>	<p>For SNF stays:</p> <ul style="list-style-type: none"> <li>■ Days 1 - 20: \$0 copay per day</li> <li>■ Days 21 - 100: \$50 copay per day</li> </ul>

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>SmartValue Classic</b>
	<p>These amounts may change in 2008.</p> <p>100 days for each benefit period</p> <p>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.</p> <p>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>You must notify the plan if you plan to be admitted to the hospital. If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>100 days covered for each benefit period</p> <p>No prior hospital stay is required.</p>
<p><b>6. Home Health Care</b></p> <p><b>(includes medically necessary, intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</b></p>	<p>\$0 copay</p>	<p>15% of the cost for each Medicare-covered home health visit.</p>
<p><b>7. Hospice</b></p>	<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><b><i>Outpatient Care</i></b></p>		
<p><b>8. Doctor Office Visits</b></p>	<p>20% coinsurance<sup>1,2</sup></p>	<p><b><i>General</i></b></p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment. See “Routine Physical Exams” for more information.</p> <p>\$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$15 copay for each specialist visit for Medicare-covered benefits.</p> <p><i>See p. 30 for additional information about Doctor Office Visits.</i></p>

<sup>1</sup> Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

<b>SmartValue Enhanced</b>	<b>SmartValue Plus</b>	<b>SmartValue Enhanced Plus</b>
<p>You must notify the plan if you plan to be admitted to the hospital. If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>100 days covered for each benefit period</p> <p>No prior hospital stay is required.</p>	<p>You must notify the plan if you plan to be admitted to the hospital. If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>100 days covered for each benefit period</p> <p>No prior hospital stay is required.</p>	<p>You must notify the plan if you plan to be admitted to the hospital. If you don't notify the plan, you will have to pay \$50.00 each day, up to a maximum of \$500.00 per admission.</p> <p>100 days covered for each benefit period</p> <p>No prior hospital stay is required.</p>
<p>\$0 copay for Medicare-covered home health visits.</p>	<p>15% of the cost for each Medicare-covered home health visit.</p>	<p>\$0 copay for Medicare-covered home health visits.</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>
<p><b>General</b></p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment. See "Routine Physical Exams" for more information.</p> <p>\$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10 copay for each specialist visit for Medicare-covered benefits.</p> <p><i>See p. 30 for additional information about Doctor Office Visits.</i></p>	<p><b>General</b></p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment. See "Routine Physical Exams" for more information.</p> <p>\$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p> <p><i>See p. 30 for additional information about Doctor Office Visits.</i></p>	<p><b>General</b></p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment. See "Routine Physical Exams" for more information.</p> <p>\$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10 copay for each specialist visit for Medicare-covered benefits.</p> <p><i>See p. 30 for additional information about Doctor Office Visits.</i></p>

Benefit Category	Original Medicare	SmartValue Classic
<b>9. Chiropractic Services</b>	20% coinsurance Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider.	\$15 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.
<b>10. Podiatry Services</b>	20% coinsurance <sup>1,2</sup> Routine care not covered 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	\$15 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.
<b>11. Outpatient Mental Health Care</b>	50% coinsurance for most outpatient mental health services <sup>1,2</sup>	50% of the cost for each Medicare-covered individual or group therapy visit.
<b>12. Outpatient Substance Abuse Care</b>	20% coinsurance <sup>1,2</sup>	\$15 copay for Medicare-covered individual or group visits.
<b>13. Outpatient Services/Surgery</b>	20% coinsurance for the doctor <sup>1,2</sup> 20% of outpatient facility <sup>1,2</sup>	<b>General</b> Authorization rules may apply. \$100 copay for each Medicare-covered ambulatory surgical center visit. \$15 to \$150 copay for each Medicare-covered outpatient hospital facility visit. <i>See p. 30 for additional information about Outpatient Services/Surgery.</i>
<b>14. Ambulance Services</b>  <b>(medically necessary ambulance services)</b>	20% coinsurance <sup>1,2</sup>	\$100 copay for Medicare-covered ambulance benefits. <i>See p. 30 for additional information about Ambulance Services.</i>

<sup>1</sup> Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

<b>SmartValue Enhanced</b>	<b>SmartValue Plus</b>	<b>SmartValue Enhanced Plus</b>
<p>\$10 copay for Medicare-covered visits.</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.</p>	<p>\$30 copay for Medicare-covered visits.</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.</p>	<p>\$10 copay for Medicare-covered visits.</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.</p>
<p>\$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p>	<p>\$30 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p>	<p>\$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p>
<p>50% of the cost for each Medicare-covered individual or group therapy visit.</p>	<p>50% of the cost for each Medicare-covered individual or group therapy visit.</p>	<p>50% of the cost for each Medicare-covered individual or group therapy visit.</p>
<p>\$10 copay for Medicare-covered individual or group visits.</p>	<p>\$30 copay for Medicare-covered individual or group visits.</p>	<p>\$10 copay for Medicare-covered individual or group visits.</p>
<p><b>General</b></p> <p>Authorization rules may apply.</p> <p>\$50 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$10 to \$50 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><i>See p. 30 for additional information about Outpatient Services/Surgery.</i></p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p>\$100 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$30 to \$200 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><i>See p. 30 for additional information about Outpatient Services/Surgery.</i></p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p>\$50 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$10 to \$50 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><i>See p. 30 for additional information about Outpatient Services/Surgery.</i></p>
<p>\$50 copay for Medicare-covered ambulance benefits.</p> <p><i>See p. 30 for additional information about Ambulance Services.</i></p>	<p>\$150 copay for Medicare-covered ambulance benefits.</p> <p><i>See p. 30 for additional information about Ambulance Services.</i></p>	<p>\$50 copay for Medicare-covered ambulance benefits.</p> <p><i>See p. 30 for additional information about Ambulance Services.</i></p>

Benefit Category	Original Medicare	SmartValue Classic
<p><b>15. Emergency Care</b></p> <p><b>(You may go to any emergency room if you reasonably believe you need emergency care.)</b></p>	<p>20% coinsurance for the doctor<sup>1,2</sup></p> <p>20% of facility charge or a set copay per emergency room visit<sup>1,2</sup></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 72 hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p><i>See p. 30 for additional information about Emergency Care.</i></p>
<p><b>16. Urgently Needed Care</b></p> <p><b>(This is NOT emergency care, and in most cases, is out of the service area.)</b></p>	<p>20% coinsurance or a set copay<sup>1,2</sup></p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b></p> <p>\$15 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 72 hour(s) for the same condition: \$0 for the urgent-care visit.</p>
<p><b>17. Outpatient Rehabilitation Services</b></p> <p><b>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</b></p>	<p>20% coinsurance<sup>1,2</sup></p>	<p>\$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>

***Outpatient Medical Services And Supplies***

<p><b>18. Durable Medical Equipment</b></p> <p><b>(includes wheelchairs, oxygen, etc.)</b></p>	<p>20% coinsurance<sup>1,2</sup></p>	<p><b>General</b></p> <p>If you buy equipment or a device that costs more than \$750.00, you must notify the plan. If you don't notify the plan, you will have to pay 70% of the bill.</p> <p>30% of the cost for Medicare-covered items.</p> <p><i>See p. 30 for additional information about Durable Medical Equipment.</i></p>
<p><b>19. Prosthetic Devices</b></p> <p><b>(includes braces, artificial limbs and eyes, etc.)</b></p>	<p>20% coinsurance<sup>1,2</sup></p>	<p><b>General</b></p> <p>If you buy equipment or a device that costs more than \$750.00, you</p>

<sup>1</sup> Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

SmartValue Enhanced	SmartValue Plus	SmartValue Enhanced Plus
<p>\$25 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 72 hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p><i>See p. 30 for additional information about Emergency Care.</i></p>	<p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 72 hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p><i>See p. 30 for additional information about Emergency Care.</i></p>	<p>\$25 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 72 hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p><i>See p. 30 for additional information about Emergency Care.</i></p>
<p><b>General</b></p> <p>\$10 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 72 hour(s) for the same condition: \$0 for the urgent-care visit.</p>	<p><b>General</b></p> <p>\$15 to \$30 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 72 hour(s) for the same condition: \$0 for the urgent-care visit.</p>	<p><b>General</b></p> <p>\$10 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 72 hour(s) for the same condition: \$0 for the urgent-care visit.</p>
<p>\$10 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>\$30 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>\$10 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>
<p><b>General</b></p> <p>If you buy equipment or a device that costs more than \$750.00, you must notify the plan. If you don't notify the plan, you will have to pay 70% of the bill.</p> <p>20% of the cost for Medicare-covered items.</p> <p><i>See p. 30 for additional information about Durable Medical Equipment.</i></p>	<p><b>General</b></p> <p>If you buy equipment or a device that costs more than \$750.00, you must notify the plan. If you don't notify the plan, you will have to pay 70% of the bill.</p> <p>30% of the cost for Medicare-covered items.</p> <p><i>See p. 30 for additional information about Durable Medical Equipment.</i></p>	<p><b>General</b></p> <p>If you buy equipment or a device that costs more than \$750.00, you must notify the plan. If you don't notify the plan, you will have to pay 70% of the bill.</p> <p>20% of the cost for Medicare-covered items.</p> <p><i>See p. 30 for additional information about Durable Medical Equipment.</i></p>
<p><b>General</b></p> <p>If you buy equipment or a device that costs more than \$750.00, you</p>	<p><b>General</b></p> <p>If you buy equipment or a device that costs more than \$750.00, you</p>	<p><b>General</b></p> <p>If you buy equipment or a device that costs more than \$750.00, you</p>

Benefit Category	Original Medicare	SmartValue Classic
		<p>must notify the plan. If you don't notify the plan, you will have to pay 70% of the bill.</p> <p>30% of the cost for Medicare-covered items.</p> <p><i>See p. 30 for additional information about Prosthetic Devices.</i></p>
<p><b>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b></p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance<sup>1,2</sup></p>	<p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$15 copay (or 30% of the cost) for Diabetes supplies.</p> <p><i>See p. 31 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies.</i></p>
<p><b>21. Diagnostic Tests, X-Rays, and Lab Services</b></p>	<p>20% coinsurance for diagnostic tests and x-rays<sup>1,2</sup></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>\$10 copay for Medicare-covered lab services.</p> <p>\$10 to \$35 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$15 to \$35 copay for Medicare-covered X-rays.</p> <p>\$15 to \$35 copay for Medicare-covered diagnostic radiology services.</p> <p>\$15 to \$35 copay for Medicare-covered therapeutic radiology services.</p> <p><i>See p. 31 for additional information about Diagnostic Tests, X-Rays and Lab Services.</i></p>
<b>Preventive Services</b>		
<p><b>22. Bone Mass Measurement</b></p> <p>(for people with Medicare who are at risk)</p>	<p>20% coinsurance<sup>1,2</sup></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>

<sup>1</sup> Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

SmartValue Enhanced	SmartValue Plus	SmartValue Enhanced Plus
<p>must notify the plan. If you don't notify the plan, you will have to pay 70% of the bill.</p> <p>20% of the cost for Medicare-covered items.</p> <p><i>See p. 30 for additional information about Prosthetic Devices.</i></p>	<p>must notify the plan. If you don't notify the plan, you will have to pay 70% of the bill.</p> <p>30% of the cost for Medicare-covered items.</p> <p><i>See p. 30 for additional information about Prosthetic Devices.</i></p>	<p>must notify the plan. If you don't notify the plan, you will have to pay 70% of the bill.</p> <p>20% of the cost for Medicare-covered items.</p> <p><i>See p. 30 for additional information about Prosthetic Devices.</i></p>
<p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$10 copay (or 20% of the cost) for Diabetes supplies.</p> <p><i>See p. 31 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies.</i></p>	<p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$30 copay (or 30% of the cost) for Diabetes supplies.</p> <p><i>See p. 31 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies.</i></p>	<p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$10 copay (or 20% of the cost) for Diabetes supplies.</p> <p><i>See p. 31 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies.</i></p>
<p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$35 copay for Medicare-covered X-rays.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 to \$35 copay for Medicare-covered therapeutic radiology services.</p> <p><i>See p. 31 for additional information about Diagnostic Tests, X-Rays and Lab Services.</i></p>	<p>\$20 copay for Medicare-covered lab services.</p> <p>\$20 to \$35 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$30 to \$35 copay for Medicare-covered X-rays.</p> <p>\$30 to \$35 copay for Medicare-covered diagnostic radiology services.</p> <p>\$30 to \$35 copay for Medicare-covered therapeutic radiology services.</p> <p><i>See p. 31 for additional information about Diagnostic Tests, X-Rays and Lab Services.</i></p>	<p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$35 copay for Medicare-covered X-rays.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 to \$35 copay for Medicare-covered therapeutic radiology services.</p> <p><i>See p. 31 for additional information about Diagnostic Tests, X-Rays and Lab Services.</i></p>
<p>\$0 copay for Medicare-covered bone mass measurement.</p>	<p>\$0 copay for Medicare-covered bone mass measurement.</p>	<p>\$0 copay for Medicare-covered bone mass measurement.</p>

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>SmartValue Classic</b>
<b>23. Colorectal Screening Exams</b>  <b>(for people with Medicare age 50 and older)</b>	20% coinsurance <sup>1,2</sup> Covered when you are high risk or when you are age 50 and older	\$0 copay for Medicare-covered colorectal screenings.
<b>24. Immunizations</b>  <b>(Flu vaccine, Hepatitis B Vaccine – for people with Medicare who are at risk, Pneumonia Vaccine)</b>	\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine <sup>1,2</sup> You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.
<b>25. Mammograms (Annual Screening)</b>  <b>(for women with Medicare age 40 and older)</b>	20% coinsurance <sup>2</sup> No referral needed 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	\$0 copay for Medicare-covered screening mammograms.
<b>26. Pap Smears and Pelvic Exams</b>  <b>(for women with Medicare)</b>	\$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk 20% coinsurance for Pelvic Exams	\$0 copay for Medicare-covered Pap smears and pelvic exams.
<b>27. Prostate Cancer Screening Exams</b>  <b>(for men with Medicare age 50 and older)</b>	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	\$0 copay for Medicare-covered prostate cancer screening.
<b>28. ESRD</b>	20% coinsurance for dialysis <sup>1,2</sup>	\$25 copay for in- and out-of-area dialysis \$0 copay for Nutrition Therapy for Renal Disease

<sup>1</sup> Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

<b>SmartValue Enhanced</b>	<b>SmartValue Plus</b>	<b>SmartValue Enhanced Plus</b>
\$0 copay for Medicare-covered colorectal screenings.	\$0 copay for Medicare-covered colorectal screenings.	\$0 copay for Medicare-covered colorectal screenings.
\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.
\$0 copay for Medicare-covered screening mammogram	\$0 copay for Medicare-covered screening mammograms.	\$0 copay for Medicare-covered screening mammograms.
\$0 copay for Medicare-covered Pap smears and pelvic exams.	\$0 copay for Medicare-covered Pap smears and pelvic exams.	\$0 copay for Medicare-covered Pap smears and pelvic exams.
\$0 copay for Medicare-covered prostate cancer screening.	\$0 copay for Medicare-covered prostate cancer screening.	\$0 copay for Medicare-covered prostate cancer screening.
\$10 copay for in- and out-of-area dialysis \$0 copay for Nutrition Therapy for Renal Disease	\$25 copay for in- and out-of-area dialysis \$0 copay for Nutrition Therapy for Renal Disease	\$10 copay for in- and out-of-area dialysis \$0 copay for Nutrition Therapy for Renal Disease

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>SmartValue Classic</b>
<b>29. Prescription Drugs</b>	<p>Most drugs not covered (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)</p>	<p><b>Drugs Covered Under Medicare Part B</b></p> <p><i>General</i></p> <p>Most drugs not covered. 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 20% of the cost for Part B-covered chemotherapy drugs.</p> <p><b>Drugs Covered Under Medicare Part D</b></p> <p><i>General</i></p> <p>This plan does not offer prescription drug coverage.</p>

SmartValue Enhanced	SmartValue Plus	SmartValue Enhanced Plus
<p><b>Drugs Covered Under Medicare Part B</b></p> <p><i>General</i> Most drugs not covered.</p> <p><b>Drugs Covered Under Medicare Part D</b></p> <p><i>General</i> This plan does not offer prescription drug coverage.</p>	<p><b>Drugs Covered Under Medicare Part B</b></p> <p><i>General</i> 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 20% of the cost for Part B-covered chemotherapy drugs.</p> <p><b>Drugs Covered Under Medicare Part D</b></p> <p><i>General</i> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.anthem.com/medicare">www.anthem.com/medicare</a> on the web. Different out-of-pocket costs may apply for people who</p> <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> <p>The plan offers national in-network prescription coverage. This means that you will pay the same 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). Total yearly drug costs are the total drug costs paid by both you and the plan. Some drugs have quantity limits. Your provider must get prior authorization from SmartValue Plus for certain drugs. If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount. \$0 deductible.</p>	<p><b>Drugs Covered Under Medicare Part D</b></p> <p><i>General</i> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.anthem.com/medicare">www.anthem.com/medicare</a> on the web. Different out-of-pocket costs may apply for people who</p> <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> <p>The plan offers national in-network prescription coverage. This means that you will pay the same 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). Total yearly drug costs are the total drug costs paid by both you and the plan. Some drugs have quantity limits. Your provider must get prior authorization from SmartValue Enhanced Plus for certain drugs. If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount. \$0 deductible. Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Retail Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (30-day) supply of drugs</li> </ul>

Benefit Category	Original Medicare	SmartValue Classic
<b>29. Prescription Drugs</b> <i>(continued)</i>		

SmartValue Enhanced	SmartValue Plus	SmartValue Enhanced Plus
	<p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Retail Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (30-day) supply of drugs</li> <li>■ \$24 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (30-day) supply of drugs</li> <li>■ \$90 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$64 copay for a one-month (30-day) supply of drugs</li> <li>■ \$192 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for one-month (30-day) supply of drugs</li> <li>■ 33% coinsurance for a three-month (90-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$64 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (34-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (34-day) supply of drugs</li> </ul> <p><b>Mail Order</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$12 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>■ \$24 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (30-day) supply of drugs</li> <li>■ \$90 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$64 copay for a one-month (30-day) supply of drugs</li> <li>■ \$192 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (30-day) supply of drugs</li> <li>■ 33% coinsurance for a three-month (90-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$64 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (34-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (34-day) supply of drugs</li> </ul> <p><b>Mail Order</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$12 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> </ul>

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>SmartValue Classic</b>
<b>29. Prescription Drugs</b> <i>(continued)</i>		

SmartValue Enhanced	SmartValue Plus	SmartValue Enhanced Plus
	<p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>33% coinsurance for a one-month (34-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>33% coinsurance for a one-month (34-day) supply of drugs</li> </ul> <p><b>Mail Order</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>\$12 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>\$24 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>\$75 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>\$90 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>\$160 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>\$192 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>33% coinsurance for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>33% coinsurance for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>33% coinsurance for a one-month (30-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>33% coinsurance for a one-month (30-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>\$24 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>\$75 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>\$90 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>\$160 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>\$192 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>33% coinsurance for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>33% coinsurance for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>33% coinsurance for a one-month (30-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>33% coinsurance for a one-month (30-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Coverage Gap</b></p> <p>You pay the following:</p> <p>The plan covers only select Generics through the gap.</p> <p><b>Retail Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>\$8 copay for a one-month (30-day) supply of drugs</li> </ul>

Benefit Category	Original Medicare	SmartValue Classic
<b>29. Prescription Drugs</b> <i>(continued)</i>		

SmartValue Enhanced	SmartValue Plus	SmartValue Enhanced Plus
	<ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (30-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Coverage Gap</b> You pay the following: The plan covers only select Generics through the gap.</p> <p><b>Retail Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (30-day) supply of drugs</li> <li>■ \$24 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Mail Order</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$12 copay for a three-month (90-day) supply of drugs from a preferred mail order</li> <li>■ \$24 copay for a three-month (90-day) supply of drugs from a non-preferred mail order</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>■ \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>■ 5% coinsurance.</li> </ul> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the</p>	<ul style="list-style-type: none"> <li>■ \$24 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Mail Order</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$12 copay for a three-month (90-day) supply of drugs from a preferred mail order</li> <li>■ \$24 copay for a three-month (90-day) supply of drugs from a non-preferred mail order</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>■ \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>■ 5% coinsurance.</li> </ul> <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 pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p><b>Out-of-Network Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p>

Benefit Category	Original Medicare	SmartValue Classic
<b>29. Prescription Drugs</b> <i>(continued)</i>		

SmartValue Enhanced	SmartValue Plus	SmartValue Enhanced Plus
	<p>plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p><b>Out-of-Network Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Out-of-Network Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$64 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Out-of-Network Coverage Gap</b> You pay the following:</p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>■ \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>■ 5% coinsurance.</li> </ul> <p><i>See p. 31 for additional information about Prescription Drugs.</i></p>	<p><b>Out-of-Network Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>■ \$64 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>■ 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Out-of-Network Coverage Gap</b> You pay the following:</p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>■ \$8 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>■ \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>■ 5% coinsurance.</li> </ul> <p><i>See p. 31 for additional information about Prescription Drugs.</i></p>

Benefit Category	Original Medicare	SmartValue Classic
<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 <sup>1,2</sup>	Hearing aids not covered.  <ul style="list-style-type: none"> <li>■ \$10 copay for diagnostic hearing exams</li> <li>■ \$10 copay for up to 1 routine hearing test(s) every year</li> </ul> <i>See p. 31 for additional information about Hearing Services.</i>
<b>32. Vision Services</b>	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye <sup>1,2</sup>  Routine eye exams and glasses not covered  Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery <sup>1,2</sup>  Annual glaucoma screenings covered for people at risk <sup>1,2</sup>	\$0 copay for <ul style="list-style-type: none"> <li>■ one pair of eyeglasses or contact lenses after each cataract surgery</li> <li>■ up to 1 pair(s) of glasses every two years</li> <li>■ up to 1 pair(s) of contacts every two years</li> </ul> \$10 copay for exams to diagnose and treat diseases and conditions of the eye  50% of the cost for up to 1 routine eye exam(s) every year  \$75 limit for eye wear every two years.
<b>33. Physical Exams</b>	20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage <sup>1,2</sup>  When you get Medicare Part B, you can get a one-time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.	\$10 copay for routine exams.  Limited to 1 exam(s) every year.  \$10 copay for Medicare-covered benefits.  <i>See p. 31 for additional information about Physical Exams.</i>
<b>Health/Wellness Education</b>	Not covered	This plan covers health/wellness education benefits:  <ul style="list-style-type: none"> <li>■ Nursing Hotline</li> </ul>

<sup>1</sup> Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

SmartValue Enhanced	SmartValue Plus	SmartValue Enhanced Plus
<p>\$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>	<p>\$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>	<p>\$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>
<p>Hearing aids not covered.</p> <ul style="list-style-type: none"> <li>▪ \$10 copay for diagnostic hearing exams</li> <li>▪ \$10 copay for up to 1 routine hearing test(s) every year</li> </ul> <p><i>See p. 31 for additional information about Hearing Services.</i></p>	<p>Hearing aids not covered.</p> <ul style="list-style-type: none"> <li>▪ \$25 copay for diagnostic hearing exams</li> <li>▪ \$25 copay for up to 1 routine hearing test(s) every year</li> </ul> <p><i>See p. 31 for additional information about Hearing Services.</i></p>	<p>Hearing aids not covered.</p> <ul style="list-style-type: none"> <li>▪ \$10 copay for diagnostic hearing exams</li> <li>▪ \$10 copay for up to 1 routine hearing test(s) every year</li> </ul> <p><i>See p. 31 for additional information about Hearing Services.</i></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>▪ up to 1 pair(s) of glasses every two years</li> <li>▪ up to 1 pair(s) of contacts every two years</li> </ul> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye</p> <p>50% of the cost for up to 1 routine eye exam(s) every year</p> <p>\$75 limit for eye wear every two years.</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>▪ up to 1 pair(s) of glasses every two years</li> <li>▪ up to 1 pair(s) of contacts every two years</li> </ul> <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>50% of the cost for up to 1 routine eye exam(s) every year</p> <p>\$50 limit for eye wear every two years.</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>▪ up to 1 pair(s) of glasses every two years</li> <li>▪ up to 1 pair(s) of contacts every two years</li> </ul> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>50% of the cost for up to 1 routine eye exam(s) every year</p> <p>\$75 limit for eye wear every two years.</p>
<p>\$10 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$10 copay for Medicare-covered benefits.</p> <p><i>See p. 31 for additional information about Physical Exams.</i></p>	<p>\$25 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$25 copay for Medicare-covered benefits.</p> <p><i>See p. 31 for additional information about Physical Exams.</i></p>	<p>\$10 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$10 copay for Medicare-covered benefits.</p> <p><i>See p. 31 for additional information about Physical Exams.</i></p>
<p>The plan covers health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>▪ Nursing Hotline</li> </ul>	<p>This plan covers health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>▪ Nursing Hotline</li> </ul>	<p>This plan covers health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>▪ Nursing Hotline</li> </ul>

## Section 3

# 2008 Summary of Benefits for SmartValue

When you're a member, it's important that you understand your benefits so you can get the most out of your health care plan. We want your benefit information to be easy to understand and simple to use so we can serve you better.

Our PFFS plans were created to provide Medicare beneficiaries with coverage for medically necessary hospital and doctor services with low or no monthly plan premiums. Some of our plans also include Medicare Part D Prescription Drug Coverage and coverage for routine vision care, dental care, and hearing examinations. *Please refer to Section 2 to find out which services are covered by each plan described in this Summary of Benefits.*

This section provides important additional information about some of the benefits listed earlier in Section 2.

### **Doctor and Hospital Choice (see #2 in Section 2)**

You may go to any doctor or hospital willing to accept the terms and conditions of the plan.

If you receive care from a provider who does not accept Medicare assignment, you will be responsible for any excess charges, up to 15% more than the Medicare-allowed amount.

Please note, a "primary care physician" is a health care professional who is trained to give you basic care. Examples include internists or family practice physicians. A "specialist physician" is a doctor who provides health care services for a specific disease or part of the body. Examples include oncologists (cancer specialists), cardiologists (heart specialists) and orthopedists (bone specialists).

### **Screening Services (see #8 in Section 2)**

You do not pay a copayment for the following screening services, but you may pay an office visit copayment: colorectal screenings, screening mammograms, bone mass measurement, Pap smears and pelvic exams, and prostate cancer screening exams.

If a colorectal screening exam includes biopsy or removal of a growth, the procedure will be considered outpatient surgery and your benefits for outpatient surgery will apply.

### **Outpatient Surgery/Services (see #13 in Section 2)**

Your office visit copayment will apply for any nonsurgical physician services in an outpatient hospital facility.

In addition, the outpatient surgery copayment applies for covered elective, scheduled (nonurgent, nonemergency) surgeries performed in an outpatient hospital or ambulatory surgical center.

### **Ambulance Services (see #14 in Section 2)**

You pay your ambulance copayment for each medically necessary trip to the hospital or dialysis center, from the hospital or dialysis center, or between facilities.

### **Emergency Care (see #15 in Section 2)**

You pay your emergency room (ER) copayment for each covered ER visit. If you are admitted to a hospital from an ER within 72 hours for the same or a related condition, you will not pay your ER copayment, but you will pay your inpatient hospital copayment if you have one.

### **Durable Medical Equipment and Prosthetic Devices (see #18 and #19 in Section 2)**

Durable Medical Equipment includes oxygen, wheelchairs, walkers, and hospital beds for home use.

Prosthetic Devices include arm, leg, back, and neck braces; artificial eyes; artificial limbs (and their replacement parts); breast prostheses (after mastectomy); and prosthetic devices needed to replace a body part or function, including Medicare-covered therapeutic shoes.

## **Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies** *(see #20 in Section 2)*

You do not have a copayment for diabetes self-monitoring training. You may be responsible for a doctor's office visit copayment.

You are responsible for a copayment for each 30-day supply of blood glucose test strips, lancet devices and lancets, and glucose control solutions. You are responsible for coinsurance for blood glucose meters or glucose monitors.

If the plan includes Medicare Part D prescription drug coverage, supplies associated with the injection of insulin (specifically syringes, needles, alcohol swabs and gauze) are covered under Medicare Part D and not under Medicare Part B. If this plan does not include Part D drug benefits, this plan will not cover these items.

## **Diagnostic Tests, X-Rays and Lab Services** *(see #21 in Section 2)*

For most clinical or diagnostic lab services, you pay a \$10 copayment in the Classic plan or a \$20 copayment in the Plus plan. For the other plans, you do not pay a copayment for most clinical or diagnostic lab services. You may be responsible for a doctor's office visit copayment.

You pay a \$35 copayment for complex diagnostic tests. These tests include MRIs, PET scans, CT scans, nuclear medicine studies, EKGs and cardiac stress tests. You may be responsible for a doctor's office visit copayment.

You pay a \$35 copayment for radiological therapeutic lab services (radiation therapy) and chemotherapy, regardless of place of treatment. For renal dialysis, the copayment is \$25 for Classic, \$30 for Plus or \$10 for Enhanced and Enhanced Plus. You may be responsible for a doctor's office visit copayment.

## **Part D Prescription Drug Benefits** *(see #29 in Section 2)*

If your plan includes Medicare Part D coverage, you will automatically be disenrolled from your plan if you apply for a Part D plan during an eligible enrollment period. You cannot have two Part D plans at the same time. Your copayments for Medicare Part D drugs do not count toward your plan out-of-pocket maximum.

## **For Plus and Enhanced Plus Plans:**

### **Out-of-Network Retail Coverage**

Members will be responsible for the difference between network and out-of-network retail pharmacy costs, except in emergencies or if members do not have adequate access to an in-network pharmacy.

### **90-Day Supply**

Plan members can obtain a 90-day prescription drug supply through our mail-order pharmacy or certain retail pharmacies that have contracted with us to dispense 90-day supplies.

### **Generic Benzodiazepines and Barbiturates**

The Plus, Enhanced Plus and Essential Plus plans provide coverage for generic benzodiazepines and barbiturates. These classes of generic drugs are not required to be covered by Medicare Part D plans. A list of these drugs is included on the prescription drug formulary. Copayments for these drugs do not count toward total drug costs or the true out-of-pocket maximum. Generic benzodiazepines and barbiturates are covered with a copay even after total drug costs reach \$2,510 and the total out-of-pocket maximum reaches \$4,050.

## **Hearing Services** *(see #31 in Section 2)*

After you pay your copayment, your plan covers one routine screening hearing exam every year. This is an exam that is not related to treatment or diagnosis for a specific illness, symptom, complaint or injury.

## **Physical Exams** *(see #33 in Section 2)*

After you pay your copayment, your plan covers one routine physical exam each year (not including lab services). This is an exam that is not related to treatment or diagnosis for a specific illness, symptom, complaint or injury.

## **Precertification/Prior Authorization**

You must notify the plan before you receive any planned inpatient care or skilled nursing facility care. In addition, you must contact the plan to precertify human organ transplants, carotid artery endarterectomy, and inpatient or outpatient gastric surgery for obesity (bypass or banding). You will need to give the plan medical necessity certification from your physician before having any of these procedures. The plan will help you arrange for the

procedures to be performed at a designated or approved facility.

### **Foreign Travel**

If you are traveling outside the United States for less than six months, the plan covers medically necessary care in an emergency room, urgent care center or physician's office. You are responsible for your

emergency room copayment or your urgent care copayment in an urgent care center or physician's office.

The inpatient copayment applies for emergency or urgent inpatient admissions while you are traveling outside the United States. This benefit is limited to 60 inpatient days per lifetime.