

A Medicare Advantage Group PPO Plan

BlueMedicareSM Group PPO

Summary of Benefits

2011

PPO Plan 1 – Rx Option 1
School Board of Polk County, Florida



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BMGPPO Custom Benefits

Section 1- Introduction to the Summary of Benefits for BlueMedicare Group PPO January 1, 2011 – December 31, 2011

Thank you for your interest in BlueMedicare Group PPO. Our plan is offered by Blue Cross and Blue Shield of Florida, Inc., 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 BlueMedicare Group 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 BlueMedicare Group PPO. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

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

How can I compare my options?

You can compare BlueMedicare Group 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 BlueMedicare Group PPO available?

The Service Area for BlueMedicare Group PPO is nationwide. It includes all fifty states, the District of Columbia and the United States territories (American Samoa, Guam, the Virgin Islands, the Commonwealth of Puerto Rico and the Commonwealth of the Northern Mariana Islands).

Who is eligible to join BlueMedicare Group PPO?

You can join BlueMedicare Group PPO if you are entitled to Medicare Part A and enrolled in Medicare Part B, live in the service area and are identified as an eligible plan participant by your former employer. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in BlueMedicare Group PPO unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

BlueMedicare Group PPO has formed a network of doctors, specialists, hospitals and Durable Medical Equipment (DME) suppliers. 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 www.BlueMedicareFL.com. Our Member Services 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 Member Services number at the end of this introduction.

Where can I get my prescriptions if I join this plan?

BlueMedicare Group PPO has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.myprime.com. Our Member Services number is listed at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

BlueMedicare Group PPO does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What is a prescription drug formulary?

BlueMedicare Group PPO uses 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.myprime.com.

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 my prescription drug plan costs or get extra help with other Medicare costs?

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

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication "Medicare & You."
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even

if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

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

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

pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we 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 BlueMedicare Group 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. These may include, but are not limited to, the following types of drugs. Contact BlueMedicare Group PPO for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa 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.

Where can I find information on Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our Member Services number is listed below.

Please call Blue Cross and Blue Shield of Florida, Inc. for more information about BlueMedicare Group PPO.

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

Member Services Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 9:00 p.m. Eastern
(See special days and hours for prospective members below)

- **Current members** should call toll-free **1-800-926-6565** for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program.
(TTY/TDD: 1-800-955-8771 or 711)

- **Prospective members** should call toll-free **1-800-926-6565, extension 89724**, 9:00 a.m. – 6:00 p.m. Eastern, Monday – Friday for questions related to the Medicare Advantage program or the Medicare Part D prescription drug program.
(TTY/TDD: 1-800-955-8771 or 711)

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**; **TTY users should call 1-877-486-2048**. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

This document may be available in a different format or language. For additional information, call Member Services at the phone number listed above.

Este document esta disponible en otro formatos o idiomas. Para mayor información, llame al Departamento de Servicios a los Miembros, al número indicado en este document.

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

Section 2- Summary of Benefits

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

| Benefit | Original Medicare | BlueMedicare Group PPO |
|---|--|---|
| IMPORTANT INFORMATION | | |
| 1. Premium and Other Important Information | <ul style="list-style-type: none"> ▪ In 2010 the monthly Part B Premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011. ▪ If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. ▪ Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. | <p><u>General</u></p> <ul style="list-style-type: none"> ▪ You continue to pay the Medicare Part B premium each month. ▪ There may be an additional premium for your plan benefits. Please contact your former employer's benefits administrator for premium information. ▪ Most people will pay the standard monthly Part B premium in addition to any MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. ▪ If you delay enrollment, you could face a Medicare Late Enrollment Penalty (LEP) of 1% of the average Medicare Part D premium for every month you delay until your coverage becomes effective. The LEP may not apply if your delay was caused by your participation in a qualified prescription drug plan. If your current coverage is as good as or better than that under Medicare Part D, you should receive a letter indicating that from your former employer. ▪ This plan covers all Medicare-covered preventive services with zero cost sharing. <p><u>In- and Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ \$1,000 out-of-pocket limit each Calendar Year. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
|---|---|---|
| 1. Premium and Other Important Information <i>(continued)</i> | | <ul style="list-style-type: none"> ▪ The following do not accumulate toward the out-of-pocket limit: <ul style="list-style-type: none"> - Part D drug copays and coinsurance - Expenses in excess of benefit maximums - Charges for non-covered services <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ \$100 Calendar Year deductible. Contact the plan for services that apply. |
| 2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.) | <ul style="list-style-type: none"> ▪ You may go to any doctor, specialist or hospital that accepts Medicare. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ No referral required for network doctors, specialists and hospitals. ▪ You have access to network doctors, specialists and hospitals in the following states and territories: Alabama, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Indiana, Kentucky, Maine, Massachusetts, Michigan, Missouri, North Carolina, Nevada, New Hampshire, New York, Ohio, Oregon, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Utah, Virginia, Washington, Wisconsin and West Virginia. For some of the states listed, network coverage is available only in portions of the state. If you receive benefits in an area where there is no contracted provider network, you will receive the in-network level of benefits when you go to a doctor, specialist or hospital. You will receive lower, out-of-network benefits only if you use a non-network provider in an area where there is a provider network available (except when you need emergency care, urgent care, home health care or dialysis services). |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| Inpatient Care | | |
| 3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services) | <ul style="list-style-type: none"> ▪ In 2010 the amounts for each benefit period were: <ul style="list-style-type: none"> - Days 1-60: \$1,100 deductible - Days 61-90: \$275 per day - Days 91-150: \$550 per lifetime reserve day These amounts will change for 2011. ▪ Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. ▪ Lifetime reserve days can only be used once. ▪ 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. | <u>In-Network</u> <ul style="list-style-type: none"> ▪ No limit to the number of days covered by the plan each benefit period. ▪ For Medicare-covered hospital stays: <ul style="list-style-type: none"> -Days 1-5: \$100 copay per day -Days 6-90: \$0 copay per day -\$0 copay for additional hospital days ▪ Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. <u>Out-of-Network</u> <ul style="list-style-type: none"> ▪ 20% of the cost for each hospital stay after the Calendar Year deductible. |
| 4. Inpatient Mental Health Care | <ul style="list-style-type: none"> ▪ Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). ▪ 190-day lifetime limit in a Psychiatric Hospital. | <u>In-Network</u> <ul style="list-style-type: none"> ▪ You get up to 190 days in a Psychiatric Hospital in a lifetime. ▪ For Medicare-covered hospital stays: <ul style="list-style-type: none"> -Days 1-5: \$100 copay per day -Days 6-90: \$0 copay per day ▪ Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. <u>Out-of-Network</u> <ul style="list-style-type: none"> ▪ 20% of the cost for each hospital stays after the Calendar Year deductible. |

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| <p>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p> | <ul style="list-style-type: none"> ▪ In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were: <ul style="list-style-type: none"> -Days 1-20: \$0 per day -Days 21-100: \$137.50 per day. These amounts will change for 2011. ▪ 100 days for each benefit period. ▪ A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. | <p><u>General</u></p> <ul style="list-style-type: none"> ▪ Authorization rules may apply. <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ Plan covers up to 100 days each benefit period. ▪ For Medicare-covered SNF stays: <ul style="list-style-type: none"> -Days 1-20: \$0 copay per day -Days 21-100: \$75 copay per day ▪ No prior hospital stay is required. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for each SNF stay after the Calendar Year deductible. |
| <p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p> | <ul style="list-style-type: none"> ▪ \$0 copay. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered home health visits <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for home health visits after the Calendar Year deductible |
| <p>7. Hospice</p> | <ul style="list-style-type: none"> ▪ You pay part of the cost for outpatient drugs and inpatient respite care. ▪ You must get care from a Medicare-certified hospice. | <p><u>General</u></p> <ul style="list-style-type: none"> ▪ You must get care from a Medicare-certified hospice. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
|--------------------------------|---|---|
| Outpatient Care | | |
| 8. Doctor Office Visits | <ul style="list-style-type: none"> ▪ 20% coinsurance | <p><u>General</u></p> <ul style="list-style-type: none"> ▪ See “Welcome to Medicare; and Annual Wellness Visit” for more information. <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$10 copay for each primary care doctor visit for Medicare-covered benefits. ▪ \$10 to \$25 for each in-area, network urgent care Medicare-covered visit. ▪ \$25 copay for each specialist visit for Medicare-covered benefits. ▪ \$5 copay for e-Medicine visits. e-Medicine is a secure, Web-based communication tool that links patients with their providers. Members can schedule appointments, request Rx refills, request normal lab results and even receive online, non-urgent care through the use of the confidential Web visit. ▪ \$5 copay for allergy injections <p><u>In- and Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ \$25 copay for each Convenient Care Center visit. Convenient Care Centers are walk-in healthcare clinics that specialize in the treatment of common illnesses and provide basic health screening services. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for each primary care, specialist or e-Medicine visit after the Calendar Year deductible. ▪ 20% of the cost for allergy injections after the Calendar Year deductible. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| 9. Chiropractic Services | <ul style="list-style-type: none"> ▪ 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. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$25 copay for each Medicare-covered visit. ▪ Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for chiropractic benefits after the Calendar Year deductible. |
| 10. Podiatry Services | <ul style="list-style-type: none"> ▪ Routine care not covered. ▪ 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$25 copay for each Medicare-covered visit. ▪ \$25 copay for up to 6 routine visits per Calendar Year. ▪ Medicare-covered podiatry benefits are for medically necessary foot care. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for podiatry benefits after the Calendar Year deductible. |
| 11. Outpatient Mental Health Care | <ul style="list-style-type: none"> ▪ 45% coinsurance for most outpatient mental health services. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$25 copay for each Medicare-covered individual or group therapy visit. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for Mental Health benefits after the Calendar Year deductible. ▪ 20% of the cost for Mental Health benefits with a psychiatrist after the Calendar Year deductible. |
| 12. Outpatient Substance Abuse Care | <ul style="list-style-type: none"> ▪ 20% coinsurance | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$25 copay for Medicare-covered individual or group visits. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for outpatient substance abuse benefits after the Calendar Year deductible. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| 13. Outpatient Services/Surgery | <ul style="list-style-type: none"> ▪ 20% coinsurance for the doctor ▪ Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible. ▪ 20% coinsurance for ambulatory surgical center facility charges. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$100 copay for each Medicare-covered ambulatory surgical center visit. <p>Outpatient Hospital Services</p> <ul style="list-style-type: none"> ▪ \$0 copay for physician services ▪ \$0 copay for dialysis ▪ \$15 copay for lab services ▪ \$25 copay for Rehabilitation Services (physical therapy, occupational therapy, speech/language therapy, cardiac rehabilitation services, intensive cardiac rehabilitation services, pulmonary rehabilitation services) ▪ \$50 copay for chemotherapy and radiation therapy services ▪ \$150 copay for other diagnostic services, including Advanced Imaging Services, and for each Medicare-covered outpatient hospital visit for services not listed in this Summary <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ \$0 copay for dialysis ▪ 20% of the cost of the following after the Calendar Year deductible: <ul style="list-style-type: none"> - outpatient physician services - ambulatory surgical center benefits - outpatient hospital facility benefits, including lab services, Rehabilitation Services, radiation therapy, chemotherapy, diagnostic services (including Advanced Imaging Services) and other Medicare-covered services received in an outpatient hospital facility |
| 14. Ambulance Services (medically necessary ambulance services) | <ul style="list-style-type: none"> ▪ 20% coinsurance | <p><u>In- and Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ \$100 copay for Medicare-covered ambulance benefits. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| <p>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance for the doctor ▪ Specified copayment for outpatient hospital emergency room (ER) facility charge. ▪ ER copay cannot exceed Part A inpatient hospital deductible. ▪ 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. | <p><u>In- and Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ \$50 copay for Medicare-covered emergency room visits. ▪ If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit. ▪ Worldwide coverage. |
| <p>16. Urgently Needed Care (This is NOT emergency care, and in most cases is out of the service area.)</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance, or a set copay ▪ NOT covered outside the U.S. except under limited circumstances. | <p><u>In-and Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ \$25 copay for Medicare-covered urgently needed care visits. |
| <p>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$25 copay for each Medicare-covered Outpatient Rehabilitation Services visit if services are provided in a physician specialist's office, a free-standing rehabilitation facility or an outpatient hospital facility. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost of Outpatient Rehabilitation Services after the Calendar Year deductible. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| Outpatient Medical Services and Supplies | | |
| 18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.) | <ul style="list-style-type: none"> ▪ 20% coinsurance | <u>In-Network</u> <ul style="list-style-type: none"> ▪ 0% of the cost for all Medicare-covered durable medical equipment except motorized wheelchairs and electric scooters ▪ \$500 copay for Medicare-covered motorized wheelchairs and electric scooters <u>Out-of-Network</u> <ul style="list-style-type: none"> ▪ 20% of the cost for durable medical equipment after the Calendar Year deductible. |
| 19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.) | <ul style="list-style-type: none"> ▪ 20% coinsurance | <u>In-Network</u> <ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered items. <u>Out-of-Network</u> <ul style="list-style-type: none"> ▪ 20% of the cost for prosthetic devices after the Calendar Year deductible. |
| 20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes) | <ul style="list-style-type: none"> ▪ 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. | <u>In-Network</u> <ul style="list-style-type: none"> ▪ \$0 copay for the following: <ul style="list-style-type: none"> - diabetes self-monitoring training - nutrition therapy for diabetes - diabetes supplies <u>Out-of-Network</u> <ul style="list-style-type: none"> ▪ 20% of the cost for diabetes self-monitoring training, nutrition therapy for diabetes and diabetes supplies after the Calendar Year deductible. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| <p>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance for diagnostic tests and x-rays ▪ \$0 copay for Medicare-covered lab services ▪ Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory that 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><u>General</u></p> <ul style="list-style-type: none"> ▪ Authorization rules may apply. <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$0 copay when lab services are provided in an Independent Clinical Lab ▪ \$0 copay when x-rays/diagnostic procedures/tests are provided in an Independent Diagnostic Testing Facility, except for Advanced Imaging Services ▪ \$10 copay when diagnostic procedures/tests/x-rays are provided by a primary care doctor; \$25 when services are provided by a physician specialist, except for Advanced Imaging Services ▪ \$15 copay for lab services provided in an outpatient hospital facility ▪ \$25 copay for radiation therapy provided in a physician specialist's office ▪ \$50 copay for radiation therapy provided in an outpatient hospital ▪ \$75 copay for Advanced Imaging Services. These include Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Positron Emission Tomography (PET), Computer Tomography (CT) scan and Nuclear Medicine testing. ▪ \$150 copay for x-rays/diagnostic procedures/tests provided in an outpatient hospital facility, including Advanced Imaging Services. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for lab services, x-rays, diagnostic procedures/tests (including Advanced Imaging Services) and radiation therapy after the Calendar Year deductible. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| Preventive Services | | |
| 22. Bone Mass Measurement (for people with Medicare who are at risk) | <ul style="list-style-type: none"> ▪ No coinsurance, copayment or deductible. ▪ Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. | <u>In-Network</u> <ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered bone mass measurement <u>Out-of-Network</u> <ul style="list-style-type: none"> ▪ 20% of the cost for Medicare-covered bone mass measurement after the Calendar Year deductible. |
| 23. Colorectal Screening Exams (for people with Medicare age 50 and older) | <ul style="list-style-type: none"> ▪ No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy. ▪ Covered when you are high risk or when you are age 50 and older. | <u>In-Network</u> <ul style="list-style-type: none"> ▪ \$0 copay for <ul style="list-style-type: none"> -Medicare-covered colorectal screenings -additional screenings ▪ No limit on the number of covered colorectal screenings. <u>Out-of-Network</u> <ul style="list-style-type: none"> ▪ 20% of the cost for colorectal screenings after the Calendar Year deductible. |
| 24. Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine) | <ul style="list-style-type: none"> ▪ \$0 copay for Flu, Pneumonia and Hepatitis B vaccines ▪ You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. | <u>In-Network</u> <ul style="list-style-type: none"> ▪ \$0 copay for Flu and Pneumonia vaccines. ▪ \$0 copay for Hepatitis B vaccine. ▪ No referral needed for Flu and Pneumonia vaccines. <u>Out-of-Network</u> <ul style="list-style-type: none"> ▪ 0% of the cost for immunizations. |
| 25. Mammograms (Annual Screening) (for women with Medicare age 40 and older) | <ul style="list-style-type: none"> ▪ No coinsurance, copayment or deductible ▪ 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. | <u>In- and Out-of-Network</u> <ul style="list-style-type: none"> ▪ \$0 copay for <ul style="list-style-type: none"> -Medicare-covered screening mammograms -additional screening mammograms ▪ No limit on the number of covered screening mammograms. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| 26. Pap Smears and Pelvic Exams (for women with Medicare) | <ul style="list-style-type: none"> ▪ No coinsurance, copayment, or deductible for Pap smears. ▪ No coinsurance, copayment, or deductible for Pelvic and clinical breast exams. ▪ Covered once every 2 years. Covered once a year for women with Medicare at high risk. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$0 copay for <ul style="list-style-type: none"> -Medicare-covered pap smears and pelvic exams -additional pap smears and pelvic exams ▪ No limit on the number of covered pap smears and pelvic exams. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for pap smears and pelvic exams after the Calendar Year deductible. |
| 27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older) | <ul style="list-style-type: none"> ▪ 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. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$0 copay for <ul style="list-style-type: none"> -Medicare-covered prostate cancer screening -additional screening ▪ No limit on the number of covered prostate cancer screenings. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for prostate cancer screening after the Calendar Year deductible. |
| 28. End-Stage Renal Disease | <ul style="list-style-type: none"> ▪ 20% coinsurance for renal dialysis ▪ 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease ▪ Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$0 copay for renal dialysis ▪ \$0 copay for Nutrition Therapy for End-Stage Renal Disease <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for Nutrition Therapy for End-Stage Renal Disease after the Calendar Year deductible. ▪ 0% of the cost for renal dialysis. Coverage is limited to the Medicare-allowed amount. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| <p>29. Prescription Drugs</p> | <ul style="list-style-type: none"> ▪ Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. | <p>Drugs Covered under Medicare Part B</p> <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$0 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs. An office or facility copayment will apply depending on the place of service: <ul style="list-style-type: none"> Physician’s Office - \$10 primary care doctor copay or - \$25 specialist copay Outpatient Hospital - \$50 copay for each visit for chemotherapy treatment. - \$150 copay per visit for treatment with other Part B drugs. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for all Part B drugs after the Calendar Year deductible. <p>Drugs Covered under Medicare Part D</p> <p><u>General</u></p> <ul style="list-style-type: none"> ▪ This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.myprime.com on the web. ▪ Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> - have limited incomes, - live in long-term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). ▪ The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). ▪ Total yearly drug costs are the total drug costs paid by both you and the plan. ▪ The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| <p>29. Prescription Drugs <i>(continued)</i></p> | | <ul style="list-style-type: none"> ▪ Some drugs have quantity limits. ▪ Your provider must get prior authorization from BlueMedicare Group PPO for certain drugs. ▪ You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. ▪ 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. ▪ If you request a formulary exception for a drug and BlueMedicare Group PPO approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost-sharing for that drug. <p>IN-NETWORK</p> <ul style="list-style-type: none"> ▪ \$0 deductible. ▪ Some covered drugs don’t count toward your out-of-pocket drug costs. <p><u>Initial Coverage</u></p> <ul style="list-style-type: none"> ▪ After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840: <p>Retail Pharmacy</p> <p><u>Tier 1: Generic Drugs</u></p> <ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| 29. Prescription Drugs <i>(continued)</i> | | <p><u>Tier 2: Preferred Brand Drugs</u></p> <ul style="list-style-type: none"> - \$30 copay for a one-month (31-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier <p><u>Tier 3: Non-Preferred Brand Drugs</u></p> <ul style="list-style-type: none"> - \$60 copay for a one-month (31-day) supply of drugs in this tier - \$180 copay for a three-month (90-day) supply of drugs in this tier <p><u>Tier 4: Specialty Tier Drugs</u></p> <ul style="list-style-type: none"> - \$60 copay for a one-month (31-day) supply of drugs in this tier - \$180 copay for a three-month (90-day) supply of drugs in this tier <p>Long-Term Care Pharmacy</p> <p><u>Tier 1: Generic Drugs</u></p> <ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs in this tier <p><u>Tier 2: Preferred Brand Drugs</u></p> <ul style="list-style-type: none"> - \$30 copay for a one-month (31-day) supply of drugs in this tier <p><u>Tier 3: Non-Preferred Brand Drugs</u></p> <ul style="list-style-type: none"> - \$60 copay for a one-month (31-day) supply of drugs in this tier <p><u>Tier 4: Specialty Tier Drugs</u></p> <ul style="list-style-type: none"> - \$60 copay for a one-month (31-day) supply of drugs in this tier |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| <p>29. Prescription Drugs <i>(continued)</i></p> | | <p>Mail Order <u>Tier 1: Generic Drugs</u> - \$5 copay for a one-month (31-day) supply of drugs in this tier - \$10 copay for a three-month (90-day) supply of drugs in this tier <u>Tier 2: Preferred Brand Drugs</u> - \$30 copay for a one-month (31-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier <u>Tier 3: Non-Preferred Brand Dugs</u> - \$60 copay for a one-month (31-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier <u>Tier 4: Specialty Tier Drugs</u> - \$60 copay for a one-month (31-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier Coverage Gap ▪ There is no coverage gap under this plan. After your total Plan Year drug costs reach \$2,840, you pay the following until your yearly out-of-pocket drug costs reach \$4,550. Retail Pharmacy <u>Tier 1: Generic Drugs</u> - \$5 copay for a one-month (31-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier</p> |

| Benefit | Original Medicare | BlueMedicare Group PPO |
|---|-------------------|---|
| <p>29. Prescription Drugs <i>(continued)</i></p> | | <p><u>Tier 2: Preferred Brand Drugs</u> - \$15 copay for a one-month (31-day) supply of drugs in this tier - \$45 copay for a three-month (90-day) supply of drugs in this tier</p> <p><u>Tier 3: Non-Preferred Brand Drugs</u> - \$30 copay for a one-month (31-day) supply of drugs in this tier - \$90 copay for a three-month (90-day) supply of drugs in this tier</p> <p><u>Tier 4: Specialty Tier Drugs</u> - \$60 copay for a one-month (31-day) supply of generic drugs in this tier - \$30 copay for a one-month (31-day) supply of brand drugs in this tier - \$180 copay for a three-month (90-day) supply of generic drugs in this tier - \$90 copay for a three-month (90-day) supply of brand drugs in this tier</p> <p>Long-Term Care Pharmacy</p> <p><u>Tier 1: Generic Drugs</u> - \$5 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 2: Preferred Brand Drugs</u> - \$15 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 3: Non-Preferred Brand Drugs</u> - \$30 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 4: Specialty Tier Drugs</u> - \$60 copay for a one-month (31-day) supply of generic drugs in this tier - \$30 copay for a one-month (31-day) supply of brand drugs in this tier</p> |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| <p>29. Prescription Drugs <i>(continued)</i></p> | | <p>Mail Order</p> <p><u>Tier 1: Generic Drugs</u></p> <ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs in this tier - \$10 copay for a three-month (90-day) supply of drugs in this tier <p><u>Tier 2: Preferred Brand Drugs</u></p> <ul style="list-style-type: none"> - \$15 copay for a one-month (31-day) supply of drugs in this tier - \$30 copay for a three-month (90-day) supply of drugs in this tier <p><u>Tier 3: Non-Preferred Brand Drugs</u></p> <ul style="list-style-type: none"> - \$30 copay for a one-month (31-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier <p><u>Tier 4: Specialty Tier Drugs</u></p> <ul style="list-style-type: none"> - \$60 copay for a one-month (31-day) supply of generic drugs in this tier - \$30 copay for a one-month (31-day) supply of brand drugs in this tier - \$120 copay for a three-month (90-day) supply of generic drugs in this tier - \$60 copay for a three-month (90-day) supply of brand drugs in this tier <p><u>Catastrophic Coverage</u></p> <ul style="list-style-type: none"> ▪ After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| <p>29. Prescription Drugs <i>(continued)</i></p> | | <p>OUT-OF-NETWORK</p> <ul style="list-style-type: none"> ▪ 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 documentation to receive reimbursement from BlueMedicare Group PPO. <p><u>Out-of-Network Initial Coverage</u></p> <ul style="list-style-type: none"> ▪ After you pay your yearly deductible, 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 \$2,840: <p><u>Tier 1: Generic Drugs</u></p> <ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs in this tier <p><u>Tier 2: Preferred Brand Drugs</u></p> <ul style="list-style-type: none"> - \$30 copay for a one-month (31-day) supply of drugs in this tier <p><u>Tier 3: Non-Preferred Brand Dugs</u></p> <ul style="list-style-type: none"> - \$60 copay for a one-month (31-day) supply of drugs in this tier <p><u>Tier 4: Specialty Tier Drugs</u></p> <ul style="list-style-type: none"> - \$60 copay for a one-month (31-day) supply of drugs in this tier |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| <p>29. Prescription Drugs <i>(continued)</i></p> | | <p><u>Out-of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> ▪ There is no coverage gap under this plan. After your total Plan Year drug costs reach \$2,840, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following amounts until your yearly out-of-pocket drug costs reach \$4,550. <p><u>Tier 1: Generic Drugs</u></p> <ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs in this tier <p><u>Tier 2: Preferred Brand Drugs</u></p> <ul style="list-style-type: none"> - \$15 copay for a one-month (31-day) supply of drugs in this tier <p><u>Tier 3: Non-Preferred Brand Dugs</u></p> <ul style="list-style-type: none"> - \$30 copay for a one-month (31-day) supply of drugs in this tier <p><u>Tier 4: Specialty Tier Drugs</u></p> <ul style="list-style-type: none"> - \$60 copay for a one-month (31-day) supply of generic drugs in this tier - \$30 copay for a one-month (31-day) supply of brand drugs in this tier <p><u>Out-of-Network Catastrophic Coverage</u></p> <ul style="list-style-type: none"> ▪ After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of: <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| 29. Prescription Drugs <i>(continued)</i> | | SUPPLEMENTAL DRUGS <ul style="list-style-type: none"> ▪ BlueMedicare Group PPO provides coverage for certain prescription drugs that are normally excluded from Medicare Prescription Drug plans. Generic and multi-source Brand drugs (which are treated like Generics) in the following categories are covered: <ul style="list-style-type: none"> - drugs used for relief of cough and cold symptoms - benzodiazepines - barbiturates ▪ For these Supplemental drugs you will always pay the same copays you pay for Generics during your Initial Coverage Period. ▪ The amounts you pay for Supplemental drugs do not count toward your Catastrophic Coverage out-of-pocket drug maximum. |
| 30. Dental Services | <ul style="list-style-type: none"> ▪ Preventive dental services (such as cleaning) not covered. | <u>In-Network</u> <ul style="list-style-type: none"> ▪ In general, preventive dental benefits (such as cleaning) not covered. ▪ \$25 copay for Medicare-covered dental benefits. <u>Out-of-Network</u> <ul style="list-style-type: none"> ▪ 20% of the cost for comprehensive dental benefits after the Calendar Year deductible. |
| 31. Hearing Services | <ul style="list-style-type: none"> ▪ Routine hearing exams and hearing aids not covered. ▪ 20% coinsurance for diagnostic hearing exams. | <u>In-Network</u> <ul style="list-style-type: none"> ▪ In general, routine hearing exams and hearing aids not covered. ▪ \$25 copay for Medicare-covered diagnostic hearing exams. <u>Out-of-Network</u> <ul style="list-style-type: none"> ▪ 20% of the cost for hearing exams after the Calendar Year deductible.. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| 32. Vision Services | <ul style="list-style-type: none"> ▪ 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. ▪ Routine eye exams and glasses not covered. ▪ Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. ▪ Annual glaucoma screenings covered for people at risk. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ Non-Medicare-covered eye exams and glasses not covered. ▪ \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery. ▪ \$0 copay for Medicare-covered glaucoma screenings ▪ \$25 copay for exams to diagnose and treat diseases and conditions of the eye. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for eye exams and eye wear after the Calendar Year deductible. |
| 33. Welcome to Medicare; and Annual Wellness Visit | <ul style="list-style-type: none"> ▪ When you join Medicare Part B, then you are eligible as follows: <ul style="list-style-type: none"> - During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit. - After your first 12 months, you can get one Annual Wellness visit every 12 months. ▪ There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit. ▪ The Welcome to Medicare exam does not include lab tests. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ \$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits. ▪ Limited to 1 exam every Calendar Year. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ 20% of the cost for routine exams after the Calendar Year deductible. |

| Benefit | Original Medicare | BlueMedicare Group PPO |
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| 34. Health/Wellness Education | <ul style="list-style-type: none"> ▪ 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. ▪ \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ The plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> - Written health education materials, including newsletters - Nursing Hotline ▪ \$0 copay for each Medicare-covered smoking cessation counseling session. ▪ \$0 copay for each Medicare-covered HIV screening. ▪ HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> ▪ \$0 copay for Health and Wellness services. |
| Transportation (Routine) | <ul style="list-style-type: none"> ▪ Not covered. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ This plan does not cover routine transportation. |
| Acupuncture | <ul style="list-style-type: none"> ▪ Not covered. | <p><u>In-Network</u></p> <ul style="list-style-type: none"> ▪ This plan does not cover Acupuncture. |

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