

A Medicare Advantage Group PFFS
Plan

BlueMedicareSM Group PFFS

Summary of Benefits 2009

H3518 801 01002
PFFS Plan 1 – Rx Option 2



Section 1- Introduction to the Summary of Benefits for BlueMedicare Group PFFS January 1, 2009 - December 31, 2009

Thank you for your interest in BlueMedicare Group PFFS. Our plan is offered by Blue Cross and Blue Shield of Florida, Inc., a Medicare Advantage Private Fee-for-Service. 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 PFFS 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 BlueMedicare Group PFFS. 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 BlueMedicare Group PFFS 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 BlueMedicare Group PFFS 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 PFFS available?

The Service Area for BlueMedicare Group PFFS 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 PFFS?

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

Can I choose my doctors?

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies.

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

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

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

BlueMedicare Group PFFS 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.myrxassistant.com. Our Member Services number is listed at the end of this introduction.

What is a prescription drug formulary?

BlueMedicare Group PFFS 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.myrxassistant.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 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 BlueMedicare Group PFFS, 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 BlueMedicare Group PFFS, 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 BlueMedicare Group PFFS 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 PFFS 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 Blue Cross and Blue Shield of Florida, Inc. for more information about BlueMedicare Group PFFS.

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

Member Services:

Current members should call **1-800-926-6565**, 8:00 a.m. – 9:00 p.m. ET, seven days a week, for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program. **(TTY / TDD: 711)**

Prospective members should call **1-800-967-8938**, 8:00 a.m. – 9:00 p.m. ET, Monday – Thursday; 9:00 a.m. – 9:00 p.m. ET, Fridays, for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program. **(TTY / TDD: 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.**

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 us at 1-800-926-6565 (for current members) or 1-800-967-8938 (for prospective members). If you are hearing or speech impaired, please call the Florida TTY Relay Service at 711.

Benefit	Original Medicare	BlueMedicare Group PFFS
Important Information		
1. Premium and Other Important Information	<ul style="list-style-type: none"> ▪ In 2008 the monthly Part B Premium was \$96.40 and will change for 2009 and the yearly Part B deductible amount was \$135 and will change for 2009. ▪ If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. 	<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. If you delay enrollment, you could face a government-imposed penalty of 1% of the average Medicare Part D premium for every month you delay until your coverage becomes effective. The late enrollment penalty 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. ▪ There is a \$2,000 out-of-pocket maximum every year for covered plan services. ▪ The following do not accumulate toward the out-of-pocket limit: <ul style="list-style-type: none"> - Prescription drug copays - Expenses in excess of benefit maximums ▪ Charges for services not covered under the plan
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. 	<ul style="list-style-type: none"> ▪ 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.

Benefit	Original Medicare	BlueMedicare Group PFFS
Inpatient Care		
3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services).	<ul style="list-style-type: none"> ▪ In 2008 the amounts for each benefit period were: <ul style="list-style-type: none"> - Days 1-60: \$1024 deductible - Days 61-90: \$256 per day - Days 91-150: \$512 per lifetime reserve day These amounts will change for 2009. ▪ 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>General</u> <ul style="list-style-type: none"> ▪ You may go to any doctor, specialist or hospital that accepts the plan’s Terms and Conditions of payment except in emergencies. ▪ For Medicare-covered hospital stays: <ul style="list-style-type: none"> - Days 1-5: \$150 copay per day - Days 6-90: \$0 copay per day - \$0 copay for additional hospital days ▪ No limit to the number of days covered by the plan each benefit period.
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. 	<ul style="list-style-type: none"> ▪ For hospital stays: <ul style="list-style-type: none"> - Days 1-5: \$150 copay per day - Days 6-90: \$0 copay per day ▪ You get up to 190 days in a psychiatric hospital in a lifetime.
5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> ▪ In 2008 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: \$128 per day ▪ These amounts will change for 2009. ▪ 100 days for each benefit period. ▪ A “benefit period” starts the day you go into a hospital or skilled nursing facility (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. 	<ul style="list-style-type: none"> ▪ For SNF stays: <ul style="list-style-type: none"> - Days 1-6: \$0 copay per day - Days 7-25: \$100 copay per day - Days 26-100: \$0 copay per day ▪ Plan covers up to 100 days each benefit period. ▪ No prior hospital stay is required

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6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> ▪ \$0 copay 	<ul style="list-style-type: none"> ▪ \$0 copay for: <ul style="list-style-type: none"> - Medicare-covered home health visits - respite care ▪ Respite care is care that provides relief to a primary caregiver who is maintaining and supporting a chronically dependent individual in their home, but who is temporarily unable to perform that role. Services are limited to 80 hours annually when guidelines have been met.
7. Hospice	<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. 	<ul style="list-style-type: none"> ▪ You must get care from a Medicare-certified hospice.
Outpatient Care		
8. Doctor Office Visits	<ul style="list-style-type: none"> ▪ 20% coinsurance 	<ul style="list-style-type: none"> ▪ You may go to any doctor, specialist or hospital that accepts the plan's payment. ▪ See "Physical Exams" for more information. ▪ \$10 copay for each primary care doctor (PCP) visit for Medicare-covered benefits. ▪ \$25 copay for each specialist visit for Medicare-covered benefits. ▪ \$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. ▪ \$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

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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. 	<ul style="list-style-type: none"> ▪ \$25 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.
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. 	<ul style="list-style-type: none"> ▪ \$25 copay for each Medicare-covered visit. ▪ \$25 copay for up to 6 routine visits every year. ▪ Medicare-covered podiatry benefits are for medically necessary foot care.
11. Outpatient Mental Health Care	<ul style="list-style-type: none"> ▪ 50% coinsurance for most outpatient mental health services. 	<ul style="list-style-type: none"> ▪ \$25 copay for each Medicare-covered individual or group therapy visit.
12. Outpatient Substance Abuse Care	<ul style="list-style-type: none"> ▪ 20% coinsurance 	<ul style="list-style-type: none"> ▪ \$25 copay for Medicare-covered individual or group visits.
13. Outpatient Services/Surgery (For more information, see Outpatient Rehabilitation Services - #17 and Diagnostic Tests, X-Rays and Lab Services - #21.)	<ul style="list-style-type: none"> ▪ 20% coinsurance for the doctor ▪ 20% of outpatient facility charges 	<ul style="list-style-type: none"> ▪ \$0 copay for outpatient physician services ▪ \$100 copay for each Medicare-covered ambulatory surgical center visit. <p>Outpatient Hospital Services</p> <ul style="list-style-type: none"> ▪ \$0 copay for lab services ▪ \$0 copay for dialysis ▪ \$25 copay for Rehabilitation Services (Physical/Speech and Language/Occupational Therapy, Cardiac Rehabilitation) ▪ \$50 copay for chemotherapy and radiation therapy ▪ \$100 copay for other diagnostic services, including Advanced Imaging Services, and for each Medicare-covered outpatient hospital visit for services not listed in this Summary
14. Ambulance Services (medically necessary ground, air and water ambulance services)	<ul style="list-style-type: none"> ▪ 20% coinsurance 	<ul style="list-style-type: none"> ▪ \$100 copay for Medicare-covered ambulance benefits.

Benefit	Original Medicare	BlueMedicare Group PFFS
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> ▪ 20% coinsurance for the doctor ▪ 20% of facility charge, or a set copay per emergency room visit ▪ You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. ▪ NOT covered outside the U.S. except under limited circumstances. 	<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. ▪ Plan provides worldwide coverage.
16. Urgently Needed Care (This is NOT emergency care, and in most cases is out of the service area.)	<ul style="list-style-type: none"> ▪ 20% coinsurance, or a set copay ▪ NOT covered outside the U.S. except under limited circumstances. 	<ul style="list-style-type: none"> ▪ When services are provided in a physician's office, cost sharing is the same as Doctor Office Visit cost sharing. ▪ \$25 copay when services are provided in an Urgent Care Center.
17. Outpatient Rehabilitation Services (Cardiac Rehabilitation, Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<ul style="list-style-type: none"> ▪ 20% coinsurance 	<ul style="list-style-type: none"> ▪ \$25 copay for each Medicare-covered Rehabilitation Services visit if services are provided in a physician specialist's office, a free-standing rehabilitation facility or an outpatient hospital facility.
Outpatient Medical Services and Supplies		
18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> ▪ 20% coinsurance 	<ul style="list-style-type: none"> ▪ \$0 copay for all Medicare-covered items except electronic wheelchairs and scooters ▪ \$500 copay for Medicare-covered electronic wheelchairs and scooters.
19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> ▪ 20% coinsurance 	<ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered items
20. Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training)	<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. 	<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 - diabetic supplies ▪ Office or facility copay may apply

Benefit	Original Medicare	BlueMedicare Group PFFS
<p>21. Diagnostic Tests, X-Rays and Lab 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. 	<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 PCP; \$25 when services are provided by a physician specialist, except for Advanced Imaging Services ▪ \$0 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. ▪ \$100 copay for x-rays/diagnostic procedures/tests provided in an outpatient hospital facility, including Advanced Imaging Services.
<p>Preventive Services</p>		
<p>22. Bone Mass Measurement (for people with Medicare who are at risk)</p>	<ul style="list-style-type: none"> ▪ 20% coinsurance ▪ Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. 	<ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered bone mass measurement. ▪ The following office or facility copays will apply, depending on the place of service: <u>Doctor's Office:</u> \$10 PCP copay or \$25 specialist copay <u>Outpatient Facility:</u> \$100 outpatient hospital copay or \$0 Independent Diagnostic Testing Facility copay

Benefit	Original Medicare	BlueMedicare Group PFFS
<p>23. Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<ul style="list-style-type: none"> ▪ 20% coinsurance ▪ Covered when you are high-risk or when you are age 50 and older. 	<ul style="list-style-type: none"> ▪ \$0 copay for <ul style="list-style-type: none"> - Medicare-covered colorectal screenings and - additional screenings ▪ The following office or facility copays will apply, depending on the place of service: <ul style="list-style-type: none"> <u>Doctor's Office</u>: \$10 PCP copay or \$25 specialist copay <u>Outpatient Facility</u>: \$100 outpatient hospital copay, \$100 ambulatory surgical center copay or \$0 Independent Diagnostic Testing Facility copay ▪ No limit on the number of covered colorectal screenings
<p>24. Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<ul style="list-style-type: none"> ▪ \$0 copay for Flu and Pneumonia vaccines ▪ 20% coinsurance for Hepatitis B vaccine ▪ You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. 	<ul style="list-style-type: none"> ▪ \$0 copay for Flu and Pneumonia vaccines ▪ \$0 copay for Hepatitis B vaccine ▪ An office visit copay will apply if this is the only service being rendered (\$10 PCP copay or \$25 specialist copay) ▪ Some immunizations are covered under Part D.
<p>25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<ul style="list-style-type: none"> ▪ 20% coinsurance ▪ 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. 	<ul style="list-style-type: none"> ▪ \$0 copay for <ul style="list-style-type: none"> - Medicare-covered screening mammograms and - additional screening mammograms ▪ No copays in any place of service ▪ No limit on the number of covered screening mammograms
<p>26. Pap Smears and Pelvic Exams (for women with Medicare)</p>	<ul style="list-style-type: none"> ▪ \$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. 	<ul style="list-style-type: none"> ▪ \$0 copay for <ul style="list-style-type: none"> - Medicare-covered pap smears and pelvic exams and - additional pap smears and pelvic exams ▪ An office visit copay will apply if this is the only service being rendered (\$10 PCP copay or \$25 specialist copay) ▪ No limit on the number of covered pap smears and pelvic exams

Benefit	Original Medicare	BlueMedicare Group PFFS
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. 	<ul style="list-style-type: none"> ▪ \$0 copay for <ul style="list-style-type: none"> - Medicare-covered prostate cancer screening and - additional screenings ▪ An office visit copay will apply if this is the only service being rendered (\$10 PCP copay or \$25 specialist copay) ▪ No limit on the number of covered prostate cancer screenings
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. 	<ul style="list-style-type: none"> ▪ \$0 copay for renal dialysis ▪ \$0 copay for Nutrition Therapy for End-Stage Renal Disease
29. Prescription Drugs	<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><u>Drugs Covered under Medicare Part B</u></p> <ul style="list-style-type: none"> ▪ \$0 copay for Part B-covered drugs, including Part B-covered chemotherapy drugs (Office visit copay may apply.)

Benefit	Original Medicare	BlueMedicare Group PFFS
<p>29. Prescription Drugs (continued)</p>		<p><u>Drugs Covered under Medicare Part D</u></p> <p>General</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.myrxassistant.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.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance, when you travel). ▪ 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. ▪ Some drugs have quantity limits. ▪ Your provider must get prior authorization from BlueMedicare Group PFFS 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 for these drugs that cannot be met by most pharmacies in your network.

Benefit	Original Medicare	BlueMedicare Group PFFS
29. Prescription Drugs (continued)		<ul style="list-style-type: none"> ▪ If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. <p>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"> ▪ You pay the following until total yearly drug costs reach \$2,700: <p><u>Retail Pharmacy</u></p> <p><u>Tier 1 – Covered Generic</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 - \$10 copay for a 60-day supply of drugs in this tier <p><u>Tier 2 – Covered Preferred Brand</u></p> <ul style="list-style-type: none"> - \$40 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 - \$80 copay for a 60-day supply of drugs in this tier <p><u>Tier 3 – Covered Brand</u></p> <ul style="list-style-type: none"> - \$75 copay for a one-month (31-day) supply of drugs in this tier - \$225 copay for a three-month (90-day) supply of drugs in this tier - \$150 copay for a 60-day supply of drugs in this tier <p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> - \$75 copay for a one-month (31-day) supply of drugs in this tier - \$225 copay for a three-month (90-day) supply of drugs in this tier - \$150 copay for a 60-day supply of drugs in this tier

Benefit	Original Medicare	BlueMedicare Group PFFS
29. Prescription Drugs (continued)		<p>Long-Term Care Pharmacy</p> <p><u>Tier 1 – Covered Generic</u> - \$5 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 2 – Covered Preferred Brand</u> - \$40 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 3 – Covered Brand</u> - \$75 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier S – Covered Specialty</u> - \$75 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order</p> <p><u>Tier 1 – Covered Generic</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 - \$10 copay for a 60-day supply of drugs in this tier</p> <p><u>Tier 2 – Covered Preferred Brand</u> - \$40 copay for a one-month (31-day) supply of drugs in this tier - \$80 copay for a three-month (90-day) supply of drugs in this tier - \$80 copay for a 60-day supply of drugs in this tier</p> <p><u>Tier 3 – Covered Brand</u> - \$75 copay for a one-month (31-day) supply of drugs in this tier - \$150 copay for a three-month (90-day) supply of drugs in this tier - \$150 copay for a 60-day supply of drugs in this tier</p> <p><u>Tier S – Covered Specialty</u> - \$75 copay for a one-month (31-day) supply of drugs in this tier - \$150 copay for a three-month (90-day) supply of drugs in this tier - \$150 copay for a 60-day supply of drugs in this tier</p>

Benefit	Original Medicare	BlueMedicare Group PFFS
<p>29. Prescription Drugs (continued)</p>		<p><u>Coverage Gap</u></p> <ul style="list-style-type: none"> ▪ There is no coverage gap under this plan. After your total yearly drug costs reach \$2,700, you continue to pay the copays shown above for the Initial Coverage Period until you reach the Catastrophic Coverage limit. <p><u>Catastrophic Coverage</u></p> <ul style="list-style-type: none"> ▪ After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: <ul style="list-style-type: none"> - a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6 copay for all other drugs, or - 5% coinsurance <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 PFFS. <p><u>Out-of-Network Initial Coverage</u></p> <ul style="list-style-type: none"> ▪ You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700: <ul style="list-style-type: none"> <u>Tier 1 – Covered Generic</u> <ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs in this tier <u>Tier 2 – Covered Preferred Brand</u> <ul style="list-style-type: none"> - \$40 copay for a one-month (31-day) supply of drugs in this tier <u>Tier 3 – Covered Brand</u> <ul style="list-style-type: none"> - \$75 copay for a one-month (31-day) supply of drugs in this tier

Benefit	Original Medicare	BlueMedicare Group PFFS
29. Prescription Drugs (continued)		<p>Tier S – Covered Specialty</p> <ul style="list-style-type: none"> - \$75 copay for a one-month (31-day) supply of drugs in this tier <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 yearly drug costs reach \$2,700, you will continue to be reimbursed up to the full cost of the drug minus the amounts shown under “Out-of-Network Initial Coverage” for drugs purchased out-of-network until you reach the Out-of-Network Catastrophic Coverage limit. <p><u>Out-of-Network Catastrophic Coverage</u></p> <ul style="list-style-type: none"> ▪ After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> - a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6 copay for all other drugs, or - 5% coinsurance, whichever is greater.
30. Dental Services	<ul style="list-style-type: none"> ▪ Preventive dental services (such as cleaning) not covered. 	<ul style="list-style-type: none"> ▪ Preventive dental benefits (such as cleaning) not covered ▪ \$25 copay for Medicare-covered dental benefits
31. Hearing Services	<ul style="list-style-type: none"> ▪ Routine hearing exams and hearing aids not covered. ▪ 20% coinsurance for diagnostic hearing exams. 	<ul style="list-style-type: none"> ▪ Routine hearing exams and hearing aids not covered ▪ \$25 copay for Medicare-covered diagnostic hearing exams

Benefit	Original Medicare	BlueMedicare Group PFFS
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. 	<ul style="list-style-type: none"> ▪ Eye exams and glasses not covered by Medicare are not covered under this plan. ▪ Basic eyeglass frames will be covered up to the Medicare Fee Schedule Allowance (current allowance is approximately \$69). ▪ Basic lenses will be covered in full based on the prescription. Additional items (i.e., anti-glare or transitional coatings) will not be covered. ▪ \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery ▪ \$25 copay for exams to diagnose and treat diseases and conditions of the eye
33. Physical Exams	<ul style="list-style-type: none"> ▪ 20% coinsurance for one exam within the first twelve months of your new Medicare Part B coverage ▪ When you get Medicare Part B, you can get a one-time physical exam within the first twelve months of your new Part B coverage. The coverage does not include lab tests. 	<ul style="list-style-type: none"> ▪ \$0 copay for routine exams ▪ Office visit copay may apply ▪ Limited to one exam every year
Health and 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 the Part B deductible applies. 	<ul style="list-style-type: none"> ▪ This plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> - Written health education materials, including newsletters - Nursing Hotline

NOTES



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