

MedicareBlueSM PPO

R5566



2009 Summary of Benefits

Effective January 1, 2009

Section I – Introduction to Summary of Benefits

Thank you for your interest in MedicareBlue PPO. Our plan is offered by Blue Cross Blue Shield Northern Plains Alliance/MedicareBlue PPO, 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 MedicareBlue 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 MedicareBlue 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 MedicareBlue PPO at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare MedicareBlue 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 MedicareBlue PPO available?

The service area for this plan includes: Upper Midwest and Northern Plains (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming). You must live in this area to join the plan.

Who is eligible to join MedicareBlue PPO?

You can join MedicareBlue PPO if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in MedicareBlue PPO unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

MedicareBlue PPO has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at www.YourMedicareSolutions.com. Our Customer Service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

You can go to doctors, specialists, or hospitals in- or out-of-network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out-of-network. For more information, please call the Customer Service number at the end of this introduction.

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

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

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

MedicareBlue 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.YourMedicareSolutions.com. Our Customer Service number is listed at the end of this introduction.

What is a prescription drug formulary?

MedicareBlue 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.YourMedicareSolutions.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 MedicareBlue PPO, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

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

must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What is a Medication 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 MedicareBlue 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 MedicareBlue PPO for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant 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 MedicareBlue PPO for more information about MedicareBlue PPO.

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

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 9:00 p.m. Central

Current members should call toll-free (888) 457-3009 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Programs. (TTY/TDD (888) 457-3005)

Prospective members should call toll-free (866) 434-2038 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Programs. (TTY/TDD (866) 456-1550)

Current members should call locally (888) 457-3009 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Programs. (TTY/TDD (888) 457-3005)

Prospective members should call locally (866) 434-2038 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Programs. (TTY/TDD (888) 456-1550)

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 II – Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact MedicareBlue PPO for details.

Benefit Category	Original Medicare	MedicareBlue PPO
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Important Information

<p>1 — Premium and Other Important Information</p>	<p>In 2009 the monthly Part B premium is \$96.40 and the yearly Part B deductible is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><i>General</i> \$58.60 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><i>In-Network</i> \$3,350 in-network out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit.</p> <p><i>In and Out-of-Network</i> \$8,350 combined (in and out-of-network) out-of-pocket limit.</p> <p>All plan services covered under the out-of-pocket limit.</p>
<p>2 — Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><i>In-Network</i> No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p><i>Out-of-Network</i> Plan covers you when you travel in the U.S.</p>

Benefit Category	Original Medicare	MedicareBlue PPO
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Inpatient Care

3 — Inpatient Hospital Care

(includes Substance Abuse and Rehabilitation Services)

In 2009 the amounts for each benefit period are:

- Days 1–60: \$1,068 deductible
- Days 61–90: \$267 per day
- Days 91–150: \$534 per lifetime reserve day

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.

In-Network
 For Medicare-covered hospital stays:
 Days 1-3: \$225 copay per day
 Days 4-90: \$0 copay per day
 For additional hospital days:
 Days 91-94: \$225 copay per day
 Days 95 and beyond: \$0 copay per day
 No limit to the number of days covered by the plan each benefit period.

Out-of-Network
 40% of the cost for each hospital stay.

4 — Inpatient Mental Health Care

Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).

190-day lifetime limit in a Psychiatric Hospital.

In-Network
 For hospital stays:
 Days 1-3: \$225 copay per day
 Days 4-90: \$0 copay per day
 Plan covers 60 lifetime reserve days.
 Cost per lifetime reserve day:
 Days 1-3: \$225 copay per day
 Days 4-60: \$0 copay per day
 You get up to 190 days in a Psychiatric Hospital in a lifetime.

Out-of-Network
 40% of the cost for each hospital stay.

Benefit Category	Original Medicare	MedicareBlue PPO
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Inpatient Care (continued)

5 — Skilled Nursing Facility

(in a Medicare-certified skilled nursing facility)

In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:

- Days 1–20: \$0 per day
- Days 21–100: \$133.50 per day

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.

In-Network

For SNF stays:

- Days 1–20: \$0 copay per day
- Days 21–100: \$125 copay per day

Plan covers up to 100 days each benefit period

No prior hospital stay is required.

Out-of-Network

40% of the cost for each SNF stay.

6 — Home Health Care

(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)

\$0 copay.

In-Network

\$0 copay for Medicare-covered home health visits.

Out-of-Network

40% of the cost for home health visits.

7 — Hospice

You pay part of the cost for outpatient drugs and inpatient respite care.

You must get care from a Medicare-certified hospice.

General

You must get care from a Medicare-certified hospice.

Benefit Category	Original Medicare	MedicareBlue PPO
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Outpatient Care

<p>8 — Doctor Office Visits</p>	<p>20% coinsurance (1) (2)</p>	<p><i>General</i> See "Physical Exams," for more information.</p> <p><i>In-Network</i> \$25 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$25 to \$35 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p> <p><i>Out-of-Network</i> 40% for each primary care doctor visit.</p> <p>40% for each specialist visit.</p>
<p>9 — Chiropractic Services</p>	<p>Routine care not covered.</p> <p>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. (1) (2)</p>	<p><i>In-Network</i> 20% of the cost for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p><i>Out-of-Network</i> 40% of the cost for chiropractic benefits.</p>
<p>10 — Podiatry Services</p>	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. (1) (2)</p>	<p><i>In-Network</i> \$35 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p><i>Out-of-Network</i> 40% of the cost for podiatry benefits.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	MedicareBlue PPO
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Outpatient Care (continued)

<p>11 — Outpatient Mental Health Care</p>	<p>50% coinsurance for most outpatient mental health services. (1) (2)</p>	<p><i>In-Network</i> \$35 copay for each Medicare-covered individual or group therapy visit.</p> <p><i>Out-of-Network</i> 40% of the cost for Mental Health benefits. 40% of the cost for Mental Health benefits with a psychiatrist.</p>
<p>12 — Outpatient Substance Abuse Care</p>	<p>20% coinsurance (1) (2)</p>	<p><i>In-Network</i> \$35 copay for Medicare-covered individual or group visits.</p> <p><i>Out-of-Network</i> 40% of the cost for outpatient substance abuse benefits.</p>
<p>13 — Outpatient Services/Surgery</p>	<p>20% coinsurance for the doctor (1) (2) 20% of outpatient facility charges (1) (2)</p>	<p><i>In-Network</i> \$150 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$150 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><i>Out-of-Network</i> 40% of the cost for ambulatory surgical center benefits. 40% of the cost for outpatient hospital facility benefits.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	MedicareBlue PPO
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Outpatient Care (continued)

<p>14 — Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance (1) (2)</p>	<p><i>In-Network</i> 20% of the cost for Medicare-covered ambulance benefits.</p> <p><i>Out-of-Network</i> 40% of the cost for ambulance benefits.</p>
<p>15 — Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor (1) (2)</p> <p>20% of facility charge, or a set copay per emergency room visit (1) (2)</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><i>In-Network</i> \$50 copay for Medicare-covered emergency room visits.</p> <p><i>Out-of-Network</i> Worldwide coverage.</p> <p><i>In and Out-of-Network</i> If you are admitted to the hospital within 1 day for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16 — Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay (1) (2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><i>General</i> \$25 to \$35 copay for Medicare-covered urgently needed care visits.</p>
<p>17 — Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance (1) (2)</p>	<p><i>In-Network</i> \$35 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$35 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p><i>Out-of-Network</i> 40% of the cost for Occupational Therapy benefits.</p> <p>40% of the cost for Physical and/or Speech/Language Therapy visits.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	MedicareBlue PPO
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Outpatient Medical Services and Supplies

<p>18 — Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance (1) (2)</p>	<p><i>In-Network</i> 20% of the cost for Medicare-covered items.</p> <p><i>Out-of-Network</i> 40% of the cost for durable medical equipment.</p>
<p>19 — Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance (1) (2)</p>	<p><i>In-Network</i> 20% of the cost for Medicare-covered items.</p> <p><i>Out-of-Network</i> 40% of the cost for prosthetic devices.</p>
<p>20 — Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance (1) (2)</p> <p>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>	<p><i>In-Network</i> \$35 copay for Diabetes self-monitoring training. \$35 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p> <p><i>Out-of-Network</i> 40% of the cost for Diabetes self-monitoring training. 40% of the cost for Nutrition Therapy for Diabetes. 40% of the cost for Diabetes supplies.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	MedicareBlue PPO
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Outpatient Medical Services and Supplies (continued)

21 — Diagnostic Tests, X-Rays, and Lab Services

20% coinsurance for diagnostic tests and x-rays (1) (2)

\$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.

In-Network
 \$0 copay for Medicare-covered:

- lab services
- diagnostic procedures and tests

20% of the cost for Medicare-covered X-rays.

20% of the cost for Medicare-covered diagnostic radiology services.

20% of the cost for Medicare-covered therapeutic radiology services.

Additional facility charges apply.

Out-of-Network
 40% of the cost for diagnostic procedures, tests, and lab services.

40% of the cost for therapeutic radiology services.

40% of the cost for outpatient X-rays.

40% of the cost for diagnostic radiology services.

Preventive Services

22 — Bone Mass Measurement

(for people with Medicare who are at risk)

20% coinsurance (1) (2)

Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.

In-Network
 \$0 copay for Medicare-covered bone mass measurement.

Out-of-Network
 40% of the cost for Medicare-covered bone mass measurement.

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	MedicareBlue PPO
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Preventive Services (continued)

<p>23 — Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>20% coinsurance (1) (2) Covered when you are high risk or when you are age 50 and older.</p>	<p><i>In-Network</i> \$0 copay for – Medicare-covered colorectal screenings, and – up to 1 additional screening(s) every year <i>Out-of-Network</i> 40% of the cost for colorectal screenings.</p>
<p>24 — Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine (1) (2) You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><i>In-Network</i> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines. <i>Out-of-Network</i> 0% of the cost for immunizations</p>
<p>25 — Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance (2) 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.</p>	<p><i>In-Network</i> \$0 copay for – Medicare-covered screening mammograms, and – up to 1 additional screening mammogram(s) every year <i>Out-of-Network</i> 40% of the cost for screening mammograms.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	MedicareBlue PPO
Preventive Services (continued)		
26 — Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. (2) 20% coinsurance for Pelvic Exams (2)	<i>In-Network</i> \$0 copay for Medicare-covered Pap smears and pelvic exams and – up to 1 additional Pap smear(s) and pelvic exam(s) every year <i>Out-of-Network</i> 40% of the cost for Pap smears and pelvic exams.
27 — Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. (1) (2) \$0 for the PSA test; 20% coinsurance for other related services. (1) (2) Covered once a year for all men with Medicare over age 50.	<i>In-Network</i> \$0 copay for Medicare-covered prostate cancer screening. – up to 1 additional screening(s) every year <i>Out-of-Network</i> 40% of the cost for prostate cancer screening.
28 — End-Stage Renal Disease	20% coinsurance for renal dialysis (1) (2) 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease (1) (2) 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.	<i>In-Network</i> \$0 copay for renal dialysis \$35 copay for Nutrition Therapy for End-Stage Renal Disease. <i>Out-of-Network</i> 40% of the cost for Nutrition Therapy for End-Stage Renal Disease. 0% to 40% of the cost for renal dialysis.

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	MedicareBlue PPO
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Preventive Services (continued)

<p>29 — Prescription Drugs</p>	<p>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>	
<p>Drugs covered under Medicare Part B</p>		<p><i>General</i> 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 20% of the cost for Part B-covered chemotherapy drugs.</p>
<p>Drugs Covered under Medicare Part D</p>		<p><i>General</i> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.YourMedicareSolutions.com on the Web. Different out-of-pocket costs may apply for people who</p> <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). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p>

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Benefit Category	Original Medicare	MedicareBlue PPO
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Preventive Services (continued)

29 — Prescription Drugs (continued)

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 MedicareBlue 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 for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on 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.

In-Network

\$295 yearly deductible

Initial Coverage

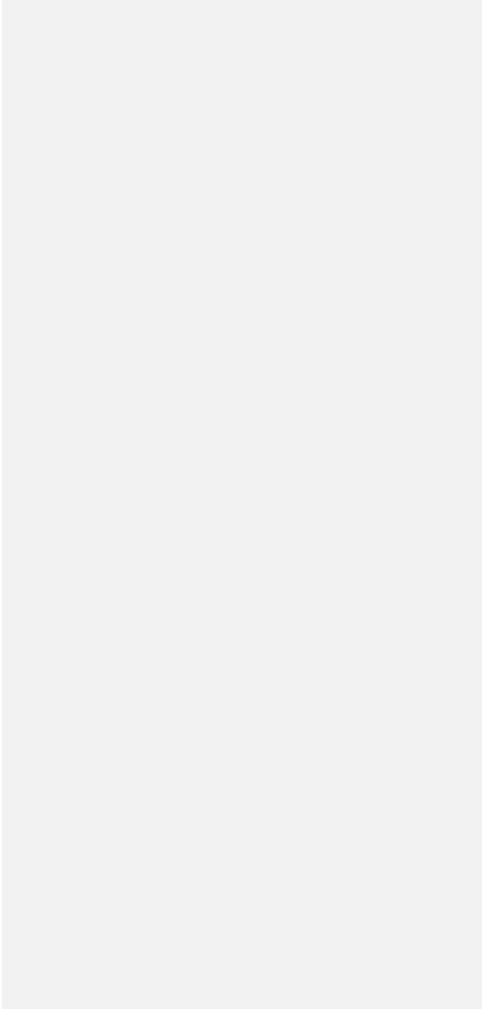
After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,700:

Benefit Category	Original Medicare	MedicareBlue PPO
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Preventive Services (continued)

**29 — Prescription Drugs
(continued)**

Retail Pharmacy



Level 1: Covered Generic

- 10% coinsurance for a one-month (31-day) supply of drugs in this tier
- 10% coinsurance for a three-month (90-day) supply of drugs in this tier

Level 2: Covered Preferred Brand

- 19% coinsurance for a one-month (31-day) supply of drugs in this tier
- 19% coinsurance for a three-month (90-day) supply of drugs in this tier

Level 3: Covered Brand

- 50% coinsurance for a one-month (31-day) supply of drugs in this tier
- 50% coinsurance for a three-month (90-day) supply of drugs in this tier

Covered Specialty

- 25% coinsurance for a one-month (31-day) supply of drugs in this tier
- 25% coinsurance for a three-month (90-day) supply of drugs in this tier

(continued on next page)

Benefit Category	Original Medicare	MedicareBlue PPO
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Preventive Services (continued)

29 — Prescription Drugs (continued)

Long Term Care Pharmacy

- Level 1: Covered Generic**
 - 10% coinsurance for a one-month (31-day) supply of drugs in this tier
- Level 2: Covered Preferred Brand**
 - 19% coinsurance for a one-month (31-day) supply of drugs in this tier
- Level 3: Covered Brand**
 - 50% coinsurance for a one-month (31-day) supply of drugs in this tier
- Covered Specialty**
 - 25% coinsurance for a one-month (31-day) supply of drugs in this tier

Mail Order

- Level 1: Covered Generic**
 - 10% coinsurance for a three-month (90-day) supply of drugs in this tier
- Level 2: Covered Preferred Brand**
 - 19% coinsurance for a three-month (90-day) supply of drugs in this tier
- Level 3: Covered Brand**
 - 50% coinsurance for a three-month (90-day) supply of drugs in this tier
- Covered Specialty**
 - 25% coinsurance for a three-month (90-day) supply of drugs in this tier

Benefit Category	Original Medicare	MedicareBlue PPO
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Preventive Services (continued)

29 — Prescription Drugs (continued)

Coverage Gap

After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:

- A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or
- 5% coinsurance.

Out-of-Network

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may pay more than 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 MedicareBlue PPO.

Out-of-Network Initial Coverage

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 \$2,700:

(continued on next page)

Benefit Category	Original Medicare	MedicareBlue PPO
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Preventive Services (continued)

29 — Prescription Drugs (continued)

Out-of-Network Pharmacy

- Level 1: Covered Generic**
 - 10% coinsurance for a one-month (31-day) supply of drugs in this tier
- Level 2: Covered Preferred Brand**
 - 19% coinsurance for a one-month (31-day) supply of drugs in this tier
- Level 3: Covered Brand**
 - 50% coinsurance for a one-month (31-day) supply of drugs in this tier

- Covered Specialty**
 - 25% coinsurance for a one-month (31-day) supply of drugs in this tier

Out-of-Network Coverage Gap

After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by MedicareBlue PPO for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to MedicareBlue PPO so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Out-of-Network Catastrophic Coverage

- After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:
- A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or
 - 5% coinsurance.

Benefit Category	Original Medicare	MedicareBlue PPO
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Preventive Services (continued)

30 — Dental Services	Preventive dental services (such as cleaning) not covered.	<p><i>In-Network</i> In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$35 copay for Medicare-covered dental benefits.</p> <p><i>Out-of-Network</i> 40% of the cost for comprehensive dental benefits.</p>
31 — Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams. (1) (2)</p>	<p><i>In-Network</i> Hearing aids not covered.</p> <ul style="list-style-type: none"> – \$35 copay for Medicare-covered diagnostic hearing exams – \$35 copay for up to 1 routine hearing test(s) every year <p><i>Out-of-Network</i> 40% of the cost for hearing exams.</p>
32 — Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. (1) (2)</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><i>In-Network</i></p> <ul style="list-style-type: none"> – 20% of the cost for one pair of eyeglasses or contact lenses after each cataract surgery – \$35 copay for exams to diagnose and treat diseases and conditions of the eye – \$35 copay for up to 1 routine eye exam(s) every year <p><i>Out-of-Network</i> 40% of the cost for eye exams.</p> <p>40% of the cost for eye wear.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	MedicareBlue PPO
Preventive Services (continued)		
33 — Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. (1) (2)</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><i>In-Network</i> \$25 copay for routine exams. Limited to 1 exam(s) every year. \$25 copay for Medicare-covered benefits.</p> <p><i>Out-of-Network</i> 40% of the cost for routine exams.</p>
Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies. (1) (2)</p>	<p><i>In-Network</i> This plan does not cover health/wellness education benefits. \$35 copay for each Medicare-covered smoking cessation counseling session.</p> <p><i>Out-of-Network</i> 40% of the cost for Health and Wellness services.</p>
Transportation (Routine)	<p>Not covered.</p>	<p><i>In-Network</i> This plan does not cover routine transportation.</p>
Acupuncture	<p>Not covered.</p>	<p><i>In-Network</i> This plan does not cover Acupuncture.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.



MedicareBlueSM PPO

A Medicare Advantage Plan