



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

Arkansas Blue Cross and Blue Shield

Medi-Pak Advantage MA (PFFS) and Medi-Pak
Advantage MA-PD (PFFS)

Service AREA 3

Summary of Benefits

Introduction to the Summary of Benefits Report
for AR BLUE CROSS - Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (PFFS)
January 1, 2011 - December 31, 2011
Some Northeast, Central and Southern AR counties

SECTION I –
INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in AR Blue Cross – Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (PFFS). Our plan is offered by Arkansas Blue Cross - Medi-Pak Advantage, 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 AR Blue Cross - Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (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 AR Blue Cross - Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (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 AR Blue Cross - Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (PFFS) at the telephone 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 AR Blue Cross - Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (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 AR Blue Cross - Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (PFFS) AVAILABLE?

The service area for this plan includes: Arkansas, Calhoun, Chicot, Clark, Clay, Cleburne, Columbia, Cross, Desha, Drew, Garland, Greene, Hempstead, Hot Spring, Independence, Jackson, Lafayette, Lawrence, Little River, Mississippi, Prairie, Saline, White Counties, AR. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN AR Blue Cross - Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (PFFS)?

You can join AR Blue Cross - Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (PFFS) 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 AR Blue Cross - Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (PFFS) unless they are members of our organization and have been since their dialysis began.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

AR Blue Cross – Medi-Pak Advantage MA-PD has formed a network of pharmacies. You must use a network

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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.arkansasbluecross.com/medicareplans. Our customer service number is listed at the end of this introduction.

Medi-Pak Advantage **MA** does not cover Medicare Part D prescription drugs. As a member of Medi-Pak Advantage **MA**, you can receive prescription drug coverage by joining a Prescription Drug Plan.

HOW DO I GET MEDICAL CARE THAT IS COVERED BY THE PLAN?

You can receive your care from any provider, such as a doctor or hospital, in the United States, if the provider is eligible to be paid by Medicare and agrees to accept our plan's terms and conditions of payment before providing services to you. A provider can decide at every visit to accept our plan's terms and conditions, and thus treat you.

Not all providers accept our plan's terms and conditions of payment or agree to treat you. If a provider from whom you seek care decides not to accept our plan's terms and conditions of payment or refuses to treat you, then you will need to find another provider that will accept our plan's terms and conditions of payment. A provider that decides not to accept our plan's terms and conditions of payment should not provide services to you, except in emergencies. If you need emergency care, it is covered whether a provider agrees to accept our plan's payment terms or not.

Our plan has signed contracts with some providers. These providers are our network providers. We have network providers for all services covered under Medicare. You can still receive services from non-network providers who do not have a signed contract with us, as long as those providers agree to accept our plan's terms and conditions of payment (as described above). However, you may pay more for seeing a provider who is not one of our network providers. For more information, please call the customer service number listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

AR Blue Cross - Medi-Pak Advantage MA (PFFS) does cover Medicare Part B prescription drugs. AR Blue Cross - Medi-Pak Advantage MA (PFFS) does NOT cover Medicare Part D prescription drugs.

AR Blue Cross - Medi-Pak Advantage MA-PD (PFFS) does cover both Medicare Part B prescription drugs **and** Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

AR Blue Cross – Medi-Pak Advantage MA-PD 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 <http://www.arkansasbluecross.com/MedicarePlans>.

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

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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.

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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.

Medi-Pak Advantage **MA** does not cover Medicare Part D prescription drugs. As a member of Medi-Pak Advantage **MA**, you can receive prescription drug coverage by joining a Prescription Drug Plan.

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 AR Blue Cross – Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (PFFS), 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 AR Blue Cross - Medi-Pak Advantage MA-PD, 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

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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.

Medi-Pak Advantage **MA** does not cover Medicare Part D prescription drugs. As a member of Medi-Pak Advantage **MA**, you can receive prescription drug coverage by joining a Prescription Drug Plan.

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 AR Blue Cross - Medi-Pak Advantage MA-PD for more details.

Medi-Pak Advantage **MA** does not cover Medicare Part D prescription drugs. As a member of Medi-Pak Advantage **MA**, you can receive prescription drug coverage by joining a Prescription Drug Plan.

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 AR Blue Cross – Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (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 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 incidental 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

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"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 customer service number is listed below.

Please call Arkansas Blue Cross - Medi-Pak Advantage for more information about AR Blue Cross - Medi-Pak Advantage MA (PFFS) and Medi-Pak Advantage MA-PD (PFFS).

Visit us at www.arkansasbluecross.com/MedicarePlans or, call us:

Customer Service Hours:

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

Current members should call toll-free 1-877-233-7022 for questions related to the Medicare Advantage Program or Medicare Part D Prescription Drug program. (TTY/TDD 1-888-844-5530)

Prospective members should call toll-free 1-888-242-5017 for questions related to the Medicare Advantage Program or Medicare Part D Prescription Drug program. (TTY/TDD 1-800-370-5869)

Prospective members should call locally 1-501-378-2937 for questions related to the Medicare Advantage Program or Medicare Part D Prescription Drug program. (TTY/TDD 1-800-370-5869)

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.

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BENEFIT CATEGORY	ORIGINAL MEDICARE	Medi-Pak Advantage MA (PFFS)	Medi-Pak Advantage MA-PD (PFFS)
IMPORTANT INFORMATION			
<p>1 – Premium and Other Important Information</p>	<p>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.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>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>	<p><u>General</u> \$40.50 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their 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.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p><u>Out-of-Network</u> \$500 yearly deductible. Contact the plan for services that apply.</p>	<p><u>General</u> \$74.30 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their 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.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p><u>Out-of-Network</u> \$500 yearly deductible. Contact the plan for services that apply.</p>

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		<p>\$750 plan coverage limit every year for Non-Medicare-covered benefits.</p> <p>Contact the plan for services that apply.</p> <p><u>In and Out-of-Network</u> \$6,700 out-of-pocket limit.</p> <p>There is no limit on cost sharing for the following services:</p> <p><u>Out-of-Network:</u> Supplemental Services: - Health Education/Wellness</p> <p>See Section 3 for additional details.</p>	<p>\$750 plan coverage limit every year for Non-Medicare-covered benefits.</p> <p>Contact the plan for services that apply.</p> <p><u>In and Out-of-Network</u> \$6,700 out-of-pocket limit.</p> <p>There is no limit on cost sharing for the following services:</p> <p><u>Out-of-Network:</u> Supplemental Services: - Health Education/Wellness</p> <p>See Section 3 for additional details.</p>
<p>2 – Doctor and Hospital Choice</p> <p>(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><u>In and Out-of-Network</u> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <p>See Section 3 for additional details.</p>	<p><u>In and Out-of-Network</u> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <p>See Section 3 for additional details.</p>
INPATIENT CARE			
<p>3 – Inpatient Hospital Care</p>	<p>In 2010 the amounts for each benefit period were: Days 1 - 60: \$1100 deductible</p>	<p><u>General</u> You may go to any doctor, specialist, or hospital that accepts the plan's terms and</p>	<p><u>General</u> You may go to any doctor, specialist, or hospital that accepts the plan's terms and</p>

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(includes Substance Abuse and Rehabilitation Services)	<p>Days 61 - 90: \$275 per day Days 91 - 150: \$550 per lifetime reserve day.</p> <p>These amounts will change for 2011.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>conditions of payment, except in emergencies.</p> <p><u>In-Network</u> No limit to the number of days covered by the plan each benefit period.</p> <p>For Medicare-covered hospital stays: Days 1 - 6: Days 1-6: \$265 copay per day Days 7 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days.</p> <p><u>Out-of-Network</u> 30% of the cost for each hospital stay.</p> <p>See Section 3 for additional details.</p>	<p>conditions of payment, except in emergencies.</p> <p><u>In-Network</u> No limit to the number of days covered by the plan each benefit period.</p> <p>For Medicare-covered hospital stays: Days 1 - 6: Days 1-6: \$265 copay per day Days 7 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days.</p> <p><u>Out-of-Network</u> 30% of the cost for each hospital stay.</p> <p>See Section 3 for additional details.</p>
4 – Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient	<p><u>In-Network</u> Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p>	<p><u>In-Network</u> Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p>

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	<p>Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>For Medicare-covered hospital stays:</p> <p>Days 1 - 6: Days 1-6: \$265 copay per day Days 7 - 90: \$0 copay per day.</p> <p>\$0 copay for additional hospital days</p> <p><u>Out-of-Network</u> 30% of the cost for each hospital stay.</p> <p>See Section 3 for additional details.</p>	<p>For Medicare-covered hospital stays:</p> <p>Days 1 - 6: Days 1-6: \$265 copay per day Days 7 - 90: \$0 copay per day.</p> <p>\$0 copay for additional hospital days</p> <p><u>Out-of-Network</u> 30% of the cost for each hospital stay.</p> <p>See Section 3 for additional details.</p>
<p>5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$137.50 per day These amounts will change for 2011.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period</p>	<p><u>In-Network</u> Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required. For Medicare-covered SNF stays:</p> <p>Days 1 - 20: \$0 copay per day Days 21 - 100: \$137.50 copay per day</p> <p><u>Out-of-Network</u> 30% of the cost for each SNF stay.</p> <p>See Section 3 for additional details.</p>	<p><u>In-Network</u> Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required. For Medicare-covered SNF stays:</p> <p>Days 1 - 20: \$0 copay per day Days 21 - 100: \$137.50 copay per day</p> <p><u>Out-of-Network</u> 30% of the cost for each SNF stay.</p> <p>See Section 3 for additional details.</p>

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	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.		
6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<u>In-Network</u> \$0 copay for Medicare-covered home health visits. <u>Out-of-Network</u> 30% for home health visits.	<u>In-Network</u> \$0 copay for Medicare-covered home health visits. <u>Out-of-Network</u> 30% 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.	<u>General</u> You must get care from a Medicare-certified hospice.	<u>General</u> You must get care from a Medicare-certified hospice.
OUTPATIENT CARE			
8 – Doctor Office Visits	20% coinsurance	<u>General</u> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment. See “Welcome to Medicare; and Annual	<u>General</u> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment. See “Welcome to Medicare; and Annual

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		<p>Wellness Visit," for more information.</p> <p><u>In-Network</u> \$25 copay for each primary care doctor visit for Medicare-covered benefits. \$40 copay for each specialist visit for Medicare-covered benefits.</p> <p><u>Out-of-Network</u> 30% for each primary care doctor visit.</p> <p>30% for each specialist visit.</p> <p>See Section 3 for additional details.</p>	<p>Wellness Visit," for more information.</p> <p><u>In-Network</u> \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$35 copay for each specialist visit for Medicare-covered benefits.</p> <p><u>Out-of-Network</u> 30% for each primary care doctor visit.</p> <p>30% for each specialist visit.</p> <p>See Section 3 for additional details.</p>
9 – Chiropractic Services	<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.</p>	<p><u>In-Network</u> \$20 copay for each Medicare-covered visit.</p> <p>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> <p><u>Out-of-Network</u> 30% of the cost for chiropractic benefits.</p>	<p><u>In-Network</u> \$20 copay for each Medicare-covered visit.</p> <p>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> <p><u>Out-of-Network</u> 30% of the cost for chiropractic benefits.</p>
10 – Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically</p>	<p><u>In-Network</u> \$20 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for</p>	<p><u>In-Network</u> \$20 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for</p>

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	necessary foot care, including care for medical conditions affecting the lower limbs.	medically-necessary foot care. <u>Out-of-Network</u> 30% of the cost for podiatry benefits. See Section 3 for additional details.	medically-necessary foot care. <u>Out-of-Network</u> 30% of the cost for podiatry benefits. See Section 3 for additional details.
11 – Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	<u>In-Network</u> \$40 copay for each Medicare-covered individual or group therapy visit. <u>Out-of-Network</u> 30% of the cost for Mental Health benefits. 30% of the cost for Mental Health benefits with a psychiatrist.	<u>In-Network</u> \$35 copay for each Medicare-covered individual or group therapy visit. <u>Out-of-Network</u> 30% of the cost for Mental Health benefits. 30% of the cost for Mental Health benefits with a psychiatrist.
12 – Outpatient Substance Abuse Care	20% coinsurance.	<u>In-Network</u> \$40 copay for Medicare-covered individual or group visits. <u>Out-of-Network</u> 30% of the cost for outpatient substance abuse benefits.	<u>In-Network</u> \$35 copay for Medicare-covered individual or group visits. <u>Out-of-Network</u> 30% of the cost for outpatient substance abuse benefits.
13 – Outpatient Services/Surgey	20% coinsurance for the doctor Specified copayment for outpatient hospital facility charges. Copay cannot exceed the Part A Inpatient hospital deductible.	<u>In-Network</u> \$250 copay for each Medicare-covered ambulatory surgical center visit. \$250 copay for each Medicare-covered outpatient hospital facility visit. <u>Out-of-Network</u>	<u>In-Network</u> \$250 copay for each Medicare-covered ambulatory surgical center visit. \$250 copay for each Medicare-covered outpatient hospital facility visit. <u>Out-of-Network</u>

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	20% coinsurance for ambulatory surgical center facility charges.	30% of the cost for ambulatory surgical center benefits. 30% of the cost for outpatient hospital facility benefits.	30% of the cost for ambulatory surgical center benefits. 30% of the cost for outpatient hospital facility benefits.
14 – Ambulance Services (medically necessary ambulance services)	20% coinsurance.	<u>In-Network</u> \$250 to \$500 copay for Medicare-covered ambulance benefits. <u>Out-of-Network</u> \$250 to \$500 for ambulance benefits. See Section 3 for additional details.	<u>In-Network</u> \$250 to \$500 copay for Medicare-covered ambulance benefits. <u>Out-of-Network</u> \$250 to \$500 for ambulance benefits. See Section 3 for additional details.
15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	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	<u>General</u> \$50 copay for Medicare-covered emergency room visits. \$15,000 plan coverage limit for emergency services outside the U.S. every year. If you are admitted to the hospital within 1 day for the same condition, you pay \$0 for the emergency room visit. See Section 3 for additional details.	<u>General</u> \$50 copay for Medicare-covered emergency room visits. \$15,000 plan coverage limit for emergency services outside the U.S. every year. If you are admitted to the hospital within 1 day for the same condition, you pay \$0 for the emergency room visit. See Section 3 for additional details.

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	circumstances.		
16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.	<u>General</u> \$25 to \$40 copay copay for Medicare-covered urgently needed care visits. See Section 3 for additional details.	<u>General</u> \$15 to \$35 copay copay for Medicare-covered urgently needed care visits. See Section 3 for additional details.
17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)	20% coinsurance.	<u>In-Network</u> There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits. \$40 copay for Medicare-covered Occupational Therapy visits. \$40 copay for Medicare-covered Physical and/or Speech and Language Therapy visits. \$40 copay for Medicare-covered Cardiac Rehab services. <u>Out-of-Network</u> 30% of the cost for Occupational Therapy benefits. 30% of the cost for Physical and/or Speech and Language Therapy visits. 30% of the cost for Cardiac Rehab services. See Section 3 for additional details.	<u>In-Network</u> There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits. \$35 copay for Medicare-covered Occupational Therapy visits. \$35 copay for Medicare-covered Physical and/or Speech and Language Therapy visits. \$35 copay for Medicare-covered Cardiac Rehab services. <u>Out-of-Network</u> 30% of the cost for Occupational Therapy benefits. 30% of the cost for Physical and/or Speech and Language Therapy visits. 30% of the cost for Cardiac Rehab services. See Section 3 for additional details.

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OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance.	<u>In-Network</u> 20% of the cost for Medicare-covered items. <u>Out-of-Network</u> 30% of the cost for durable medical equipment.	<u>In-Network</u> 20% of the cost for Medicare-covered items. <u>Out-of-Network</u> 30% of the cost for durable medical equipment.
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	<u>In-Network</u> 20% of the cost for Medicare-covered items. <u>Out-of-Network</u> 30% of the cost for prosthetic devices.	<u>In-Network</u> 20% of the cost for Medicare-covered items. <u>Out-of-Network</u> 30% of the cost for prosthetic devices.
20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training, retinal exam/glaucoma test,	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> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. Separate Office Visit cost sharing of \$25 copay to \$40 copay may apply. <u>Out-of-Network</u> 30% of the cost for Diabetes self-monitoring training. 30% of the cost for Nutrition Therapy for Diabetes. 30% of the cost for Diabetes supplies.	<u>In-Network</u> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. Separate Office Visit cost sharing of \$15 copay to \$35 copay may apply. <u>Out-of-Network</u> 30% of the cost for Diabetes self-monitoring training. 30% of the cost for Nutrition Therapy for Diabetes. 30% of the cost for Diabetes supplies.

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and foot exam/therapeutic soft shoes)		See Section 3 for additional details.	See Section 3 for additional details.
21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><u>In-Network</u> \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests \$0 copay for Medicare-covered X-rays. \$0 to \$250 copay for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$25 copay to \$40 copay may apply for Outpatient Diagnostic and Therapeutic Radiological Services.</p> <p><u>Out-of-Network</u> 30% of the cost for outpatient x-rays. 30% of the cost for diagnostic radiology services. 30% of the cost for therapeutic radiology services. 0% to 30% of the cost for diagnostic procedures, tests, and lab services.</p>	<p><u>In-Network</u> \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests \$0 copay for Medicare-covered X-rays. \$0 to \$250 copay for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$15 copay to \$35 copay may apply for Outpatient Diagnostic and Therapeutic Radiological Services.</p> <p><u>Out-of-Network</u> 30% of the cost for outpatient x-rays. 30% of the cost for diagnostic radiology services. 30% of the cost for therapeutic radiology services. 0% to 30% of the cost for diagnostic procedures, tests, and lab services.</p>

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		See Section 3 for additional details.	See Section 3 for additional details.
PREVENTIVE SERVICES – See Section 3 for additional details.			
22 - Bone Mass Measurement (for people with Medicare who are at risk)	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> \$0 copay for Medicare-covered bone mass measurement . Separate Office Visit cost sharing of \$25 copay to \$40 copay may apply. <u>Out-of-Network</u> 30% of the cost for Medicare-covered bone mass measurement.	<u>In-Network</u> \$0 copay for Medicare-covered bone mass measurement . Separate Office Visit cost sharing of \$15 copay to \$35 copay may apply. <u>Out-of-Network</u> 30% of the cost for Medicare-covered bone mass measurement.
23 – Colorectal Screening Exams (for people with Medicare age 50 and older)	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> \$0 copay for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of \$25 copay to \$40 copay may apply. <u>Out-of-Network</u> 30% of the cost for colorectal screenings.	<u>In-Network</u> \$0 copay for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of \$15 copay to \$35 copay may apply. <u>Out-of-Network</u> 30% of the cost for colorectal screenings.
24 – Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu, Pneumonia vaccines, 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> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. <u>Out-of-Network</u> \$0 copay for immunizations.	<u>In-Network</u> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. <u>Out-of-Network</u> \$0 copay for immunizations.

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<p>25 – Mammograms (Annual Screening)</p> <p>(for women with Medicare age 40 and older)</p>	<p>No coinsurance, copayment, or deductible.</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><u>In-Network</u> \$0 copay for Medicare-covered screening mammograms.</p> <p>Separate Office Visit cost sharing of \$25 copay to \$40 copay may apply.</p> <p><u>Out-of-Network</u> 30% of the cost for screening mammograms.</p>	<p><u>In-Network</u> \$0 copay for Medicare-covered screening mammograms.</p> <p>Separate Office Visit cost sharing of \$15 copay to \$35 copay may apply.</p> <p><u>Out-of-Network</u> 30% of the cost for screening mammograms.</p>
<p>26 – Pap Smears and Pelvic Exams</p> <p>(for women with Medicare)</p>	<p>No coinsurance, copayment, or deductible for Pap Smears.</p> <p>No coinsurance, copayment, or deductible for Pelvic and Clinical Breast Exams.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p>	<p><u>In-Network</u> \$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>Separate Office Visit cost sharing of \$25 copay to \$40 copay may apply.</p> <p><u>Out-of-Network</u> 30% of the cost for pap smears and pelvic exams.</p>	<p><u>In-Network</u> \$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>Separate Office Visit cost sharing of \$15 copay to \$35 copay may apply.</p> <p><u>Out-of-Network</u> 30% of the cost for pap smears and pelvic exams.</p>
<p>27 – Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p>	<p><u>In-Network</u> \$0 copay for - Medicare-covered prostate cancer screening</p> <p>Separate Office Visit cost sharing of \$25 copay to \$40 copay may apply.</p>	<p><u>In-Network</u> \$0 copay for - Medicare-covered prostate cancer screening</p> <p>Separate Office Visit cost sharing of \$15 copay to \$35 copay may apply.</p>

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and older)	Covered once a year for all men with Medicare over age 50.	<u>Out-of-Network</u> 30% of the cost for prostate cancer screening.	<u>Out-of-Network</u> 30% of the cost for prostate cancer screening.
28 – End-Stage Renal Disease	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.	<u>In-Network</u> 20% of the cost for renal dialysis . \$0 copay for Nutrition Therapy for End-Stage Renal Disease. <u>Out-of-Network</u> 30% of the cost for renal dialysis. 30% of the cost for Nutrition Therapy for End-Stage Renal Disease.	<u>In-Network</u> 20% of the cost for renal dialysis . \$0 copay for Nutrition Therapy for End-Stage Renal Disease. <u>Out-of-Network</u> 30% of the cost for renal dialysis. 30% of the cost for Nutrition Therapy for End-Stage Renal Disease.
29 – Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a	Drugs covered under Medicare Part B <u>General</u> Most drugs not covered. 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.	Drugs covered under Medicare Part B <u>General</u> 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. 30% of the cost for Part B drugs out-of-network.

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	<p>Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>30% of the cost for Part B drugs out-of-network.</p> <p>Drugs covered under Medicare Part D</p> <p><u>General</u> This plan does not offer prescription drug coverage.</p>	<p>Drugs covered under Medicare Part D</p> <p><u>General</u> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.arkansasbluecross.com/MedicarePlans on the web.</p> <p>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> <p>Total yearly drug costs are the total drug</p>

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			<p>costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AR Blue Cross – Medi-Pak Advantage MA-PD for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements 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.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AR Blue Cross – Medi-Pak Advantage MA-PD approves the exception,</p>

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			<p>you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$230 yearly deductible.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840:</p> <p>Retail Pharmacy</p> <p><u>Tier 1: Generic Drugs</u> - \$7 copay for a one-month (34-day) supply of drugs in this tier - \$17.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p><u>Tier 2: Preferred Brand Drugs</u> - \$42 copay for a one-month (34-day) supply of drugs in this tier - \$105 copay for a three-month (90-day) supply of drugs in this tier</p> <p><u>Tier 3: Non-Preferred Brand Drugs</u> - \$72 copay for a one-month (34-day) supply of drugs in this tier - \$180 copay for a three-month (90-day)</p>

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			<p>supply of drugs in this tier</p> <p><u>Tier 4: Specialty Tier Drugs</u> -25% coinsurance for a one-month (34-day) supply of drugs in this tier -25% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy</p> <p><u>Tier 1: Generic Drugs</u> - \$7 copay for a one-month (34-day) supply of drugs in this tier</p> <p><u>Tier 2: Preferred Brand Drugs</u> - \$42 copay for a one-month (34-day) supply of drugs in this tier</p> <p><u>Tier 3: Non-Preferred Brand Drugs</u> - \$72 copay for a one-month (34-day) supply of drugs in this tier</p> <p><u>Tier 4: Specialty Tier Drugs</u> -25% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Mail Order</p> <p><u>Tier 1: Generic Drugs</u> - \$7 copay for a one-month (34-day) supply of drugs in this tier</p>

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			<p>- \$17.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p><u>Tier 2: Preferred Brand Drugs</u> - \$42 copay for a one-month (34-day) supply of drugs in this tier - \$105 copay for a three-month (90-day) supply of drugs in this tier</p> <p><u>Tier 3: Non-Preferred Brand Drugs</u> - \$72 copay for a one-month (34-day) supply of drugs in this tier - \$180 copay for a three-month (90-day) supply of drugs in this tier</p> <p><u>Tier 4: Specialty Tier Drugs</u> -25% coinsurance for a one-month (34-day) supply of drugs in this tier -25% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p>

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			<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <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. <p>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 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 AR Blue Cross – Medi-Pak Advantage MA-PD.</p> <p>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 \$2,840:</p> <p><u>Tier 1: Generic Drugs</u></p>

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			<p>- \$7 copay for a one-month (34-day) supply of drugs in this tier</p> <p><u>Tier 2: Preferred Brand Drugs</u> - \$42 copay for a one-month (34-day) supply of drugs in this tier</p> <p><u>Tier 3: Non-Preferred Brand Drugs</u> - \$72 copay for a one-month (34-day) supply of drugs in this tier</p> <p><u>Tier 4: Specialty Tier Drugs</u> -25% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for</p>

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			drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of : - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance. See Section 3 for additional details.
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<u>In-Network</u> In general, preventive dental benefits (such as cleaning) not covered. \$40 copay for Medicare-covered dental benefits. <u>Out-of-Network</u> 30% of the cost for comprehensive dental benefits.	<u>In-Network</u> In general, preventive dental benefits (such as cleaning) not covered. \$35 copay for Medicare-covered dental benefits. <u>Out-of-Network</u> 30% of the cost for comprehensive dental benefits.
31- Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	<u>In-Network</u> In general, routine hearing exams and hearing aids not covered. - \$40 copay for Medicare-covered diagnostic hearing exams <u>Out-of-Network</u> 30% of the cost for hearing exams.	<u>In-Network</u> In general, routine hearing exams and hearing aids not covered. - \$35 copay for Medicare-covered diagnostic hearing exams <u>Out-of-Network</u> 30% of the cost for hearing exams.
32 – Vision Services	20% coinsurance for diagnosis and treatment of diseases and	<u>In-Network</u> Non-Medicare-covered eye exams and	<u>In-Network</u> Non-Medicare-covered eye exams and

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BENEFIT CATEGORY	ORIGINAL MEDICARE	Medi-Pak Advantage MA (PFFS)	Medi-Pak Advantage MA-PD (PFFS)
	<p>conditions of the eye.</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>glasses not covered.</p> <p>- \$40 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>- \$0 to \$40 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p><u>Out-of-Network</u> 30% of the cost for eye exams. 30% of the cost for eye wear.</p>	<p>glasses not covered.</p> <p>- \$35 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>- \$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p><u>Out-of-Network</u> 30% of the cost for eye exams. 30% of the cost for eye wear.</p>
<p>33 – Welcome to Medicare; and Annual Wellness Visit</p>	<p>When you join Medicare Part B, then you are eligible as follows: 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.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	<p><u>In-Network</u> \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p><u>Out-of-Network</u> 30% of the cost for routine exams.</p>	<p><u>In-Network</u> \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p><u>Out-of-Network</u> 30% of the cost for routine exams.</p>
<p>34 –</p>	<p>Smoking Cessation:</p>	<p><u>In-Network</u></p>	<p><u>In-Network</u></p>

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BENEFIT CATEGORY	ORIGINAL MEDICARE	Medi-Pak Advantage MA (PFFS)	Medi-Pak Advantage MA-PD (PFFS)
Health/Wellness Education	<p>Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>\$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>	<p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Health Club Membership/Fitness Classes - Nursing Hotline <p>\$0 copay for each Medicare-covered smoking cessation counseling session. \$0 copay for each Medicare-covered HIV screening.</p> <p>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> <p><u>Out-of-Network</u> 30% to 50% of the cost for Health and Wellness services.</p> <p>See Section 3 for additional details.</p>	<p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Health Club Membership/Fitness Classes - Nursing Hotline <p>\$0 copay for each Medicare-covered smoking cessation counseling session. \$0 copay for each Medicare-covered HIV screening.</p> <p>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> <p><u>Out-of-Network</u> 30% to 50% of the cost for Health and Wellness services.</p> <p>See Section 3 for additional details.</p>
Transportation (Routine)	Not covered.	<p><u>In-Network</u> This plan does not cover routine transportation.</p>	<p><u>In-Network</u> This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p><u>In-Network</u> This plan does not cover Acupuncture.</p>	<p><u>In-Network</u> This plan does not cover Acupuncture.</p>

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Summary Of Benefits Report – Section 3

Important Plan Information

This Summary of Benefits is an important brochure for explaining coverage options, so the content is regulated by the Centers for Medicare & Medicaid Services (CMS). Section 3 was developed to help provide more insight and information on the descriptions in the tables in Section 2 of this brochure.

Please be sure to read the tables carefully to understand your coverage options. We sometimes refer to the United States in this section. This reference includes the U.S. territories.

UNDERSTANDING HOW TO USE YOUR PLAN

1. Premium and Other Important Information

Medi-Pak Advantage offers additional benefits not included in Original Medicare. The additional cost for these benefits is \$0 per month. But members never lose their Medicare benefits and must continue to pay the Medicare Part B premium. In 2010 the monthly Part B Premium was \$96.40 and may change for 2011.

Medi-Pak Advantage monthly premiums are:

Plan	Health Plan Premium	Prescription Drug Premium	Total Premium
Medi-Pak Advantage MA	\$40.50	Not applicable	\$40.50
Medi-Pak Advantage MA-PD	\$44.20	\$30.10	\$74.30

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).

In the event of death, paid premiums for any period beyond the end of the month in which death occurs will be refunded. There are no partial-month premium refunds.

Out-of-pocket maximum is the total amount of medical deductible,* coinsurance and copays you pay in a calendar year before the plan picks up the full cost of covered medical expenses. The deductible, copays and coinsurance you pay for your Part D drugs and out-of-network gym membership/classes are not included in this out-of-pocket maximum.

There is one annual out-of-pocket maximum when you use either in-network or out-of-network providers. The annual out-of-pocket maximums are:

Plan	Combined In and Out-of-Network
Medi-Pak Advantage MA	\$6,700
Medi-Pak Advantage MA-PD	\$6,700

So if your medical deductible,* coinsurance and copays reach this amount, we will pay 100% of covered medical expenses for the rest of the year.

* There is no annual deductible if you use in-network providers. There is a \$500 annual deductible for any medical services you receive from out-of-network providers. (See Doctor and Hospital Choice below for more details).

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There is a \$750 plan maximum for out-of-network gym membership/classes (gyms that are not in the SilverSneakers' network are considered out-of network). The \$750 includes the amount you pay and the amount the plan pays. For a more detailed explanation on the gym membership/classes benefit, please see the Health and Wellness description at the end of this section.

Prescription drugs have a separate out-of-pocket maximum and may have a separate deductible. (See the table in Prescription Drugs below).

Providers that agree to accept our Plan's terms and conditions have agreed to bill us for their services. In addition, they have agreed not to balance bill you. (See Doctor and Hospital Choice below for more details).

2. Doctor and Hospital Choice

You may go to any doctor or hospital in the United States that is eligible to participate in Medicare as long as they are willing to provide care and accept the Plan's terms and conditions of payment. We have contracted with a large network of doctors and hospitals in Arkansas. These doctors are considered in-network providers and they have agreed to accept our terms and conditions. When choosing an in-network provider, you have lower out-of-pocket costs and the peace of mind that the provider will agree to treat you. But, going to an out-of-network provider of your choice still provides many of the rewards of Medi-Pak Advantage coverage.

When you go to an out-of-network doctor or hospital, be sure to show them your Plan membership card. The card ensures that the provider has a reasonable opportunity to review the terms and conditions of payment under the Plan. If a particular out-of-network provider doesn't accept our Plan's terms and conditions of payment, you must get care from another provider who will.

Our terms and conditions advise the doctor or hospital to collect only the member cost sharing amount allowed by our Plan. The doctor or hospital will bill us for the rest. The provider has agreed to submit the claim for you and not to balance bill you.

If you receive medical care outside of Arkansas, you can use any provider that agrees to accept our terms and conditions of payment. Since we do not have a network of providers outside of Arkansas, these services will be treated as in-network and the in-network cost shares will apply.

UNDERSTANDING YOUR INPATIENT COVERAGE

3. Inpatient Hospital Care

Medi-Pak Advantage covers you for unlimited days for a Medicare-covered stay.

Physician services received during an inpatient admission at an in-network facility are **not** subject to coinsurance or copays.

The daily copays start over for each hospital admission, even if you have more than one admission during a benefit period. If, however, you are transferred from one hospital to another, it is treated as one admission and you will only have to pay the daily copay for up to six days.

4. Inpatient Mental Health

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Medi-Pak Advantage has a 190 day lifetime maximum for stays in a psychiatric hospital.

Physician services received during an inpatient admission at an in-network facility are **not** subject to coinsurance or copays.

The daily copays start over for each hospital admission, even if you have more than one admission during a benefit period. If, however, you are transferred from one hospital to another, it is treated as one admission and you will only have to pay the daily copay for up to six days.

5. Skilled Nursing Facility Care

You are covered for skilled care, as defined by Original Medicare guidelines, when admitted to a Skilled Nursing Facility. Custodial care is not covered under your Medi-Pak Advantage plan.

6. Home Health Care

You pay \$0 copay for each in-network Medicare-covered home health care visit in your home. Does not include services received in a hospital or facility.

UNDERSTANDING YOUR OUTPATIENT COVERAGE

8. Doctor Office Visits

Primary care physicians include Family Practice, General Practice, Internal Medicine, Pediatrician, and Nurse Practitioner.

For services received in-network, you will have no extra charge for X-rays, diagnostics or lab work that your doctor orders for you. There is a separate copay for advanced imaging (MRI, MRA, CT Scan, PET and Nuclear Cardiac) services.

You will pay 20% coinsurance for any Part B drugs received in an in-network physician's office. This is in addition to the office visit copay.

For services received out-of-network, the out-of-network deductible and coinsurance apply.

10. Podiatry Services

You pay a \$20 copay for in-network podiatry service for medically necessary foot care. Routine trimming, removal or cutting of corns, callus, toenails, or other hygienic care not related to a medical condition are not covered benefits.

14. Ambulance Services

You pay a \$250 copay for Medicare-covered ground ambulance and a \$500 copay for Medicare-covered air ambulance.

15. Emergency Care

You pay a \$50 copay for emergency room visits. Services received in an emergency room are considered in-network.

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Medi-Pak Advantage will cover you for medical emergencies anywhere in the world. For emergency services outside the U.S., there is a \$250 deductible, then 20% up to \$15,000 per year.

The emergency room copay is waived if you are admitted within 1 day, for services received in the U.S.

16. Urgently Needed Care

If you need care for an urgent condition that does not require an emergency room, you can get that from your primary care physician or specialist. You will pay the lower copay amount if you see a primary care physician. You pay the higher copay amount if you see a specialist.

17. Outpatient Rehabilitation Services

You pay the copay listed in section 2 for each in-network outpatient rehabilitation visit. The annual Medicare coverage limit for occupational, physical, speech and language therapy applies. The limit in 2010 is \$1,860 and may change in 2011.

20. Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies

You must get your diabetic supplies from a Medicare-participating provider that agrees to accept Medi-Pak Advantage's Terms and Conditions. Make sure you show your Medi-Pak Advantage ID card when purchasing your supplies and ask if the provider is willing to submit a claim to Medi-Pak Advantage. We do not accept member-submitted claims for diabetic supplies. These rules also apply to pharmacies. Please call customer service if you need help locating an in-network provider.

21. Diagnostic Tests, X-rays, Lab Services, and Radiology Services

Your doctor may order specific exams to help diagnose your health care needs. You pay a \$0 copay for most in-network diagnostic tests, X-rays, lab services, and radiology services. There is a \$250 copay for advanced imaging (MRI, MRA, CT Scan, PET, and Nuclear Cardiac) services. If these services are performed in a physician's office, there may be an additional office visit copay. You will pay the lower office visit copay amount if you see a primary care physician. You pay the higher office visit copay amount if you see a specialist.

You will pay 20% for **therapeutic** radiology services such as treatment for cancer.

If you receive services from an Independent laboratory that is not in our network, we will apply the in-network benefit – 0% coinsurance. For all other diagnostic tests, x-rays, lab services and radiology services received out-of-network, the out-of-network deductible and 30% coinsurance will apply.

UNDERSTANDING YOUR PREVENTIVE SERVICES

Preventive Services

We cover the same preventive services as Original Medicare. We determine whether these services are preventive and fall within Medicare guidelines based on how the physician submits the bill to us. Not all services listed in the preventive services section will be considered preventive in nature, depending on the other symptoms you may be experiencing.

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If an examination service is performed during the visit, you will pay the doctor’s office copay, unless this is the annual physical exam. You will pay the lower office visit copay amount if you see a primary care physician. You pay the higher office visit copay amount if you see a specialist.

29. Prescription Drugs/Tiered Pharmacy Benefit

Medi-Pak Advantage **MA** covers Medicare Part B drugs but does **not** cover Medicare Part D prescription drugs. As a member of Medi-Pak Advantage **MA**, you can receive prescription drug coverage by joining a Prescription Drug Plan.

If you have Medi-Pak Advantage **MA-PD**, you’ll pay your annual deductible and prescription medication copay/coinsurance, as follows, for a 34-day supply:

Member Cost Share	MA-PD
Deductible	\$230
Copay for generic medications	\$7 copay
Copay for Preferred brand-name medication	\$42 copay
Copay for non-preferred brand-name medications	\$72 copay
Coinsurance for specialty medications	25% coinsurance

Copays and coinsurance listed above are applicable until your total annual drug costs reach \$2,840.

After your total annual drug costs reach this limit, you will pay the following:

	DRUG COSTS	Cost Sharing
		MA-PD
Coverage Gap	The coverage gap begins when total yearly drug costs (paid by you and your plan) reach \$2,840. Coverage resumes when the year’s out-of-pocket drug costs reach \$4,550.	You pay 93% of generic drug and 100% of brand drug costs until you have spent \$4,550.
Catastrophic	Catastrophic coverage begins when your yearly drug costs (paid by you) reach \$4,550.	You pay a \$2.50 copay for generics, \$6.30 copay for brand drugs or 5% whichever is greater.

Medicare Coverage Gap Discount Program

Beginning in 2011, the Medicare Coverage Gap Discount Program will provide manufacturer discounts on brand name drugs to Part D enrollees who have reached the coverage gap and are not already receiving “Extra Help.” A 50% discount on the negotiated price (excluding the dispensing fee) will be available for those brand name drugs from manufacturers that have agreed to pay the discount.

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We will automatically apply the discount when your pharmacy bills you for your prescription and your Explanation of Benefits will show any discount provided. The amount discounted by the manufacturer counts toward your out-of-pockets costs as if you had paid this amount and moves you through the coverage gap.

34. Health/Wellness Education

We provide you with help managing certain chronic diseases. We use both the results from Health Risk Assessment we send to you each year and medical claims information to identify members with these conditions. We then contact these members to ask if they would like to participate in these free programs.

We also have a nurse hotline available seven days a week, 24 hours a day for members needing help with depression. The toll-free number is 1-877-801-1159 (TTY users call 1-800-285-1131).

Members also get a free basic membership to SilverSneakers fitness centers. These are available nationwide. For those members that live more than 15 miles from a fitness center, we offer the SilverSteps programs.

If you choose to use a gym that is not affiliated with SilverSneakers, you will have a separate \$250 deductible, then you will pay 50% of the cost for each visit. We limit the charge per visit to \$10. Your gym must bill us directly for these services on a per visit basis. These out-of-pocket costs do not apply to the out-of-pocket maximum.

If you receive your Medicare covered smoking cessation counseling services from an in-network provider, there is a \$0 copay. You will be responsible for the annual out-of-network deductible and 30% coinsurance when receiving these services from out-of-network providers.