



2007 SUMMARY of BENEFITS



PREMIERCARE♦PLUS

FAMILYCARE HEALTH PLANS, INC.
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Introduction to the Summary of Benefits for PremierCare Plus

January 1, 2007 – December 31, 2007

Contract # H3818 / Plan 002

Thank you for your interest in PremierCare Plus. Our plan is offered by FamilyCare Health Plans, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. Please call PremierCare Plus to find out if you are eligible to join. Our number is listed at the end of this introduction. This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call PremierCare Plus 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 PremierCare Plus. 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 PremierCare Plus at the telephone 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 PremierCare Plus 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 PREMIERCARE PLUS AVAILABLE?

The service area for this plan includes: Clackamas, Morrow, Multnomah, Umatilla, Clatsop, Washington Counties, OR. You must live in one of these places to join the plan.

WHO IS ELIGIBLE TO JOIN PREMIERCARE PLUS?

You can join PremierCare Plus if you are entitled to Medicare Part A and enrolled in Medicare Part B, are eligible for Medicaid, and live in the service area.

CAN I CHOOSE MY DOCTORS?

PremierCare Plus has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or

visit us at www.familycareinc.org. 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?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither FamilyCare Health Plans, Inc. nor the Original Medicare Plan will pay for these services.

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

PremierCare Plus 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?

PremierCare Plus 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 current Pharmacy Network List or visit us at www.familycareinc.org. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

PremierCare Plus uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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.familycareinc.org.

If you are currently taking a drug that is not on our formulary or subject to additional requirement 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 PremierCare Plus, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-Medicare (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

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

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

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

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full

advantage of this covered service if you are selected. Contact PremierCare Plus for more details.

Please call FamilyCare Health Plans, Inc. for more information about this plan.

Visit us at www.familycareinc.org or, call us:

Customer Service Hours: Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 8:00 p.m. Pacific

We have extended hours for Open Enrollment: (November 15 – March 30), 7 days a week.

Current members should call (866)-798-2273 for questions related to the Medicare Advantage program. (TTY/TDD (800)-735-2900)

Prospective members should call (866)-225-2273 for questions related to the Medicare Advantage program. (TTY/TDD (800)-735-2900)

Current members should call (866)-798-2273 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-735-2900)

Prospective members should call (866)-225-2273 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-735-2900)

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 TWO

BENEFIT CATEGORY	ORIGINAL MEDICARE	PREMIERCARE PLUS
1 - Premium and Other Important Information	<p>You pay the Medicare Part B premium of \$93.50 each month.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2007, some people will have to pay a higher premium because of their yearly income (over \$80,000 for singles, \$160,000 for married couples). For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>You pay \$28.70 each month for your plan benefits including your Medicare Part D prescription benefits.</p> <p>Because you are eligible for benefits from Medicaid, the State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. The cost sharing amounts you will pay are listed below. In addition, you will have to pay the co-payment amounts listed below for Part D drug coverage. Contact your plan for additional information.”</p> <p>You also continue to pay the Medicare Part B premium of \$93.50 each month.</p> <p>You pay a \$138 yearly deductible for the following Medicare-covered plan services:</p> <ul style="list-style-type: none"> ▪ Skilled Nursing Facility ▪ Home Health Care ▪ Doctor Office Visits ▪ Chiropractic Services ▪ Podiatry Services ▪ Outpatient Mental Health Care ▪ Outpatient Substance Abuse Care ▪ Outpatient Services/Surgery ▪ Ambulance Services ▪ Urgently Needed Care ▪ Outpatient Rehabilitation Services ▪ Durable Medical Equipment ▪ Prosthetic Devices ▪ Diabetes Self-Monitoring Training and Supplies ▪ Diagnostic Tests, X-Rays, and Lab Services ▪ Bone Mass Measurement ▪ Colorectal Screening Exam ▪ Mammograms (Annual Screenings) ▪ Pap Smears and Pelvic Exams

(1) Each year, you pay a total of one \$131 deductible.

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

(4) Lifetime reserve days can only be used once.

SECTION TWO

BENEFIT CATEGORY	ORIGINAL MEDICARE	PREMIERCARE PLUS
1 - Premium and Other Important Information (cont.)		<ul style="list-style-type: none"> ▪ Prostate Cancer Screening Exams ▪ Hearing Services ▪ Comprehensive Outpatient Rehabilitation Facility (CORF) ▪ Partial Hospitalization ▪ Other Health Care Professional ▪ Cardiac Rehabilitation Services ▪ Renal Dialysis ▪ Blood ▪ Medicare Part B Rx Drugs
2 - Doctor and Hospital Choice <i>(For more information, see Emergency - #15 and Urgently Needed Care - #16)</i>	You may go to any doctor, specialist, or hospital that accepts Medicare.	<p>You must go to network doctors, specialists, and hospitals.</p> <p>You need a referral to go to network hospitals and certain doctors, including specialists for certain services.</p>
INPATIENT CARE		
3 - Inpatient Hospital Care <i>(includes Substance Abuse and Rehabilitation Services)</i>	<p>You pay for each benefit period:</p> <ul style="list-style-type: none"> - Days 1-60: an initial deductible of \$992 - Days 61-90: \$248 each day - Days 91-150: \$496 each lifetime reserve day (4) <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.(4)</p>	<p>You pay one initial deductible of \$1000 for services received at a network hospital.</p> <p>You pay:</p> <ul style="list-style-type: none"> ▪ \$ 0 each day for day(s) 1 - 60 ▪ \$ 250 each day for day(s) 61 - 90 <p>for a Medicare-covered stay at a network hospital.</p> <p>You are covered for 90-days each benefit period.</p> <p>Except in an emergency, your provider must obtain authorization from FamilyCare Health Plans, Inc.</p>
4 - Inpatient Mental Health Care	You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.	<p>You pay one initial deductible of \$ 250 for services received at a network hospital.</p> <p>You pay:</p> <ul style="list-style-type: none"> ▪ \$ 0 each day for day(s) 1 - 60 ▪ \$ 250 each day for day(s) 61 - 90 <p>for a Medicare-covered stay at a network hospital.</p>

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BENEFIT CATEGORY	ORIGINAL MEDICARE	PREMIERCARE PLUS
4 - Inpatient Mental Health Care (cont.)		<p>Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your provider must obtain authorization from FamilyCare Health Plans, Inc.</p>
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>You pay for each benefit, following at least a 3-day covered hospital stay:</p> <ul style="list-style-type: none"> - Days 1-20: \$0 for each day - Days 21-100: \$124 for each day - <p>There is a limit of 100 days for each benefit period.(3)</p>	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$ 0 each day for day(s) 1 - 20 ▪ \$ 125 each day for day(s) 21 - 100 ▪ for a Medicare-covered stay at a Skilled Nursing Facility. <p>3-day prior hospital stay is required.</p> <p>You are covered for 100 days each benefit period.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no co-payment for all covered home health visits.	<p>There is no copayment for Medicare-covered home health visits.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
7 - Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must receive care from a Medicare-certified hospice.</p>	You must receive care from a Medicare-certified hospice.
OUTPATIENT CARE		
8 - Doctor Office Visits	You pay 20% of Medicare approved amounts. (1)(2)	<p>You pay 20% of the cost for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay 20% of the cost for each specialist visit for Medicare-covered services.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>

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9 - Chiropractic Services	<p>You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers</p> <p>You pay 100% for routine care You pay 20% of the Medicare-approved amounts (1)(2)</p>	<p>You pay 20% of the cost for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
10 - Podiatry Services	<p>You pay 20% of the Medicare-approved amounts (1)(2)</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay 20% of the cost for each Medicare-covered visit (medically necessary foot care).</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
11 - Outpatient Mental Health Care	<p>You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges (1)(2)</p>	<p>For Medicare-covered Mental Health services, you pay 20% of the cost for each individual/group therapy visit.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
12 - Outpatient Substance Abuse Care	<p>You pay 20% of Medicare-approved amounts (1)(2)</p>	<p>For Medicare-covered services, you pay 20% of the cost for each individual /group visit.</p> <p>Except in emergency, your provider must obtain authorization from FamilyCare Health Plans, Inc..</p>
13 - Outpatient Services/Surgery	<p>You pay 20% of Medicare-approved amounts for the doctor (1)(2)</p> <p>You pay 20% of outpatient facility charges (1)(2)</p>	<p>You pay 20% of the cost for each Medicare-covered visit to an ambulatory surgical center.</p> <p>You pay 20% of the cost for each Medicare-covered visit to an outpatient hospital facility.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>

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14 - Ambulance Services <i>(Medically necessary ambulance services)</i>	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)	You pay 20% of the cost for Medicare-covered ambulance services.
15 - Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	<p>You pay 20% of the facility charge or applicable Copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2)</p> <p>You pay 20% of doctor charges. (1)(2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>You pay \$ 50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 24 hour(s) for the same condition.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>
16 - Urgently Needed Care <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i>	<p>You pay 20% of Medicare-approved amounts or applicable co-payment (1)(2)</p> <p>NOT covered outside the U.S. except under limited circumstances</p>	<p>You pay 20% of the cost for each Medicare-covered urgently needed care visit; you do not pay this amount if you are admitted to the hospital within 24 hour(s) for the same condition.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>
17 - Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	<p>You pay 20% of the cost for each Medicare-covered Occupational Therapy visit.</p> <p>You pay 20% of the cost for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment <i>(includes wheelchairs, oxygen, etc.)</i>	You pay 20% of Medicare-approved amounts. (1) (2)	<p>You pay 20% of the cost for each Medicare-covered item.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>

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19 - Prosthetic Devices <i>(includes braces, artificial limbs and eyes, etc.)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 20% of the cost for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details.
20 - Diabetes Self-Monitoring Training and Supplies <i>(includes coverage for glucose monitors, test strips, lancets, and self-management training)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 20% of the cost for Medicare-covered Diabetes self-monitoring training. You pay 20% of the cost for each Medicare-covered Diabetes Supply item.
21 - Diagnostic Tests, X-Rays, and Lab Services	You Pay 20% of Medicare-approved amounts, except for approved lab service. (1)(2) There is no co-payment for Medicare-approved lab services.	You pay: <ul style="list-style-type: none">▪ 20 % of the cost for each Medicare-covered clinical/diagnostic lab service.▪ 20 % of the cost for each Medicare-covered radiation therapy service.▪ 20 % of the cost for each Medicare-covered X-ray visit.
PREVENTIVE SERVICES		
22 - Bone Mass Measurements <i>(for people with Medicare who are at risk)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 20% of the cost for each Medicare-covered Bone Mass Measurement.
23 - Colorectal Screening Exams <i>(for people with Medicare age 50 and older)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 20% of the cost for each Medicare-covered Colorectal Screening exam.
24 - Immunizations <i>(Flu vaccine, Hepatitis B vaccine-for people with Medicare who are at risk, Pneumonia vaccine)</i>	There is no co-payment for the Pneumonia and Flu vaccines. You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1)(2) You may only need the pneumonia vaccine once in your lifetime. Please contact your doctor for further details.	There is no copayment for the Pneumonia and Flu vaccines. No referral necessary for Medicare-covered influenza and pneumonia vaccines. You pay 20% of the cost for the Hepatitis B vaccine.
25 - Mammograms (Annual Screening) <i>(for women with Medicare age 40 and older)</i>	You pay 20% of Medicare-approved amounts. (2)	You pay: <ul style="list-style-type: none">▪ 20% of the cost for each Medicare-covered Screening

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25 - Mammograms (Annual Screening) (cont.)	No referral necessary for Medicare-covered screenings.	Mammogram No referral necessary for Medicare-covered screenings.
26 - Pap Smears Pelvic Exams (for women with Medicare)	There is no co-payment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. (2) You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)	There is no copayment for Medicare-covered Pap Smears and Pelvic Exams.
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	There is no co-payment for approved lab services and a co-payment of 20% of Medicare-approved amounts for other related services. (2)	You pay 20% of the cost for each Medicare-covered Prostate Cancer Screening Exam.
28 - Prescription Drugs Drugs covered under Medicare Part B (Original Medicare) Drugs covered under Medicare Part D (Prescription Drug Benefit) Initial Coverage In-Network Retail Pharmacy Mail Order	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	You pay 20 % of the cost for Part B-covered drugs. This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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.familycareinc.org . Depending upon your income level, you pay \$ 0 to \$ 2.15 for generic drugs (including brand drugs treated as generic) and \$ 0 to \$ 5.35 for all other drugs. You may receive drugs for the following: <ul style="list-style-type: none"> ▪ one month (31 day) supply ▪ three month (90 day) supply You may receive drugs for the following: <ul style="list-style-type: none"> ▪ one month (31 day) supply

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BENEFIT CATEGORY	ORIGINAL MEDICARE	PREMIERCARE PLUS
<p>28 - Prescription Drugs (cont.) Catastrophic Coverage</p> <p>General Information</p>		<ul style="list-style-type: none"> ▪ three month (90 day) supply <p>After your yearly out-of-pocket drug costs reach \$ 3850, you pay \$ 0 for your drugs.</p> <p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition. Certain prescription drugs will have maximum quantity limits. Your provider must get prior authorization from PremierCare Plus for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>
ADDITIONAL BENEFITS		
<p>29 - Dental Services</p>	<p>In general, you pay 100% for preventive dental services.</p>	<p>You pay:</p> <p>\$0 for an Office Visit that includes the following services:</p> <ul style="list-style-type: none"> ▪ oral exams up to 1 visit(s) every six months ▪ fluoride treatment up to 1 visit(s) every year ▪ \$0 for each cleaning up to 1 visit(s) every six months ▪ \$0 for dental x-rays up to 1 visit(s) every year <p>You pay \$0 for each Medicare-covered dental benefit.</p> <p>You are covered up to \$750 for comprehensive dental services every year.</p> <p>Additional comprehensive dental benefits are available. Contact plan for details.</p>

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30 - Hearing Services	<p>You pay 100% for routine hearing exams and hearing aids</p> <p>You pay 20% of Medicare-approved amounts for diagnostic hearing exams (1)(2)</p>	<p>In general, you pay 100% for routine hearing exams and hearing aids.</p> <p>You pay:</p> <ul style="list-style-type: none"> ▪ 20% of the cost for each Medicare-covered hearing exam (diagnostic hearing exams).
31 - Vision Services	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery (1)(2)</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings (1)(2)</p> <p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye (1)(2)</p> <p>You pay 100% for routine eye exams and glasses</p>	<p>There is no copayment for the following services:</p> <ul style="list-style-type: none"> ▪ Medicare-covered eye exams (diagnosis and treatment for diseases and conditions of the eye) ▪ Routine eye exams up to 1 visit(s) every two years <p>There is no copayment for the following items:</p> <ul style="list-style-type: none"> ▪ Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery) ▪ Glasses, limited to 1 pair(s) of glasses every two years ▪ Contacts, limited to 1 pair(s) of contacts every two years ▪ You are covered up to \$65 for eye wear every two years
32 - Physical Exams	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new part B coverage.</p> <p>This will not include laboratory tests. Please contact your plan for further details.</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay 20% of the cost for Medicare covered services.</p> <p>You pay 100% for routine physical exams.</p>

(1) Each year, you pay a total of one \$131 deductible.

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

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

(4) Lifetime reserve days can only be used once.

SECTION TWO

BENEFIT CATEGORY	ORIGINAL MEDICARE	PREMIERCARE PLUS
32 - Physical Exams (cont.)	You pay 20% of the Medicare-approved amount (1)(2)	
33 - Health/Wellness Education	You pay 100%	You are covered for the following: <ul style="list-style-type: none"> ▪ Written health education materials, including Newsletter ▪ Smoking Cessation ▪ Nursing Hotline ▪ Other Wellness Services

(1) Each year, you pay a total of one \$131 deductible.

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

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

(4) Lifetime reserve days can only be used once.

Your Extra Benefits & Services

You receive all of the following extra benefits when you choose our PremierCare Plus plan:

Non-Emergency Transportation Coverage

You will also receive 15 round trip transports (up to \$1000 maximum total cost) for non-emergency medical appointments. We contract with Metro West Transportation to provide you with quality and reliable transportation you deserve.

Lifeline Personal Response Service

Lifeline is an easy to use service that insures you can get immediate help if you need it. You simply wear a pendant or wristband. When you need help, you just press the "help" button you are wearing. This immediately contacts a certified Lifeline monitor who will respond and get you the appropriate help. Lifeline helps you maintain your independence and give you peace of mind knowing help is always immediately available, if you need it. This service is provided at no extra charge to all PremierCare Plus members.

Medical Supplies Allowance

Keeping you safe in your home is important to us! All PremierCare Plus members receive up to \$1000 in Safety Items for your home. These items include wheelchair ramps, tub/shower seats, non-skid mats for your bathroom, handrails for halls and stairways, stability bars, and much more! Reducing the number of accidents the home is one way we help keep our members healthy.

Dental Coverage

This Dental benefit is secondary to any other coverage available to the member.

You pay \$0 copayment for an Office Visit that includes the following services:

- oral exams up to 1 visit(s) every six months
- fluoride treatment up to 1 visit(s) every year
- \$0 for each cleaning up to 1 visit(s) every six months
- \$0 for dental x-rays up to 1 visit(s) every year

You pay \$0 copayment for Restorative Dentistry, Prosthetics, Endodontics, Periodontics, Oral and Miscellaneous Services.

You will have a maximum benefit for all dental services of \$750 per calendar year. Please contact your plan for additional details

Dentures

Our plan will pay a maximum for \$1500 for dentures for our members. Please contact us for additional denture benefit details.

Your Value Added Services

Emergency Disaster Preparedness Kit

All PremierCare Plus members receive a free American Red Cross 72-hour Emergency Disaster Preparedness Kit. This kits contains food, water, and supplies to help you in an emergency.

24-Hour Nurse Advice Line

24 Hours a day, 365 days per year, our registered nurses are just a phone call away. We're here to make sure you have the health care information you need, whenever you need it!

Our Medicare Prescription Drug Benefit is only available to members of PremierCare Choice Rx, PremierCare Advantage Rx, and PremierCare Plus.

You are eligible to enroll if you are entitled to Medicare benefits under Part A and are enrolled in Part B and reside in our service area.

You may enroll in a plan only during specific times of the year. Please contact our Customer Service Department to obtain more information.

You must receive all routine care from plan providers. If you obtain routine care from out-of-plan providers neither Medicare nor FamilyCare Health Plans will be responsible for costs.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.

For full information on FamilyCare Health Plans Medicare benefits, call our Customer Service Department at 866-798-CARE or TTY 800-735-2900. We are here for you Monday – Friday, 8:00 a.m. to 8:00 p.m. We have extended hours during Open Enrollment - contact us for details.

FamilyCare Health Plans is a Medicare Advantage Organization with a Medicare Contract. Our contract with the CMS is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed.

You may be able to get extra help to pay for your prescription drug premiums and 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;

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

This document is available in alternative formats.