

This is an advertisement



Enrollment Kit

PREMIERCARE

Advantage Rx, Value Rx, Choice Rx, Choice



Questions? Please call us at 866-798-CARE (2273) TTY: 800-735-2900
Also, please visit us at www.FamilyCareHealthPlans.org



Thank you for your interest in PremierCare Medicare Advantage plans (HMO), offered by FamilyCare Health Plans, Inc. Choosing the right Medicare Plan is important! We hope to help you make a good plan selection that will fit your lifestyle and bring you all the advantages a great health plan has to offer.

FamilyCare Health Plans can save you money each month, and increase your benefits and services.

Here at FamilyCare Health Plans, your individual health needs are important to us. We are a local, Portland-based company and work hard to keep you healthy.

As a member of your community, we have been proudly serving Oregonians for over 25 years with quality health care, bringing you the peace of mind you deserve when choosing a health plan.

Enclosed you will find information about our unique Medicare health plan options for 2011. When you choose one of our Medicare plans, your calls will be answered by our Medicare experts and our local team will help you get the care you need. As a plan member, you'll have access to a 24-hour Nurse Advice Line and access to our pharmacy support staff 24 hours a day, 7 days a week.

You'll find that our combination of local care coordination, the extra services and benefits included in all of our plans, and our low monthly premiums will help you access the quality health care that you deserve.

Medicare can be confusing. We're here to help you understand your Medicare benefits and to explain how our unique plan options can help you get the most from your Medicare benefits. If you have any questions, we are here for you Monday through Friday, 8 am to 8 pm. Call us toll free at 1-866-225-CARE (2273). TTY users please call 1-800-735-2900. Or you can complete the enclosed enrollment application and return it to us in the postage paid, self-addressed envelope.

You may get more information about Medicare Advantage plans, including general information regarding Part D benefits, by calling Medicare at 1-800-MEDICARE (1-800-633-4227) or online at <http://www.medicare.gov>.

Thank you again for considering PremierCare Medicare Advantage plans, offered by FamilyCare Health Plans. Your Health is Our Mission!

Sincerely,

FamilyCare Health Plans

H3818_MA_PCP_DM052v5 CMS Approved 10/01/2010

Introduction to the Summary of Benefits Report

for PREMIERCARE ADVANTAGE RX (HMO), PREMIERCARE VALUE RX (HMO),
PREMIERCARE CHOICE RX (HMO) and PREMIERCARE CHOICE (HMO).

January 1, 2011–December 31, 2011

PORTLAND METRO CLATSOP MORROW UMATILLA COUNTIES

Contract # H3818 / Plans 001, 003, 004, 014

Thank you for your interest in PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) and PremierCare Choice (HMO). Our plans are offered by FAMILYCARE HEALTH PLANS, INC., a Medicare Advantage Health Maintenance Organization (HMO). 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 PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) or PremierCare Choice (HMO) and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTHCARE

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 Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) or PremierCare Choice (HMO). 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 Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) or PremierCare Choice (HMO) 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 PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) and PremierCare Choice (HMO) to each other and to 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 plans cover 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 ARE PREMIERCARE ADVANTAGE RX (HMO), PREMIERCARE VALUE RX (HMO), PREMIERCARE CHOICE RX (HMO), AND PREMIERCARE CHOICE (HMO) AVAILABLE?

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

WHO IS ELIGIBLE TO JOIN PREMIERCARE ADVANTAGE RX (HMO), PREMIERCARE VALUE RX (HMO), PREMIERCARE CHOICE RX (HMO) AND PREMIERCARE CHOICE (HMO)?

You can join PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) or PremierCare Choice (HMO) 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 these plans unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) and PremierCare Choice (HMO) have 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/Pharmacy Directory* or for an up-to-date list visit us at www.familycarehealthplans.org.

Our customer service number is listed at the end of this introduction.

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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 except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

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

PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) and PremierCare Choice (HMO) have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.familycarehealthplans.org. Our customer service number is listed at the end of this introduction.

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

PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) and PremierCare Choice (HMO) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) and PremierCare Choice (HMO) use 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 Website at www.family-carehealthplans.org.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a tempo-

rary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

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

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

WHAT ARE MY PROTECTIONS IN THIS PLAN?

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

As a member of PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) or PremierCare Choice (HMO), 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

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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 PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) or PremierCare Choice (HMO), 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 drugs, you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact FamilyCare Health Plans for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact PremierCare Advantage Rx (HMO), PremierCare Value

Rx (HMO), PremierCare Choice Rx (HMO) and PremierCare Choice (HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

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

Please call FamilyCare Health Plans, Inc. for more information about PremierCare Advantage Rx (HMO), PremierCare Value Rx (HMO), PremierCare Choice Rx (HMO) and PremierCare Choice (HMO).

Visit us at familycarehealthplans.org or, call us:

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SECTION I

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Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 am–8 pm Pacific

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

Prospective members should call toll-free at

866-225-2273 for questions related to the Medicare Advantage Program. (TTY/TDD 800-735-2900)

Current members should call locally 503-345-5702 for questions related to the Medicare Advantage Program. (TTY/TDD 800-735-2900)

Prospective members should call locally 503-345-5701 for questions related to the Medicare Advantage Program. (TTY/TDD 800-735-2900)

Current members should call toll-free 866-798-2273 for

questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 800-735-2900)

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

Current members should call locally 503-345-5702 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 800-735-2900)

Prospective members should call locally 503-345-5701

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 or languages.

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
1. Premium and Other Important Information	<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>General Most people will pay the standard monthly Part B premium. However some people will pay a higher Part B 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>General \$140.00 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>In-Network \$2,500 out-of-pocket limit. This limit includes only Medicare-covered services. This plan does not cover all Medicare-covered preventive services with zero cost sharing.</p>	<p>General \$95.00 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>In-Network \$2,500 out-of-pocket limit. This limit includes only Medicare-covered services. This plan does not cover all Medicare-covered preventive with zero cost sharing.</p>	<p>General \$44.00 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>In-Network \$3,400 out-of-pocket limit. This limit includes only Medicare-covered services with zero cost sharing.</p>	<p>General \$21.00 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 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>In-Network \$3,400 out-of-pocket limit. This limit includes only Medicare-covered services. This plan does not cover all Medicare-covered preventive with zero cost sharing.</p>
2. Doctor and Hospital Choice (For more information, see Emergency Care #15 and Urgently Needed Care #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	<p>In-Network You must go to network doctors, specialists and hospitals. Referral required for network hospitals and specialists (for certain benefits).</p>	<p>In-Network You must go to network doctors, specialists and hospitals. Referral required for network hospitals and specialists (for certain benefits).</p>	<p>In-Network You must go to network doctors, specialists and hospitals. Referral required for network hospitals and specialists (for certain benefits).</p>	<p>In-Network You must go to network doctors, specialists and hospitals. Referral required for network hospitals and specialists (for certain benefits).</p>

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
3. Inpatient Hospital Care	In 2010, the amounts for each benefit period were: Days 1-60: \$1,100 deductible Days 61-90: \$275 per day Days 91-150: \$550 per lifetime reserve day These amounts will change for 2011. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	No limit to the number of days covered by the plan each benefit period. For Medicare-covered hospital stays: Days 1-5: \$160 co-pay per day Days 6-90: \$0 co-pay per day \$0 co-pay for additional hospital days Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	No limit to the number of days covered by the plan each benefit period. For Medicare-covered hospital stays: Days 1-5: \$160 co-pay per day Days 6-90: \$0 co-pay per day \$0 co-pay for additional hospital days Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	No limit to the number of days covered by the plan each benefit period. For Medicare-covered hospital stays: Days 1-5: \$300 co-pay per day Days 6-90: \$0 co-pay per day \$0 co-pay for additional hospital days Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	No limit to the number of days covered by the plan each benefit period. For Medicare-covered hospital stays: Days 1-5: \$300 co-pay per day Days 6-90: \$0 co-pay per day \$0 co-pay for additional hospital days Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
4. Inpatient Mental Health Care	Same deductible and co-pay as inpatient hospital care. (See “Inpatient Hospital Care” above.) 190-day lifetime limit in a psychiatric hospital.	In-Network You get up to 190 days in a psychiatric hospital in a lifetime. For Medicare-covered hospital stays: Days 1-5: \$160 co-pay per day Days 6-90: \$0 co-pay per day Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network You get up to 190 days in a psychiatric hospital in a lifetime. For Medicare-covered hospital stays: Days 1-5: \$160 co-pay per day Days 6-90: \$0 co-pay per day Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network You get up to 190 days in a psychiatric hospital in a lifetime. For Medicare-covered hospital stays: Days 1-5: \$300 co-pay per day Days 6-90: \$0 co-pay per day Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network You get up to 190 days in a psychiatric hospital in a lifetime. For Medicare-covered hospital stays: Days 1-5: \$300 co-pay per day Days 6-90: \$0 co-pay per day Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5. Skilled Nursing Facility (SNF) (In a Medicare-certified nursing facility)	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. A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	General Authorization rules may apply In-Network Plan covers up to 100 days each benefit period. No prior hospital stay is required. \$0 co-pay for SNF services	General Authorization rules may apply In-Network Plan covers up to 100 days each benefit period. No prior hospital stay is required. \$0 co-pay for SNF services	General Authorization rules may apply In-Network Plan covers up to 100 days each benefit period. No prior hospital stay is required. For SNF stays: Days 1-20: \$0 co-pay per day Days 21-100: \$25 co-pay per day	General Authorization rules may apply In-Network Plan covers up to 100 days each benefit period. No prior hospital stay is required. For SNF stays: Days 1-20: \$0 co-pay per day Days 21-100: \$25 co-pay per day

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
6. Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 co-pay	General Authorization rules may apply. In-Network \$20 co-pay for each Medicare-covered home health visit.	General Authorization rules may apply. In-Network \$20 co-pay for each Medicare-covered home health visit.	General Authorization rules may apply. In-Network \$20 co-pay for each Medicare-covered home health visit.	General Authorization rules may apply. In-Network \$20 co-pay for each Medicare-covered home health visit.
7. Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
OUTPATIENT CARE					
8. Doctor Office Visits	20% co-insurance	General See “Physical Exams,” for more information. Authorization rules may apply. In-Network \$15 co-pay for each primary care doctor visit for Medicare-covered benefits. \$30 co-pay for each in-area, network urgent care Medicare-covered visit. \$30 co-pay for each specialist visit for Medicare-covered benefits.	General See “Physical Exams,” for more information. Authorization rules may apply. In-Network \$15 co-pay for each primary care doctor visit for Medicare-covered benefits. \$30 co-pay for each in-area, network urgent care Medicare-covered visit. \$30 co-pay for each specialist visit for Medicare-covered benefits.	General See “Physical Exams,” for more information. Authorization rules may apply. In-Network \$20 co-pay for each primary care doctor visit for Medicare-covered benefits. \$35 co-pay for each in-area, network urgent care Medicare-covered visit. \$35 co-pay for each specialist visit for Medicare-covered benefits.	General See “Physical Exams,” for more information. Authorization rules may apply. In-Network \$20 co-pay for each primary care doctor visit for Medicare-covered benefits. \$35 co-pay for each in-area, network urgent care Medicare-covered visit. \$35 co-pay for each specialist visit for Medicare-covered benefits.
9. Chiropractic Services	Routine care not covered 20% co-insurance 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.	In-Network \$30 co-pay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network \$30 co-pay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network \$35 co-pay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network \$35 co-pay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
10. Podiatry Services	Routine care not covered. 20% co-insurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	General Authorization rules may apply. In-Network \$30 co-pay for each Medicare-covered visit. \$30 co-pay for each routine visit. Medicare-covered podiatry benefits are for medically necessary foot care.	General Authorization rules may apply. In-Network \$30 co-pay for each Medicare-covered visit. \$30 co-pay for each routine visit. Medicare-covered podiatry benefits are for medically necessary foot care.	General Authorization rules may apply. In-Network \$35 co-pay for each Medicare-covered visit. \$35 co-pay for each routine visit Medicare-covered podiatry benefits are for medically necessary foot care.	General Authorization rules may apply. In-Network \$35 co-pay for each Medicare-covered visit. \$35 co-pay for each routine visit Medicare-covered podiatry benefits are for medically necessary foot care.
11. Outpatient Mental Health Care	45% co-insurance for most outpatient mental health services.	General Authorization rules may apply. In-Network \$30 co-pay for each Medicare-covered individual or group therapy visit.	General Authorization rules may apply. In-Network \$30 co-pay for each Medicare-covered individual or group therapy visit.	General Authorization rules may apply. In-Network \$35 co-pay for each Medicare-covered individual or group therapy visit.	General Authorization rules may apply. In-Network \$35 co-pay for each Medicare-covered individual or group therapy visit.

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
12. Outpatient Substance Abuse Care	20% co-insurance	General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered visits.	General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered visits.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered individual or group visits.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered individual or group visits.
13. Outpatient Services and Surgery	20% co-insurance for the doctor Specified co-payment for outpatient hospital facility charges. Co-pay cannot exceed the Part A inpatient hospital deductible. 20% co-payment for ambulatory surgical center facility charges.	General Authorization rules may apply. In-Network 10% of the cost for each Medicare-covered ambulatory surgical center visit. 10% of the cost for each Medicare-covered outpatient hospital facility visit.	General Authorization rules may apply. In-Network 10% of the cost for each Medicare-covered ambulatory surgical center visit. 10% of the cost for each Medicare-covered outpatient hospital facility visit.	General Authorization rules may apply. In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit.	General Authorization rules may apply. In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit.
14. Ambulance Services (Medically necessary ambulance services)	20% co-insurance	General Authorization rules may apply. In-Network \$50 co-pay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.	General Authorization rules may apply. In-Network \$50 co-pay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.	General Authorization rules may apply. In-Network \$50 co-pay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.	General Authorization rules may apply. In-Network \$50 co-pay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% co-insurance for the doctor Specified co-payment for outpatient hospital emergency room (ER) facility charge. ER co-pay cannot exceed Part A inpatient hospital deductible. You don't have to pay the emergency room co-pay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. Not covered outside the U.S. except under limited circumstances	General \$50 co-pay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.	General \$50 co-pay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.	General \$50 co-pay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.	General \$50 co-pay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.
16. Urgently Needed Care (This is NOT emergency care and, in most cases, is out-of-the-service area.)	20% co-insurance, or a set co-pay Not covered outside the U.S. except under limited circumstances.	General \$30 co-pay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the urgently-needed care visit.	General \$30 co-pay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the urgently-needed care visit.	General \$35co-pay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the urgently-needed care visit.	General \$35 co-pay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the urgently-needed care visit.

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
OUTPATIENT MEDICAL SERVICES AND SUPPLIES					
17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)	20% co-insurance	General Authorization rules may apply. In-Network \$30 co-pay for Medicare-covered occupational therapy visits. \$30 co-pay for Medicare-covered physical and/or speech and language therapy visits. \$0 co-pay for Medicare-covered cardiac rehab services.	General Authorization rules may apply. In-Network \$30 co-pay for Medicare-covered occupational therapy visits. \$30 co-pay for Medicare-covered physical and/or speech and language therapy visits. \$0 co-pay for Medicare-covered cardiac rehab services.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered occupational therapy visits. 20% of the cost for Medicare-covered physical and/or speech and language therapy visits. 20% of the cost for Medicare-covered cardiac rehab services.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered occupational therapy visits. 20% of the cost for Medicare-covered physical and/or speech and language therapy visits. 20% of the cost for Medicare-covered cardiac rehab services.
OUTPATIENT CARE					
18. Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% co-insurance	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items
19. Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	20% co-insurance	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.
20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (Includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/ glaucoma test, and foot exam/therapeutic soft shoes.	20% co-insurance Nutrition therapy is for people who have diabetes or kidney disease (<i>but aren't on dialysis or haven't had a kidney transplant</i>) 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.	General Authorization rules may apply. In-Network 20% of the cost for Diabetes self-monitoring training. 20% of the cost for nutrition therapy for Diabetes. 20% of the cost for Diabetes supplies.	General Authorization rules may apply. In-Network 20% of the cost for Diabetes self-monitoring training. 20% of the cost for nutrition therapy for Diabetes. 20% of the cost for Diabetes supplies.	General Authorization rules may apply. In-Network 20% of the cost for Diabetes self-monitoring training. 20% of the cost for nutrition therapy for Diabetes. 20% of the cost for Diabetes supplies.	General Authorization rules may apply. In-Network 20% of the cost for Diabetes self-monitoring training. 20% of the cost for nutrition therapy for Diabetes. 20% of the cost for Diabetes supplies.
21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services.	20% co-insurance for diagnostic tests and x-rays \$0 co-pay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered: – Lab services. – Diagnostic procedures and tests. 10% of the cost for Medicare-covered x-rays. 10% of the cost for Medicare-covered diagnostic radiology services (not including x-rays). 10% of the cost for Medicare-covered therapeutic radiology services.	General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered: – Lab services. – Diagnostic procedures and tests. 10% of the cost for Medicare-covered x-rays. 10% of the cost for Medicare-covered diagnostic radiology services (not including x-rays). 10% of the cost for Medicare-covered therapeutic radiology services.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered lab services. 20% of the cost for Medicare-covered diagnostic procedures and tests. 20% of the cost for Medicare-covered x-rays. 20% of the cost for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered therapeutic radiology services.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered lab services. 20% of the cost for Medicare-covered diagnostic procedures and tests. 20% of the cost for Medicare-covered x-rays. 20% of the cost for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered therapeutic radiology services.

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
Preventive Services					
22. Bone Mass Measurement	No co-insurance, co-payment or deductible. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	In-Network \$0 co-pay for Medicare-covered bone mass measurement.	In-Network \$0 co-pay for Medicare-covered bone mass measurement.	In-Network \$0 co-pay for Medicare-covered bone mass measurement.	In-Network \$0 co-pay for Medicare-covered bone mass measurement.
23. Colorectal Screening Exams	No co-insurance, co-payment or deductible for screening colonoscopy or screening flexible sigmoidoscopy. Covered when you are high risk or when you are age 50 and older.	In-Network \$0 co-pay for Medicare-covered colorectal screenings.	In-Network \$0 co-pay for Medicare-covered colorectal screenings.	In-Network \$0 co-pay for Medicare-covered colorectal screenings.	In-Network \$0 co-pay for Medicare-covered colorectal screenings.
24. Immunizations (Flu vaccine, Hepatitis B vaccine— <i>For people with Medicare who are at risk</i> , Pneumonia vaccine.)	\$0 co-pay for Flu, Pneumonia and Hepatitis B vaccines. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	In-Network \$0 co-pay for flu and Pneumonia vaccines. \$0 co-pay for Hepatitis B vaccine. No referral needed for flu and Pneumonia vaccines.	In-Network \$0 co-pay for flu and Pneumonia vaccines. \$0 co-pay for Hepatitis B vaccine. No referral needed for flu and Pneumonia vaccines.	In-Network \$0 co-pay for flu and Pneumonia vaccines. \$0 co-pay for Hepatitis B vaccine. No referral needed for flu and Pneumonia vaccines.	In-Network \$0 co-pay for flu and Pneumonia vaccines. \$0 co-pay for Hepatitis B vaccine. No referral needed for flu and Pneumonia vaccines.
25. Mammograms (Annual Screening)	No co-insurance, co-payment or deductible. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between ages 35 and 39.	In-Network \$0 co-pay for Medicare-covered screening mammograms.	In-Network \$0 co-pay for Medicare-covered screening mammograms.	In-Network \$0 co-pay for Medicare-covered screening mammograms.	In-Network \$0 co-pay for Medicare-covered screening mammograms.
26. Pap Smears and Pelvic Exams	No co-insurance, co-payment, or deductible for Pap smears. No co-insurance, co-payment or deductible for Pelvic and clinical breast exams. Covered once every 2 years. Covered once a year for women with Medicare at high risk.	General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered Pap smears and pelvic exams. • Up to 1 additional Pap smear and pelvic exam every year.	General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered Pap smears and pelvic exams. • Up to 1 additional Pap smear and pelvic exam every year.	General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered Pap smears and pelvic exams. • Up to 1 additional Pap smear and pelvic exam every year.	General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered Pap smears and pelvic exams. • Up to 1 additional Pap smear and pelvic exam every year.
27. Prostate Cancer Screening Exams	20% co-insurance for the digital rectal exam. \$0 for the PSA test; 20% co-insurance for other related services. Covered once a year for all men with Medicare over age 50.	In-Network \$0 co-pay for Medicare-covered prostate cancer screening	In-Network \$0 co-pay for Medicare-covered prostate cancer screening	In-Network \$0 co-pay for Medicare-covered prostate cancer screening	In-Network \$0 co-pay for Medicare-covered prostate cancer screening
28. End-Stage Renal Disease	20% co-insurance for renal dialysis 20% co-insurance for nutrition therapy for end-stage renal disease. Nutrition therapy is for people who have diabetes or kidney disease (<i>but aren't on dialysis or haven't had a kidney transplant</i>) 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.	General Authorization rules may apply. In-Network 20% of the cost for renal dialysis 20% of the cost for nutrition therapy for End-Stage Renal Disease	General Authorization rules may apply. In-Network 20% of the cost for renal dialysis 20% of the cost for nutrition therapy for End-Stage Renal Disease	General Authorization rules may apply. In-Network 20% of the cost for renal dialysis 20% of the cost for nutrition therapy for End-Stage Renal Disease	General Authorization rules may apply. In-Network 20% of the cost for renal dialysis 20% of the cost for nutrition therapy for End-Stage Renal Disease

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
29. Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.familycarehealthplans.org on the Web. Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • Have limited incomes, • Live in long term care facilities, or • Have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel).</p> <p>Total yearly drug costs are the total drug 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.</p> <p>Some drugs have quantity limits. Your provider must get prior authorization from PremierCare Advantage Rx (HMO) for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's</p> <p style="text-align: right;"><i>(Continued on next page)</i></p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.familycarehealthplans.org on the Web. Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • Have limited incomes, • Live in long term care facilities, or • Have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel).</p> <p>Total yearly drug costs are the total drug 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.</p> <p>Some drugs have quantity limits. Your provider must get prior authorization from PremierCare Value Rx (HMO) for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's</p> <p style="text-align: right;"><i>(Continued on next page)</i></p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.familycarehealthplans.org on the Web. Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • Have limited incomes, • Live in long term care facilities, or • Have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel).</p> <p>Total yearly drug costs are the total drug 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.</p> <p>Some drugs have quantity limits. Your provider must get prior authorization from PremierCare Choice Rx (HMO) for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's</p> <p style="text-align: right;"><i>(Continued on next page)</i></p>	<p>Drugs covered under Medicare Part B</p> <p>General Most drugs not covered. 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D This plan does not offer prescription drug coverage.</p>

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
29. Prescription Drugs (Continued)		<p><i>(Continued from previous page)</i></p> <p>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 PremierCare Advantage Rx (HMO) approves the exception, you will pay Tier 2: Generic and Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$100 yearly deductible.</p> <p>Initial Coverage After you pay your deductible, you pay the following until total yearly drug costs reach \$2,840:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$7 co-pay for a one-month (30-day) supply of drugs in this tier • \$21 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$30 co-pay for a one-month (30-day) supply of drugs in this tier • \$90 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 co-pay for a one-month (30-day) supply of drugs in this tier • \$210 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 30% co-insurance for a one-month (30-day) supply of drugs in this tier <p><i>(Continued on next page)</i></p>	<p><i>(Continued from previous page)</i></p> <p>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 PremierCare Value Rx (HMO) approves the exception, you will pay Tier 2: Generic and Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$100 yearly deductible.</p> <p>Initial Coverage After you pay your deductible, you pay the following until total yearly drug costs reach \$2,840:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$7 co-pay for a one-month (30-day) supply of drugs in this tier • \$21 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$30 co-pay for a one-month (30-day) supply of drugs in this tier • \$90 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 co-pay for a one-month (30-day) supply of drugs in this tier • \$210 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 30% co-insurance for a one-month (30-day) supply of drugs in this tier <p><i>(Continued on next page)</i></p>	<p><i>(Continued from previous page)</i></p> <p>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 PremierCare Choice Rx (HMO) approves the exception, you will pay Tier 2: Generic and Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$175 yearly deductible.</p> <p>Initial Coverage After you pay your deductible, you pay the following until total yearly drug costs reach \$2,840:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$7 co-pay for a one-month (30-day) supply of drugs in this tier • \$21 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$30 co-pay for a one-month (30-day) supply of drugs in this tier • \$90 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$65 co-pay for a one-month (30-day) supply of drugs in this tier • \$195 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs*</p> <ul style="list-style-type: none"> • 28% co-insurance for a one-month (30-day) supply of drugs in this tier <p><i>(Continued on next page)</i></p>	

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Value Rx
29. Prescription Drugs (Continued)		<p><i>(Continued from previous page)</i></p> <ul style="list-style-type: none"> 30% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long-Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$7 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$30 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$70 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 30% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Mail-Order</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$7 co-pay for a one-month (30-day) supply of drugs in this tier \$14 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$30 co-pay for a one-month (30-day) supply of drugs in this tier \$60 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$70 co-pay for a one-month (30-day) supply of drugs in this tier \$140 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 30% coinsurance for a one-month (30-day) supply of drugs in this tier <p><i>(Continued on next page)</i></p>	<p><i>(Continued from previous page)</i></p> <ul style="list-style-type: none"> 30% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long-Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$7 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$30 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$70 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 30% co-insurance for a one-month (31-day) supply of drugs in this tier <p>Mail-Order</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$7 co-pay for a one-month (30-day) supply of drugs in this tier \$14 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$30 co-pay for a one-month (30-day) supply of drugs in this tier \$60 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$70 co-pay for a one-month (30-day) supply of drugs in this tier \$140 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 30% co-insurance for a one-month (30-day) supply of drugs in this tier <p><i>(Continued on next page)</i></p>	<p><i>(Continued from previous page)</i></p> <ul style="list-style-type: none"> 28% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long-Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$7 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$30 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$65 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 28% co-insurance for a one-month (31-day) supply of drugs in this tier <p>Mail-Order</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$7 co-pay for a one-month (30-day) supply of drugs in this tier \$14 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$30 co-pay for a one-month (30-day) supply of drugs in this tier \$60 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$65 co-pay for a one-month (30-day) supply of drugs in this tier \$130 co-pay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 28% co-insurance for a one-month (30-day) supply of drugs in this tier <p><i>(Continued on next page)</i></p>	

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
29. Prescription Drugs (Continued)		<p><i>(Continued from previous page)</i></p> <ul style="list-style-type: none"> 30% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> \$ 2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or 5% coinsurance. <p>Out-of-Network</p> <p>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 PremierCare Advantage Rx (HMO).</p> <p>Out-of-Network Initial Coverage</p> <p>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>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$7 co-pay for a (10-day) supply of drugs in this tier <p><i>(Continued on next page)</i></p>	<p><i>(Continued from previous page)</i></p> <ul style="list-style-type: none"> 30% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> \$ 2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or 5% coinsurance. <p>Out-of-Network</p> <p>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 PremierCare Value Rx (HMO).</p> <p>Out-of-Network Initial Coverage</p> <p>After you pay your year 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>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$7 co-pay for a (10-day) supply of drugs in this tier <p><i>(Continued on next page)</i></p>	<p><i>(Continued from previous page)</i></p> <ul style="list-style-type: none"> 28% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> \$ 2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or 5% co-insurance. <p>Out-of-Network</p> <p>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 PremierCare Choice Rx (HMO).</p> <p>Out-of-Network Initial Coverage</p> <p>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>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$7 co-pay for a (10-day) supply of drugs in this tier <p><i>(Continued on next page)</i></p>	

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
29. Prescription Drugs (Continued)		<p><i>(Continued from previous page)</i></p> <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$30 co-pay for a (10-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 co-pay for a (10-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 30% coinsurance for a (10-day) supply of drugs in this tier <p style="text-align: center;">Out-of-Network Coverage Gap</p> <p>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket 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 out-of-pocket drug costs reach \$4,550.</p> <p style="text-align: center;">Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other rugs, or • 5% co-insurance 	<p><i>(Continued from previous page)</i></p> <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$30 co-pay for a (10-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 co-pay for a (10-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 30% coinsurance for a (10-day) supply of drugs in this tier <p style="text-align: center;">Out-of-Network Coverage Gap</p> <p>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket 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 out-of-pocket drug costs reach \$4,550.</p> <p style="text-align: center;">Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other rugs, or • 5% co-insurance 	<p><i>(Continued from previous page)</i></p> <p>Tier 2: Generic and Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$30 co-pay for a (10-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$65 co-pay for a (10-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 28% coinsurance for a (10-day) supply of drugs in this tier <p style="text-align: center;">Out-of-Network Coverage Gap</p> <p>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket 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 out-of-pocket drug costs reach \$4,550.</p> <p style="text-align: center;">Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other rugs, or • 5% co-insurance 	

Table continues on next page

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
30. Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>\$0 co-pay for Medicare-covered dental benefits.</p> <p>\$12 co-pay for an office visit that includes:</p> <ul style="list-style-type: none"> • Up to 1 oral exam every six months • Up to 1 fluoride treatment every six months • \$35 co-pay for up to 1 cleaning every six months • \$8 to \$40 co-pay for up to 1 dental x-ray every six months <p>Plan offers additional comprehensive dental benefits.</p>	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$0 co-pay for Medicare-covered dental benefits.</p>	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$0 co-pay for Medicare-covered dental benefits.</p>	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$0 co-pay for Medicare-covered dental benefits.</p>
31. Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% co-insurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>\$0 co-pay for up to 1 hearing aid every three years.</p> <ul style="list-style-type: none"> • \$20 co-pay for Medicare-covered diagnostic hearing exams • \$20 co-pay for up to 1 routine hearing test every year • \$0 co-pay for up to 1 hearing aid fitting evaluation every year <p>\$500 plan coverage limit for routine hearing tests and hearing aids every three years.</p>	<p>In-Network</p> <p>In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> • \$30 co-pay for Medicare-covered diagnostic hearing exams 	<p>In-Network</p> <p>In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> • \$30 co-pay for Medicare-covered diagnostic hearing exams 	<p>In-Network</p> <p>In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> • \$30 co-pay for Medicare-covered diagnostic hearing exams
32. Vision Services	<p>20% co-insurance for diagnosis and treatment of diseases and 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>In-Network</p> <p>\$0 co-pay for</p> <ul style="list-style-type: none"> • One pair of eyeglasses or contact lenses after cataract surgery • Up to 1 pair of glasses every two years • Up to 1 pair of contacts every two years • \$0 co-pay for exams to diagnose and treat diseases and conditions of the eye. • \$0 co-pay for up to 1 routine eye exam every year <p>\$100 plan coverage limit for eye wear every 2 years.</p>	<p>In-Network</p> <p>Non-Medicare-covered eye exams and glasses not covered</p> <p>\$0 co-pay for</p> <ul style="list-style-type: none"> • One pair of eyeglasses or contact lenses after cataract surgery • \$30 co-pay for exams to diagnose and treat diseases and conditions of the eye. 	<p>In-Network</p> <p>Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 co-pay for</p> <ul style="list-style-type: none"> • One pair of eyeglasses or contact lenses after cataract surgery • \$30 co-pay for exams to diagnose and treat diseases and conditions of the eye. 	<p>In-Network</p> <p>Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 co-pay for one pair of eyeglasses or contact lenses after cataract surgery</p> <p>\$30 co-pay for exams to diagnose and treat diseases and conditions of the eye.</p>

SECTION II					
Benefit Category	Original Medicare	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Choice Rx	PremierCare Choice
33. Physical Exams “Welcome to Medicare”; and Annual Wellness Visit	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 either a Welcome to Medicare exam or an Annual Wellness visit. After your first 12 months, you can get one Annual Wellness visit every 12 months. There is no co-insurance, co-payment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit. The Welcome to Medicare exam does not include lab tests.	In-Network \$0 co-pay for routine exams Limited to 1 exam every year.	In-Network \$0 co-pay for routine exams Limited to 1 exam every year.	In-Network \$0 co-pay for routine exams Limited to 1 exam every year.	In-Network \$0 co-pay for routine exams Limited to 1 exam every year.
34. Health/Wellness Education	Smoking Cessation Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay co-insurance, and Part B deductible applies. \$0 co-pay 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.	In-Network The plan covers the following health/wellness education benefits: • Written health education materials, including Newsletters • Nursing Hotline \$0 co-pay for each Medicare-covered smoking cessation counseling session. \$0 co-pay for each Medicare-covered HIV screening. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.	In-Network The plan covers the following health/wellness education benefits: • Written health education materials, including Newsletters • Nursing Hotline \$0 co-pay for each Medicare-covered smoking cessation counseling session. \$0 co-pay for each Medicare-covered HIV screening. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.	In-Network The plan covers the following health/wellness education benefits: • Written health education materials, including Newsletters • Nursing Hotline \$0 co-pay for each Medicare-covered smoking cessation counseling session. \$0 co-pay for each Medicare-covered HIV screening. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.	In-Network The plan covers the following health/wellness education benefits: • Written health education materials, including Newsletters • Nursing Hotline \$0 co-pay for each Medicare-covered smoking cessation counseling session. \$0 co-pay for each Medicare-covered HIV screening. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.
Transportation (Routine)	Not covered	In-Network This plan does not cover routine transportation	In-Network This plan does not cover routine transportation	In-Network This plan does not cover routine transportation	In-Network This plan does not cover routine transportation
Acupuncture	Not covered	In-Network This plan does not cover acupuncture.	In-Network This plan does not cover acupuncture.	In-Network This plan does not cover acupuncture.	In-Network This plan does not cover acupuncture.

Plan Benefits Comparison Chart

PLAN NAME	PREMIERCARE ADVANTAGE Rx	PREMIERCARE VALUE Rx	PREMIERCARE CHOICE Rx	PREMIERCARE CHOICE
Monthly Premium	\$140	\$95	\$44	\$21
Benefit	You pay	You pay	You pay	You pay
Out-of-Pocket Maximum	\$2,500	\$2,500	\$3,400	\$3,400
Inpatient Hospital Care	\$160/day for 5 days	\$160/day for 5 days	\$300/day for 5 days	\$300/day for 5 days
Primary Care Office Visit	\$15	\$15	\$20	\$20
Specialist Office Visit	\$30	\$30	\$35	\$35
Annual Physical	\$0	\$0	\$0	\$0
Outpatient Surgery	10% of cost	10% of cost	20% of cost	20% of cost
Ambulance	\$50/Trip	\$50/Trip	\$50/Trip	\$50/Trip
Emergency Visit	\$50	\$50	\$50	\$50
Urgent Care Visit	\$30	\$30	\$35	\$35/Visit
Labs	\$0	\$0	20% of cost	20% of cost
X-Rays	10% of cost	10% of cost	20% of cost	20% of cost
Prescription Drugs	\$100 Annual Deductible \$7 Generic \$30 Preferred Brand	\$100 Annual Deductible \$7 Generic \$30 Preferred Brand	\$175 Annual Deductible \$7 Generic \$30 Preferred Brand	Not covered
Routine Dental (Offered through Willamette Dental)	\$12 Visit \$35 Cleaning \$8-\$40 X-Rays	Not covered	Not covered	Not covered
Routine Hearing	\$0 Annual Exam \$500 benefit maximum on hearing tests and hearing aids over 3 years	Not covered	Not covered	Not Covered
Routine Vision	\$0 Annual Exam 1 pair of glasses (Maximum \$100 every two years)	Not covered	Not covered	Not covered

ADDITIONAL INFORMATION THAT WILL BE HELPFUL IN UNDERSTANDING YOUR BENEFITS

FamilyCare understands that it can be hard to transition to a new health plan. We will work hard to help you understand what will be happening as you move on to our plan. Below is some information that will help you understand how our plan works. Please contact us if you have additional questions or need clarification on anything you have received from us. We look forward to working with you.

YOUR ANNUAL PHYSICAL EXAM

FamilyCare encourages you to partner with your primary care physician so that he or she can effectively evaluate your healthcare needs. Unlike Medicare's one-time initial physical exam, FamilyCare is providing you with an annual physical exam benefit with a \$0 co-pay.

This comprehensive annual physical exam includes x-ray services, preventive medicine evaluation, age- and gender-appropriate health history assessment, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations and laboratory/diagnostic procedures. With this unique benefit, your doctor can help you stay healthy, and it costs you nothing out of pocket. Please contact your provider to set up an appointment.

URGENT AND EMERGENCY CARE COVERAGE AVAILABLE WORLDWIDE

Your coverage includes a worldwide benefit for urgent or emergency care. To use this benefit, you will need to notify the provider of your coverage with FamilyCare and, in most cases, pay for the services and be reimbursed by the plan. For FamilyCare to process any claim, we need the following information:

1. Name of provider
2. Address of provider
3. Tax identification number of the provider
4. National provider identification number
5. Medicare provider identification number
6. Date of service
7. Type of service provided
8. Medical condition being treated
9. Itemized charges for the services provided

If you have any questions about what to pay a provider or where to send a paper claim you may call Member Services.

What is a medical emergency?

A "medical emergency" is when you believe your health is in serious danger. A medical emergency includes severe pain, a bad injury, a sudden illness, or a medical condition that is quickly getting much worse.

What if it wasn't a medical emergency?

Sometimes it can be hard to know if you have a medical emergency. For example, you might go in for emergency care—thinking your health is in serious danger—and the doctor may say it wasn't a medical emergency after all. If this happens, you are still covered for the care you got to determine what was wrong, as long as you thought your health was in serious danger, as explained in "What is a medical emergency" above. If you get any extra care after the doctor says it wasn't a medical emergency, the Plan will pay its portion of the covered additional care **only if you get it from a network provider**. We will pay our portion of the covered additional care from an out-of-network provider if you are out of our service area, as long as the additional care you get meets the definition of "urgently needed care" below.

What is the difference between a medical emergency and urgently needed care?

The two main differences between urgently needed care and a medical emergency are in the danger to your health and your location. A "medical emergency" occurs when you reasonably believe that your health is in serious danger, whether you are in or outside of the service area. "Urgently needed care" is when you need medical help for an unforeseen illness, injury, or condition, but your health is not in serious danger, and you are generally outside of the service area.

How to get urgently needed care

If, while temporarily outside the Plan's service area, you require urgently needed care, then you may get this care from any provider.

If you have a pressing, non-emergency medical need while in the service area, you generally must obtain services from the Plan according to its procedures and requirements as outlined earlier in this section.

How to submit a paper claim for emergency or urgently needed care

When you receive emergency or urgently needed health-

Continued on next page

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care services from a provider who is not part of our network, you are responsible for paying your plan cost sharing amount and you should tell the provider to bill our Plan for the balance of the payment they are due. However, if you have received a bill from the provider, please send that claim to FamilyCare so we can pay the provider the amount they are owed.

CHOOSING A PRIMARY CARE PHYSICIAN (PCP)

If you are choosing a provider you have not seen in the past

It is important that you have an established relationship with your PCP. We encourage you to contact your provider and set an initial appointment as soon as possible after your effective date on the plan. This will help prevent any issues that may prevent you from getting needed services at a later date.

If you choose a provider that you are already established with

You need to let the provider know that you have changed plans and now have insurance coverage through FamilyCare Health Plans. This will allow them to confirm coverage and bill the correct plan. At the time of your appointment, it is important that you confirm that the provider is contracted with FamilyCare Health Plans.

USING GENERIC MEDICATIONS

As the cost of medical care increases, one way to help control costs is to consider using generic medications whenever possible. Generic medications meet the same standards of safety and effectiveness as brand name medications at a fraction of the cost. Please contact your provider to discuss your medications and the options available to you under our plan.

IMMUNIZATIONS

Flu and Pneumonia immunizations can be administered by either a pharmacy or your provider for \$0 co-payment. Other immunizations such as Hepatitis B may be available for those at risk for \$0 co-payment.

VACCINATIONS

Zostavax vaccination can be administered at the pharmacy for your normal co-insurance or co-payment. If you choose to have this administered at your provider's office, the entire cost is paid up front (vaccine and administration) and you will be reimbursed this amount less your normal coinsurance or co-payment. If you choose to obtain the vaccination at the pharmacy and

have your provider administer the vaccination, you will pay the normal co-insurance or co-payment and then the full administration cost charged by your provider. You are reimbursed the administration charge less any in-network charge.

MEDICATION THERAPY MANAGEMENT (MTM) PROGRAMS

We offer medication therapy management programs at no additional cost to members who have multiple medical conditions, are taking many prescription drugs, and have high drug costs. These programs were developed for us by a team of pharmacists and doctors. We use these medication therapy management programs to help our members utilize their medications appropriately. For example, these programs help us make sure that our members are using appropriate drugs to treat their medical conditions and help us identify possible medication interactions.

We may contact members who qualify for these programs. If we contact you, we hope you will join so that we can help you manage your medications. Remember, you don't need to pay anything extra to participate. If you are selected to join a medication therapy management program, we will send you information about the specific program, including information about how to access the program.

YOUR DENTAL BENEFITS
APPLIES ONLY TO PREMIERCARE ADVANTAGE RX PLAN

The Willamette Dental Plan is a managed dental care plan with facilities in Oregon, Washington, Idaho and Nevada. With this plan, you access care through the plan's providers. You select a primary care dentist and all future regularly scheduled appointments should be made with that provider. For specialty services, you will be referred to a Willamette Dental specialist located in your region.

To choose a dentist or schedule an appointment, simply call their Appointment Center at one of the following numbers: **Oregon:** 800-461-8994; **Washington:** 800-359-6019; **Idaho:** 800-603-1738; **Nevada:** 866-397-5251. The Appointment Center hours are: Monday–Thursday, 7 am–8 pm; Friday, 7 am–6 pm; and Saturday, 7 am–4 pm

You'll have your first appointment within 30 days after your initial call. Appointments for cleanings and non-emergency operative procedures will be scheduled between 45 and 60 days after your call. On your first visit, you will receive a thorough examination that may include X-rays. Your dentist will then develop a Personal Dental Care Plan based on your overall dental health. This treatment plan will determine the sequence and number of procedures to be undertaken on future visits. Children will receive a cleaning at their first appointment and adults will receive their first cleaning after the initial appointment. Your dentist will determine your cleaning

schedule based on your oral health.

Willamette Dental's first priority with new patients is to diagnose and treat urgent conditions that pose an immediate threat to oral health or put one or more teeth at risk. The next step is to control the disease process and to promote wellness and health maintenance. Willamette Dental provides emergency coverage 24 hours a day, 365 days a year. Patients will be seen within approximately 24 hours for emergencies (pain, bleeding or swelling). If you schedule an emergency appointment during regular clinic hours, you pay the usual office visit charge. After hours, the visit charge is usually higher. If you have a dental emergency while out of the Willamette Dental service area, services will be reimbursed at the amount stated in the *Summary of Co-payments*. For an emergency, you can see any licensed dentist to obtain relief from pain, bleeding or swelling. Questions about your dental plan or service should be directed to the Willamette Dental Patient Relations Department at 800-460-7644 or email: relations@willamettedental.com. Visit their website at: www.willamettedental.com.

Preventive dental care

With the Willamette Dental Plan, you choose a Willamette Dental dentist who is convenient to you. Co-payments are paid to the office at the time of service. Specific co-payments include:

	DENTAL BENEFIT	CO-PAYMENT
	Annual Maximum	No annual maximum
	Deductible	No deductible
	Office Visit	\$12
DIAGNOSTIC & PREVENTIVE SERVICES	Routine & Emergency Exams	Covered at 100%
	Single X-rays	\$8
	Intra-Oral Panoramic X-ray Series	\$40
	Teeth Cleaning	\$35
RESTORATIVE DENTISTRY & PROSTHETICS	Surface Amalgam	\$45–\$85
	Crown Porcelain/Precious Metal	\$635
	Complete Upper or Lower Denture	\$870
	Bridge (Per tooth)	\$635
	Stainless Steel Permanent Crown	\$100
ENDODONTICS & PERIODONTICS	Root Canal Therapy	\$200–\$275
	Osseous Surgery (Per quadrant)	\$830
	Root planning (Per quadrant)	\$255
ORAL SURGERY	Routine Extraction–Single Tooth	\$50
	Surgical Extraction	\$160
	Surgical Complex Impacted Extraction	\$250
MISCELLANEOUS	Local Anesthesia (Novocaine)	Covered at 100%
	Nitrous Oxide (Per visit)	\$20
	After Hours Emergency Care	\$20
	Missed Appointment Fee	\$20
	Out-of-Area Emergency Care Reimbursement	Up to \$100

Exclusions and Limitations

The following general services are NOT covered under the Willamette Dental Insurance, Inc. plan: services rendered prior to coverage effective date or after coverage ends; replacement of an existing denture, crown or bridge less than five years after the date of the most recent replacement; replacement of a lost or stolen denture, crown or bridge; services or supplies related to the diagnosis or treatment of the temporomandibular joint; splints, night guards and other appliances used to increase vertical dimension or restore bite; study models and dental implants; surgery for fractures, cysts, tumor

or cosmetic reasons; IV sedation and/or general anesthesia; and service that is unnecessary. This means, for example, that an inlay is not necessary dental care if an amalgam filling would serve in a functionally equivalent manner. If an enrollee elects to have procedures performed that equate to a higher level of care than the least-costly alternative or recommendation, the enrollee will be responsible for the costs over and above that of any applicable service co-payment charge for the least-costly alternative. This is your plan. **Please contact Willamette Dental for a complete description.**

YOUR VISION BENEFITS—APPLIES ONLY TO PREMIERCARE ADVANTAGE Rx PLAN

Benefit	Frequency	Co-Payment	Your coverage from a VSP Doctor
Eye Care Wellness—Regular exams are essential for protecting your visual health.			
Exam	Every 12 months	\$0	Covered in full
Prescription Eye wear—You may choose between glasses and contact lenses.			
Lenses	Every 24 months	No co-pay	Single vision, lined bifocal and lined trifocal lenses are covered in full.
Frames	Every 24 months	No co-pay	Covered up to \$100
Contact lenses	Every 24 months	No co-pay	Covered up to \$65 (in lieu of glasses lenses and frames)

When you choose contacts instead of glasses, your \$65 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure that your contacts fit properly.

Current soft contact lens wearers may qualify for Vision Service Plan's Lens Care Program, which includes a contact lens exam and initial supply of replacement lenses. Talk to your doctor or visit www.vsp.com.

Extra Discounts and Savings

Laser Vision Correction Discounts

- Laser vision correction services are provided at a reduced cost through VSP network doctors and contracted laser surgery centers.

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)*

*Available from the same VSP doctor who provided your eye exam within the last 12 months.