

SECURITYCHOICE – SERVICE AREA B

Summary of Benefits and Other Value-Added Services

Introduction to the Summary of Benefits for SecurityChoice Plans

January 1, 2007 - December 31, 2007

Thank you for your interest in SecurityChoice Classic, Plus, Enhanced, and Enhanced Plus plans. Our plan is offered by UniCare Life & Health Insurance Company, a Medicare Advantage Private Fee-for-Service organization. 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 UniCare Life & Health Insurance Company and ask for the "Evidence of Coverage".

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare plan. Another option is a Medicare Advantage Private Fee-for-Service plan, like SecurityChoice Classic. 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 UniCare Life & Health Insurance Company 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, seven days a week.

How Can I Compare My Options?

You can compare SecurityChoice plans and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is SecurityChoice Available?

The complete service area for SecurityChoice is listed on page 2.

Who is Eligible to Join SecurityChoice?

You can join SecurityChoice 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 not eligible to enroll in SecurityChoice.

Can I Choose My Doctors?

As a member of SecurityChoice, you can use any Medicare doctor, specialist, or hospital that accepts Medicare payment and accepts the terms, conditions and payment rate of the UniCare Life & Health Insurance Company plan. UniCare Life & Health Insurance Company has the right to determine if the service or treatment ordered by your health care provider is covered under the UniCare Life & Health Insurance Company plan.

Does My Plan Cover Medicare Part B or Part D Drugs?

All SecurityChoice plans cover Medicare Part B prescription drugs. SecurityChoice Classic and Enhanced plans do NOT cover Medicare Part D prescription drugs.

What Types of Drugs May Be Covered Under Medicare Part B?

The following outpatient prescription drugs may be covered under Medicare Part B. This may include, but is not limited to, the following types of drugs. Contact SecurityChoice for more details.

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

- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service available with SecurityChoice Plus and SecurityChoice Enhanced Plus Plans. 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 SecurityChoice for more details.

If you have special needs, this document may be available in other formats.

SecurityChoice Service Area B

You must live in one of these areas to join the plan.

Arkansas

Lonoke, Pope, Woodruff

Deleware

New Castle

Nebraska

Adams, Antelope, Arthur, Boyd, Brown, Cass, Chase, Cherry, Clay, Colfax, Custer, Dundy, Fillmore, Franklin, Frontier, Garden, Grant, Hall, Hamilton, Harlan, Hitchcock, Holt, Howard, Johnson, Keith Kimball, Lancaster, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Pierce, Polk, Richardson, Rock, Saline, Sherman, Thayer, Thomas, Valley, Washington, Webster, York

Nevada

Elko, Esmeralda, Humboldt, Lander, Washoe

New Jersey

Cumberland, Hunterdon

Oregon

Grant, Harney, Jefferson, Wallowa, Wheeler

Pennsylvania

Fulton, Mifflin

Tennessee

Grainger, Grundy, Moore

Texas

Borden, Garza, Jim Hogg, Lee, Panola, Sterling

Utah

Beaver, Juab, Sanpete, utah

West Virginia

Greenbrier, Hampshire, Jackson, Wirt



Please call your agent or UniCare Life & Health Insurance Company for more information about this plan.

Customer Service Hours: Monday through Friday, 8:00 a.m. to 6:00 p.m.

Current members should call 1-888-445-8916 for questions related to the Medicare Advantage program (TTY/TDD 1 800-425-5705).

Prospective members should call 1-866-892-5334 for questions related to the Medicare Advantage program (TTY/TDD 1-800-297-1538).

You can also visit us at www.unicare.com.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact UniCare Life & Health Insurance Company.

Important Information

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
1 - Premium and Other Important Information	You pay the Medicare Part B Premium of \$93.50* each month.	You pay \$35 each month for your plan benefits. You also continue to pay the Medicare Part B Premium of \$93.50*each month.	You pay \$46 each month for your plan benefits. You also continue to pay the Medicare Part B Premium of \$93.50* each month.	You pay \$60 each month for your plan benefits. You also continue to pay the Medicare Part B Premium of \$93.50*each month.	You pay \$91 each month for your plan benefits. You also continue to pay the Medicare Part B Premium of \$93.50* each month.
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently-Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	You may go to any doctor, specialist or hospital that accepts the plan's payment. (See "Doctor and Hospital Choice" on page 27 for more information.)	You may go to any doctor, specialist, or hospital that accepts the plan's payment. (See "Doctor and Hospital Choice" on page 27 for more information.)	You may go to any doctor, specialist, or hospital that accepts the plan's payment. (See "Doctor and Hospital Choice" on page 27 for more information.)	You may go to any doctor, specialist, or hospital that accepts the plan's payment. (See "Doctor and Hospital Choice" on page 27 for more information.)

* Most people will pay the standard monthly Part B premium. However, starting January 1, 2007, some people will have to pay a higher premium because of their yearly income (over \$80,000 for singles, \$160,000 for married couples). For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Inpatient Care

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>You pay for each benefit period(3): Days 1-60: an initial deductible of \$992 Days 61-90: \$248 each day</p> <p>Days 91-150: \$496 each lifetime reserve day(4)</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days</p>	<p>You pay:</p> <p>\$150 each day for day(s) 1 – 5</p> <p>\$0 each day for day(s) 6 – 90 for a Medicare-covered stay at a hospital.</p> <p>There is no copayment for additional days received at a hospital.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p> <p>There is a \$750 maximum out of pocket limit every year. You are covered for unlimited days each benefit period.</p> <p>You may go to any doctor, specialist or hospital that accepts the plan's payment.</p>	<p>You pay:</p> <p>\$200 each day for day(s) 1 – 5</p> <p>\$0 each day for day(s) 6 – 90 for a Medicare-covered stay at a hospital.</p> <p>There is no copayment for additional days received at a hospital.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p> <p>There is a \$1,000 maximum out of pocket limit every year. You are covered for unlimited days each benefit period.</p> <p>You may go to any doctor, specialist or hospital that accepts the plan's payment.</p>	<p>You pay:</p> <p>\$50 for each Medicare-covered stay at a hospital.</p> <p>There is no copayment for additional days received at a hospital.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p> <p>You are covered for unlimited days each benefit period.</p> <p>You may go to any doctor, specialist or hospital that accepts the plan's payment.</p>	<p>You pay:</p> <p>\$50 for each Medicare-covered stay at a hospital.</p> <p>There is no copayment for additional days received at a hospital.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p> <p>You are covered for unlimited days each benefit period.</p> <p>You may go to any doctor, specialist or hospital that accepts the plan's payment.</p>

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

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

Inpatient Care

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
4 - Inpatient Mental Health Care	<p>You pay the same deductible and copayments as Inpatient Hospital Care (above) except Medicare beneficiaries may only receive 190-days in a psychiatric hospital in a lifetime.</p>	<p>You pay \$300 for each Medicare-covered stay at a hospital.</p> <p>There is a \$300 maximum out of pocket limit every stay. Medicare beneficiaries may only receive 190-days in a psychiatric hospital in a lifetime.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p>	<p>You pay \$900 for each Medicare-covered stay at a hospital.</p> <p>There is a \$900 maximum out of pocket limit every stay. Medicare beneficiaries may only receive 190-days in a psychiatric hospital in a lifetime.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p>	<p>You pay \$50 for each Medicare-covered stay at a hospital.</p> <p>Medicare beneficiaries may only receive 190-days in a psychiatric hospital in a lifetime.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p>	<p>You pay \$50 for each Medicare-covered stay at a hospital.</p> <p>Medicare beneficiaries may only receive 190-days in a psychiatric hospital in a lifetime.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p>

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Inpatient Care

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>You pay for each benefit period (3), following at least a three-day covered hospital stay:</p> <p>Days 1 – 20: \$0 for each day</p> <p>Days 21 – 100: \$124 for each day</p> <p>There is a limit of 100 days for each benefit period. (3)</p>	<p>You pay:</p> <p>\$0 each day for day(s) 1 – 20</p> <p>\$25 each day for day(s) 21 – 100 for a stay at a skilled nursing facility. No prior hospital stay is required. You are covered for 100 days each benefit period.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p>	<p>You pay:</p> <p>\$0 each day for day(s) 1 – 20</p> <p>\$100 each day for day(s) 21 – 100 for a stay at a skilled nursing facility. No prior hospital stay is required. You are covered for 100 days each benefit period.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p>	<p>There is no copayment for services received at a skilled nursing facility.</p> <p>No prior hospital stay is required. You are covered for 100 days each benefit period.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p>	<p>There is no copayment for services received at a skilled nursing facility.</p> <p>No prior hospital stay is required. You are covered for 100 days each benefit period.</p> <p>If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$500 per admission. Contact plan for additional information.</p>

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Inpatient Care

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>6 - Home Health Care (includes medically-necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)</p>	<p>There is no copayment for all covered home health visits.</p>	<p>You pay 15% of the cost for Medicare-covered home health visits.</p>	<p>You pay 15% of the cost for Medicare-covered home health visits.</p>	<p>There is no copayment for Medicare-covered home health visits.</p>	<p>There is no copayment for Medicare-covered home health visits.</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.</p>	<p>You must receive care from a Medicare-certified hospice.</p>	<p>You must receive care from a Medicare-certified hospice.</p>	<p>You must receive care from a Medicare-certified hospice.</p>	<p>You must receive care from a Medicare-certified hospice.</p>

Outpatient Care

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
8 – Doctor Office Visits	You pay 20% of Medicare-approved amounts. (1)(2)	<p>You pay \$10 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$10 for each specialist visit for Medicare-covered services. You may go to any doctor, specialist or hospital that accepts the plan's payment.</p> <p>(See #32 on Chart - Physical Exams for more information.)</p>	<p>You pay \$10 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$25 for each specialist visit for Medicare-covered services. You may go to any doctor, specialist or hospital that accepts the plan's payment.</p> <p>(See #32 on Chart - Physical Exams for more information.)</p>	<p>You pay \$10 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$10 for each specialist visit for Medicare-covered services. You may go to any doctor, specialist or hospital that accepts the plan's payment.</p> <p>(See #32 on Chart - Physical Exams for more information.)</p>	<p>You pay \$10 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$10 for each specialist visit for Medicare-covered services. You may go to any doctor, specialist or hospital that accepts the plan's payment.</p> <p>(See #32 on Chart - Physical Exams for more information.)</p>

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

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

Outpatient Care

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
9 – Chiropractic Services	<p>You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.</p> <p>You pay 100% for routine care.</p> <p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay \$10 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p>	<p>You pay \$25 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p>	<p>You pay \$10 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p>	<p>You pay \$10 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p>
10 – Podiatry Services	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p> <p>You are covered for medically-necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay \$10 for each Medicare-covered visit (medically-necessary foot care).</p>	<p>You pay \$25 for each Medicare-covered visit (medically-necessary foot care).</p>	<p>You pay \$10 for each Medicare-covered visit (medically-necessary foot care).</p>	<p>You pay \$10 for each Medicare-covered visit (medically-necessary foot care).</p>

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

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

Outpatient Care

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
11 – Outpatient Mental Health Care	You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. (1)(2)	For Medicare-covered mental health services, you pay 50% of the cost for each individual/group therapy visit.	For Medicare-covered mental health services, you pay 50% of the cost for each individual/group therapy visit.	For Medicare-covered mental health services, you pay 50% of the cost for each individual/group therapy visit.	For Medicare-covered mental health services, you pay 50% of the cost for each individual/group therapy visit.
12 – Outpatient Substance Abuse Care	You pay 20% of Medicare-approved amounts. (1)(2)	For Medicare-covered services you pay \$10 for each individual/group visit.	For Medicare-covered services you pay \$10 for each individual/group visit.	For Medicare-covered services you pay \$10 for each individual/group visit.	For Medicare-covered services you pay \$10 for each individual/group visit.
13 – Outpatient Services/Surgery	<p>You pay 20% of Medicare-approved amounts for the doctor. (1)(2)</p> <p>You pay 20% of outpatient facility charges. (1)(2)</p>	<p>You pay \$100 for each Medicare-covered visit to an ambulatory surgical center.</p> <p>You pay \$10 to \$100 for each Medicare-covered visit to an outpatient hospital facility.</p> <p>(See “Outpatient Services/Surgery” on page 27 for more information.)</p>	<p>You pay \$100 for each Medicare-covered visit to an ambulatory surgical center.</p> <p>You pay \$10 to \$100 for each Medicare-covered visit to an outpatient hospital facility.</p> <p>(See “Outpatient Services/Surgery” on page 27 for more information.)</p>	<p>You pay \$25 for each Medicare-covered visit to an ambulatory surgical center.</p> <p>You pay \$10 to \$25 for each Medicare-covered visit to an outpatient hospital facility.</p> <p>(See “Outpatient Services/Surgery” on page 27 for more information.)</p>	<p>You pay \$25 for each Medicare-covered visit to an ambulatory surgical center.</p> <p>You pay \$10 to \$25 for each Medicare-covered visit to an outpatient hospital facility.</p> <p>(See “Outpatient Services/Surgery” on page 27 for more information.)</p>

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

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

Outpatient Care

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>14 – Ambulance Services (medically-necessary ambulance services)</p>	<p>You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)</p>	<p>You pay \$100 for Medicare-covered ambulance services. (See “Ambulance Services” on page 27 for more information.)</p>	<p>You pay \$150 for Medicare-covered ambulance services. (See “Ambulance Services” on page 27 for more information.)</p>	<p>You pay \$25 for Medicare-covered ambulance services. (See “Ambulance Services” on page 27 for more information.)</p>	<p>You pay \$25 for Medicare-covered ambulance services. (See “Ambulance Services” on page 27 for more information.)</p>
<p>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>You pay 20% of the facility charge or applicable copayment for each emergency room visit. You do NOT pay this amount if you are admitted to the hospital for the same condition within three days of the emergency room visit. (1)(2) You pay 20% of doctor charges. (1)(2) NOT covered outside the United States except under limited circumstances.</p>	<p>You pay \$50 for each Medicare-covered emergency room visit. You do not pay this amount if you are admitted to the hospital within 72 hours for the same condition. Worldwide coverage. (See “Foreign Travel Emergency Care” on page 27 for more information.)</p>	<p>You pay \$50 for each Medicare-covered emergency room visit. You do not pay this amount if you are admitted to the hospital within 72 hours for the same condition. Worldwide coverage. (See “Foreign Travel Emergency Care” on page 27 for more information.)</p>	<p>You pay \$25 for each Medicare-covered emergency room visit. You do not pay this amount if you are admitted to the hospital within 72 hours for the same condition. Worldwide coverage. (See “Foreign Travel Emergency Care” on page 27 for more information.)</p>	<p>You pay \$25 for each Medicare-covered emergency room visit. You do not pay this amount if you are admitted to the hospital within 72 hours for the same condition. Worldwide coverage. (See “Foreign Travel Emergency Care” on page 27 for more information.)</p>

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

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

Outpatient Care

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>16 – Urgently-Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>You pay 20% of Medicare-approved amounts or applicable copayment. (1)(2) NOT covered outside the United States except under limited circumstances.</p>	<p>You pay \$10 for each Medicare-covered urgently-needed care visit. Worldwide coverage. (See “Foreign Travel Urgently Needed Care” on page 27 for more information.)</p>	<p>You pay \$25 for each Medicare-covered urgently-needed care visit. Worldwide coverage. (See “Foreign Travel Urgently Needed Care” on page 27 for more information.)</p>	<p>You pay \$10 for each Medicare-covered urgently-needed care visit. Worldwide coverage. (See “Foreign Travel Urgently Needed Care” on page 27 for more information.)</p>	<p>You pay \$10 for each Medicare-covered urgently-needed care visit. Worldwide coverage. (See “Foreign Travel Urgently Needed Care” on page 27 for more information.)</p>
<p>17 – Outpatient Rehabilitation Services: (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay \$10 for each Medicare-covered Occupational Therapy visit. You pay \$10 for each Medicare-covered Physical Therapy and/or Speech/ Language Therapy visit.</p>	<p>You pay \$25 for each Medicare-covered Occupational Therapy visit. You pay \$25 for each Medicare-covered Physical Therapy and/or Speech/ Language Therapy visit.</p>	<p>You pay \$10 for each Medicare-covered Occupational Therapy visit. You pay \$10 for each Medicare-covered Physical Therapy and/or Speech/ Language Therapy visit.</p>	<p>You pay \$10 for each Medicare-covered Occupational Therapy visit. You pay \$10 for each Medicare-covered Physical Therapy and/or Speech/ Language Therapy visit.</p>

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

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

Outpatient Medical Services and Supplies

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay 30% of the cost for each Medicare-covered item.</p> <p>If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 70% of the billed charges. Contact plan for additional information.</p> <p>(See “Durable Medical Equipment and Prosthetic Devices” on page 27 for more information.)</p>	<p>You pay 30% of the cost for each Medicare-covered item.</p> <p>If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 70% of the billed charges. Contact plan for additional information.</p> <p>(See “Durable Medical Equipment and Prosthetic Devices” on page 27 for more information.)</p>	<p>You pay 20% of the cost for each Medicare-covered item.</p> <p>If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 70% of the billed charges. Contact plan for additional information.</p> <p>(See “Durable Medical Equipment and Prosthetic Devices” on page 27 for more information.)</p>	<p>You pay 20% of the cost for each Medicare-covered item.</p> <p>If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 70% of the billed charges. Contact plan for additional information.</p> <p>(See “Durable Medical Equipment and Prosthetic Devices” on page 27 for more information.)</p>
<p>19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay 30% of the cost for each Medicare-covered item.</p> <p>If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 70% of the billed charges. Contact plan for additional information.</p>	<p>You pay 30% of the cost for each Medicare-covered item.</p> <p>If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 70% of the billed charges. Contact plan for additional information.</p>	<p>You pay 20% of the cost for each Medicare-covered item.</p> <p>If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 70% of the billed charges. Contact plan for additional information.</p>	<p>You pay 20% of the cost for each Medicare-covered item.</p> <p>If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 70% of the billed charges. Contact plan for additional information.</p>

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

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Outpatient Medical Services and Supplies

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>20 – Diabetes Self-Monitoring Training and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>There is no copayment for diabetes self-monitoring training. You pay \$10 (or 30% of the cost) for each Medicare-covered diabetes supply item.</p> <p>(See “Diabetes Supplies” on page 28 for more information.)</p>	<p>There is no copayment for diabetes self-monitoring training. You pay \$10 (or 30% of the cost) for each Medicare-covered diabetes supply item.</p> <p>(See “Diabetes Supplies” on page 28 for more information.)</p>	<p>There is no copayment for diabetes self-monitoring training. You pay \$10 (or 20% of the cost) for each Medicare-covered diabetes supply item.</p> <p>(See “Diabetes Supplies” on page 28 for more information.)</p>	<p>There is no copayment for diabetes self-monitoring training. You pay \$10 (or 20% of the cost) for each Medicare-covered diabetes supply item.</p> <p>(See “Diabetes Supplies” on page 28 for more information.)</p>
<p>21 – Diagnostic Tests, X-Rays and Lab Services</p>	<p>You pay 20% of Medicare-approved amounts, except for approved lab services. (1)(2)</p> <p>There is no copayment for Medicare-approved lab services.</p>	<p>You pay:</p> <p>\$0 to \$25 for each Medicare-covered clinical/diagnostic lab service.</p> <p>\$0 to \$25 for each Medicare-covered radiation therapy service.</p> <p>\$0 to \$25 for each Medicare-covered x-ray visit.</p> <p>(See “Diagnostic Tests and Therapeutic Services” on page 28 for more information.)</p>	<p>You pay:</p> <p>\$0 to \$25 for each Medicare-covered clinical/diagnostic lab service.</p> <p>\$0 to \$25 for each Medicare-covered radiation therapy service.</p> <p>\$0 to \$25 for each Medicare-covered x-ray visit.</p> <p>(See “Diagnostic Tests and Therapeutic Services” on page 28 for more information.)</p>	<p>You pay:</p> <p>\$0 to \$25 for each Medicare-covered clinical/diagnostic lab service.</p> <p>\$0 to \$25 for each Medicare-covered radiation therapy service.</p> <p>\$0 to \$25 for each Medicare-covered x-ray visit.</p> <p>(See “Diagnostic Tests and Therapeutic Services” on page 28 for more information.)</p>	<p>You pay:</p> <p>\$0 to \$25 for each Medicare-covered clinical/diagnostic lab service.</p> <p>\$0 to \$25 for each Medicare-covered radiation therapy service.</p> <p>\$0 to \$25 for each Medicare-covered x-ray visit.</p> <p>(See “Diagnostic Tests and Therapeutic Services” on page 28 for more information.)</p>

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

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

Preventive Services

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
22 – Bone Mass Measurement (for people with Medicare who are at risk)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no copayment for each Medicare-covered bone mass measurement.	There is no copayment for each Medicare-covered bone mass measurement.	There is no copayment for each Medicare-covered bone mass measurement.	There is no copayment for each Medicare-covered bone mass measurement.
23 – Colorectal Screening Exams (for people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no copayment for Medicare-covered colorectal screening exams. (See “Colorectal Screening Exams” on page 28 for more information.)	There is no copayment for Medicare-covered colorectal screening exams. (See “Colorectal Screening Exams” on page 28 for more information.)	There is no copayment for Medicare-covered colorectal screening exams. (See “Colorectal Screening Exams” on page 28 for more information.)	There is no copayment for Medicare-covered colorectal screening exams. (See “Colorectal Screening Exams” on page 28 for more information.)
24 – Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	There is no copayment for the pneumonia and flu vaccines. You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1)(2) You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.	There is no copayment for the pneumonia and flu vaccines. There is no copayment for the Hepatitis B vaccine.	There is no copayment for the pneumonia and flu vaccines. There is no copayment for the Hepatitis B vaccine.	There is no copayment for the pneumonia and flu vaccines. There is no copayment for the Hepatitis B vaccine.	There is no copayment for the pneumonia and flu vaccines. There is no copayment for the Hepatitis B vaccine.

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

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

Preventive Services

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
25 – Mammograms (annual screening) (for women with Medicare age 40 and older)	You pay 20% of Medicare approved amounts. (2) No referral necessary for Medicare-covered screenings.	There is no copayment for Medicare-covered screening mammograms.	There is no copayment for Medicare-covered screening mammograms.	There is no copayment for Medicare-covered screening mammograms.	There is no copayment for Medicare-covered screening mammograms.
26 – Pap Smears and Pelvic Exams (for women with Medicare)	There is no copayment for a pap smear once every two years, annually for beneficiaries at high risk. (2) You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)	There is no copayment for Medicare-covered pap smears and pelvic exams.	There is no copayment for Medicare-covered pap smears and pelvic exams.	There is no copayment for Medicare-covered pap smears and pelvic exams.	There is no copayment for Medicare-covered pap smears and pelvic exams.
27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services. (1)(2)	There is no copayment for Medicare-covered prostate cancer screening exams.	There is no copayment for Medicare-covered prostate cancer screening exams.	There is no copayment for Medicare-covered prostate cancer screening exams.	There is no copayment for Medicare-covered prostate cancer screening exams.

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

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

Preventive Services

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>28 – Outpatient Prescription Drugs</p> <p>Drugs covered under Medicare Part B (Original Medicare)</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.</p>	<p>There is no copayment for Part B-covered drugs.</p> <p>You pay 100% for most prescription drugs.</p> <p>This plan does not cover Medicare Part D prescription drugs. Please contact the plan for details.</p> <p>(See “Outpatient Prescription Drugs” on page 28 for more information.)</p>	<p>You pay 20% of the cost for Part B-covered drugs.</p> <p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.unicare.com. People who have limited incomes, who live in long term care facilities, or who have access to Indian/</p>	<p>There is no copayment for Part B-covered drugs.</p> <p>You pay 100% for most prescription drugs.</p> <p>This plan does not cover Medicare Part D prescription drugs. Please contact the plan for details.</p> <p>(See “Outpatient Prescription Drugs” on page 28 for more information.)</p>	<p>There is no copayment for Part B-covered drugs.</p> <p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.unicare.com. People who have</p>

Preventive Services

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>28 – Outpatient Prescription Drugs</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p> <p>Deductible</p> <p>Initial Coverage</p> <p>In-Network Retail Pharmacy</p>			<p>Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p> <p>There is no deductible.</p> <p>Before the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay the following for prescription drugs:</p> <p>\$10 for a one-month (30-day) supply of generic drugs</p> <p>\$30 for a one-month (30-day) supply of preferred brand drugs</p> <p>\$60 for a one-month (30-day) supply of non-preferred brand drugs</p> <p>30% coinsurance for a one-month (30-day) supply of non-specialty injectables drugs</p>		<p>limited incomes, who live in long term care facilities, or who have access to Indian/ Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p> <p>There is no deductible.</p> <p>Before the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay the following for prescription drugs:</p> <p>\$10 for a one-month (30-day) supply of generic drugs</p> <p>\$30 for a one-month (30-day) supply of preferred brand drugs</p> <p>\$60 for a one-month (30-day) supply of non-preferred brand drugs</p>

Preventive Services

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>28 – Outpatient Prescription Drugs</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p> <p>Mail Order</p>			<p>30% coinsurance for a one-month (30-day) supply of specialty injectables drugs</p> <p>\$30 for a three-month (90-day) supply of generic drugs</p> <p>\$90 for a three-month (90-day) supply of preferred brand drugs</p> <p>\$180 for a three-month (90-day) supply of non-preferred brand drugs</p> <p>30% coinsurance for a three-month (90-day) supply of non-specialty injectables drugs</p> <p>30% coinsurance for a three-month (90-day) supply of specialty injectables drugs</p> <p>\$15 for a three-month (90-day) supply of generic drugs you get through a preferred mail order pharmacy</p>		<p>30% coinsurance for a one-month (30-day) supply of non-specialty injectables drugs</p> <p>30% coinsurance for a one-month (30-day) supply of specialty injectables drugs</p> <p>\$30 for a three-month (90-day) supply of generic drugs</p> <p>\$90 for a three-month (90-day) supply of preferred brand drugs</p> <p>\$180 for a three-month (90-day) supply of non-preferred brand drugs</p> <p>30% coinsurance for a three-month (90-day) supply of non-specialty injectables drugs</p> <p>30% coinsurance for a three-month (90-day) supply of specialty injectables drugs</p>

Preventive Services

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>28 – Outpatient Prescription Drugs</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p>			<p>\$75 for a three-month (90-day) supply of preferred brand drugs you get through a preferred mail order pharmacy</p> <p>\$150 for a three-month (90-day) supply of non-preferred brand drugs you get through a preferred mail order pharmacy</p> <p>25% coinsurance for a three-month (90-day) supply of non-specialty injectables drugs you get through a preferred mail order pharmacy</p> <p>25% coinsurance for a three-month (90-day) supply of specialty injectables drugs you get through a preferred mail order pharmacy</p> <p>\$30 for a three-month (90-day) supply of generic drugs you get through a non-preferred mail order pharmacy</p>		<p>\$15 for a three-month (90-day) supply of generic drugs you get through a preferred mail order pharmacy</p> <p>\$75 for a three-month (90-day) supply of preferred brand drugs you get through a preferred mail order pharmacy</p> <p>\$150 for a three-month (90-day) supply of non-preferred brand drugs you get through a preferred mail order pharmacy</p> <p>25% coinsurance for a three-month (90-day) supply of non-specialty injectables drugs you get through a preferred mail order pharmacy</p> <p>25% coinsurance for a three-month (90-day) supply of specialty injectables drugs you get through a preferred mail order pharmacy</p>

Preventive Services

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>28 – Outpatient Prescription Drugs</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p>			<p>\$90 for a three-month (90-day) supply of preferred brand drugs you get through a non-preferred mail order pharmacy</p> <p>\$180 for a three-month (90-day) supply of non-preferred brand drugs you get through a non-preferred mail order pharmacy</p> <p>25% coinsurance for a three-month (90-day) supply of non-specialty injectables drugs you get through a non-preferred mail order pharmacy</p> <p>25% coinsurance for a three-month (90-day) supply of specialty injectables drugs you get through a non-preferred mail order pharmacy</p>		<p>\$30 for a three-month (90-day) supply of generic drugs you get through a non-preferred mail order pharmacy</p> <p>\$90 for a three-month (90-day) supply of preferred brand drugs you get through a non-preferred mail order pharmacy</p> <p>\$180 for a three-month (90-day) supply of non-preferred brand drugs you get through a non-preferred mail order pharmacy</p> <p>25% coinsurance for a three-month (90-day) supply of non-specialty injectables drugs you get through a non-preferred mail order pharmacy</p> <p>25% coinsurance for a three-month (90-day) supply of specialty injectables drugs you get through a non-preferred mail order pharmacy</p>

Preventive Services

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>28 – Outpatient Prescription Drugs</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p> <p>Coverage After You Reach Your Initial Coverage Limit</p> <p>Catastrophic Coverage</p> <p>General Information</p>			<p>After the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3,850.</p> <p>After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of:</p> <p>\$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or 5% coinsurance.</p> <p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition. Certain prescription drugs will have maximum quantity limits. Your</p>		<p>You pay the following:</p> <p>\$10 for a one-month (30-day) supply of generic drugs</p> <p>\$30 for a three-month (90-day) supply of generic drugs.</p> <p>After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of:</p> <p>\$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or 5% coinsurance.</p> <p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition. Certain prescription drugs will have maximum quantity limits. Your</p>

Preventive Services

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>28 – Outpatient Prescription Drugs</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p>			<p>provider must get prior authorization from SecurityChoice Plus for certain prescription drugs.</p> <p>Some of the drugs covered by this plan do not count toward your out-of-pocket expenses. Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details.</p> <p>(See “Outpatient Prescription Drugs” on page 28 for more information.)</p>		<p>provider must get prior authorization from SecurityChoice Plus for certain prescription drugs.</p> <p>Some of the drugs covered by this plan do not count toward your out-of-pocket expenses. Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details.</p> <p>(See “Outpatient Prescription Drugs” on page 28 for more information.)</p>

Additional Benefits (What Original Medicare Does Not Cover)

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
29 - Dental Services	In general, you pay 100% for dental services.	In general, you pay 100% for dental services. (See “Dental Services” on page 29 for more information.)	In general, you pay 100% for dental services. (See “Dental Services” on page 29 for more information.)	In general, you pay 100% for dental services. (See “Dental Services” on page 29 for more information.)	In general, you pay 100% for dental services. (See “Dental Services” on page 29 for more information.)
30 - Hearing Services	You pay 100% for routine hearing exams and hearing aids. You pay 20% of Medicare-approved amounts for diagnostic hearing exams. (1)(2)	You pay 100% for hearing aids. You pay: \$10 for each Medicare-covered hearing exam (diagnostic hearing exams). \$10 for each routine hearing test, one test every two years. (See “Routine Hearing Services” on page 29 for more information.)	You pay 100% for hearing aids. You pay: \$25 for each Medicare-covered hearing exam (diagnostic hearing exams). \$25 for each routine hearing test, one test every two years. (See “Routine Hearing Services” on page 29 for more information.)	You pay 100% for hearing aids. You pay: \$10 for each Medicare-covered hearing exam (diagnostic hearing exams). \$10 for each routine hearing test, one test every two years. (See “Routine Hearing Services” on page 29 for more information.)	You pay 100% for hearing aids. You pay: \$10 for each Medicare-covered hearing exam (diagnostic hearing exams). \$10 for each routine hearing test, one test every two years. (See “Routine Hearing Services” on page 29 for more information.)

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

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

Additional Benefits (What Original Medicare Does Not Cover)

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>31 - Vision Services</p>	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2)</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings. (1)(2)</p> <p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</p> <p>You pay 100% for routine eye exams and glasses.</p>	<p>There is no copayment for the following items:</p> <p>Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery)</p> <p>Glasses, limited to one pair of glasses every two years.</p> <p>Contacts, limited to one pair of contacts every two years.</p> <p>You pay:</p> <p>\$10 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) .</p> <p>50% of the cost for each Routine eye exam, limited to one exam every year.</p> <p>You are covered up to \$75 for eyewear every two years.</p> <p>(See “Vision Services” on page 29 for more information.)</p>	<p>There is no copayment for the following items:</p> <p>Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery)</p> <p>Glasses, limited to one pair of glasses every two years.</p> <p>Contacts, limited to one pair of contacts every two years.</p> <p>You pay:</p> <p>\$25 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) .</p> <p>50% of the cost for each Routine eye exam, limited to one exam every year.</p> <p>You are covered up to \$75 for eyewear every two years.</p> <p>(See “Vision Services” on page 29 for more information.)</p>	<p>There is no copayment for the following items:</p> <p>Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery)</p> <p>Glasses, limited to one pair of glasses every two years.</p> <p>Contacts, limited to one pair of contacts every two years.</p> <p>You pay:</p> <p>\$10 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) .</p> <p>50% of the cost for each Routine eye exam, limited to one exam every year.</p> <p>You are covered up to \$75 for eyewear every two years.</p> <p>(See “Vision Services” on page 29 for more information.)</p>	<p>There is no copayment for the following items:</p> <p>Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery)</p> <p>Glasses, limited to one pair of glasses every two years.</p> <p>Contacts, limited to one pair of contacts every two years.</p> <p>You pay:</p> <p>\$10 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) .</p> <p>50% of the cost for each Routine eye exam, limited to one exam every year.</p> <p>You are covered up to \$75 for eyewear every two years.</p> <p>(See “Vision Services” on page 29 for more information.)</p>

(1) Each year, you pay a total of one \$31 deductible.

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

Additional Benefits (What Original Medicare Does Not Cover)

Benefit Category	Original Medicare	SecurityChoice Classic	SecurityChoice Plus	SecurityChoice Enhanced	SecurityChoice Enhanced Plus
<p>32 - Physical Exams</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay 20% of the Medicare-approved amount. (1)(2)</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B months of your new Part B coverage. This will not include laboratory tests.</p> <p>Please contact your plan for further details.</p> <p>You pay \$10 for Medicare-covered services.</p> <p>You pay \$10 for each exam.</p> <p>You are covered for one exam every year.</p> <p>(See “Routine Physical Exams” on page 29 for more information.)</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B months of your new Part B coverage. This will not include laboratory tests.</p> <p>Please contact your plan for further details.</p> <p>You pay \$10 for Medicare-covered services.</p> <p>You pay \$10 for each exam.</p> <p>You are covered for one exam every year.</p> <p>(See “Routine Physical Exams” on page 29 for more information.)</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B months of your new Part B coverage. This will not include laboratory tests.</p> <p>Please contact your plan for further details.</p> <p>You pay \$10 for Medicare-covered services.</p> <p>You pay \$10 for each exam.</p> <p>You are covered for one exam every year.</p> <p>(See “Routine Physical Exams” on page 29 for more information.)</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B months of your new Part B coverage. This will not include laboratory tests.</p> <p>Please contact your plan for further details.</p> <p>You pay \$10 for Medicare-covered services.</p> <p>You pay \$10 for each exam.</p> <p>You are covered for one exam every year.</p> <p>(See “Routine Physical Exams” on page 29 for more information.)</p>

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

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

SecurityChoice **Important Plan Information**

SecurityChoice was created to provide seniors and other Medicare beneficiaries with access to broad coverage for medically-necessary hospital and doctor services with low or no monthly plan premiums. Plus some plans include valuable brand and generic prescription drug benefits and coverage for routine vision care, dental care and hearing examinations.

Following is additional information about some of the benefits listed in this brochure. Please note that coinsurance amounts, whenever indicated below, are based on Medicare allowed amounts.

Doctor and Hospital Choice

You may go to any doctor or hospital willing to accept the terms and conditions of the SecurityChoice Plan.

If a member chooses to receive care from a Provider who does not accept Medicare Assignment, the member will be responsible for any Excess Charges up to the Medicare limiting charge (115% of the Medicare allowed amount).

Please note, a “primary care physician” is a health care professional who is trained to give you basic care. Examples include internists or family practice physicians. A “specialist physician” is a doctor who provides health care services for a specific disease or part of the body. Examples include oncologists (care for cancer patients), cardiologists (care for the heart), and orthopedists (care for bones).

Outpatient Services/Surgery

The office visit copayment will apply for any associated physician services (non-surgical) rendered in an outpatient hospital facility. In addition, the outpatient surgery copayment of \$100 for SecurityChoice Classic and Plus and \$25 for SecurityChoice Enhanced and Enhanced Plus applies for elective, scheduled (non-urgent, non-emergency) Medicare-covered surgeries when performed in an outpatient hospital or ambulatory surgical center.

Inpatient Hospital, Mental Health and Skilled Nursing Facility Care

SecurityChoice members are responsible for an additional \$50 per day for up to 10 days if UniCare Life & Health Insurance Company is not notified prior to a planned Inpatient Hospital, Inpatient Mental Health or Skilled Nursing Facility admission.

Ambulance Services

SecurityChoice offers you coverage for Medicare-covered ambulance services with a copayment of \$100 for SecurityChoice Classic, \$150 for SecurityChoice Plus, and \$25 for SecurityChoice Enhanced and Enhanced Plus. This copayment is for each medically-necessary one-way trip to the hospital or dialysis center, from the hospital or dialysis center, or between different facilities.

Foreign Travel Emergency Care

SecurityChoice offers coverage for medically-necessary emergency room services with a \$50 copayment while traveling outside the United States during a temporary absence of less than six months. This copay is not waived if

member is admitted to a foreign hospital while traveling or if admitted to a United States hospital from a foreign emergency.

Inpatient copayment applies for emergent or urgent inpatient admissions while traveling outside the United States. This benefit is limited to 60 inpatient days per lifetime

Foreign Travel Urgently-Needed Care

SecurityChoice provides members with coverage for urgently needed care at a foreign urgent care center or foreign physician’s office for a \$10 copayment with SecurityChoice Classic, Enhanced, and Enhanced Plus plans and \$25 copayment with SecurityChoice Plus while member is traveling outside the United States, during a temporary absence of less than 6 months. This copayment is not waived if member is admitted to hospital.

Inpatient copayment applies for emergent or urgent inpatient admissions while traveling outside the United States. This benefit is limited to 60 inpatient days per lifetime.

Durable Medical Equipment and Prosthetic Devices

Examples of durable medical equipment include items such as oxygen, wheelchairs, walkers, and hospital beds needed for use in the home.

Examples of prosthetic devices include arm, leg, back, and neck braces; artificial eyes; artificial limbs (and their replacement parts); breast prostheses (after mastectomy); and prosthetic devices needed to replace an internal body part or function

Medically necessary Durable Medical Equipment and Prosthetic Devices are covered with a 30% coinsurance for SecurityChoice Classic and Plus plans and 20% coinsurance for SecurityChoice Enhanced and Enhanced Plus plans based on Medicare approved amount. If the plan is not notified before you purchase durable medical equipment and/or a prosthetic device that costs over \$750 your coinsurance amount will be increased to 70% for the equipment or device.

Diabetes Supplies

There is no copayment for diabetes self-monitoring training; however, an office visit copay may apply for an associated office visit. Blood glucose meters/glucose monitors will be covered with a 30% coinsurance for SecurityChoice Classic and Plus plans and 20% coinsurance with SecurityChoice Enhanced and Enhanced Plus plans.

Blood glucose test strips, lancet devices and lancets, and glucose control solutions are covered diabetes supplies with a \$10 copayment.

Supplies associated with the injection of insulin, specifically syringes, needles, alcohol swabs, and gauze are covered under Medicare Part D and no longer covered in Medicare Part B. If this plan does not include Part D drug benefits, this plan will not include coverage for these items.

Diagnostic Tests and Therapeutic Services

There is no copayment for most clinical or diagnostic lab services; however, an office visit copayment may apply for an associated office visit.

There is a \$25 copayment for Complex Diagnostic tests. These tests include: MRIs, PET scans, CT scans, nuclear medicine studies, EKGs, and cardiac stress tests. An office visit copayment may apply for an associated office visit

A \$25 copayment (for SecurityChoice Classic and Plus plans) and \$10 copayment (for SecurityChoice Enhanced and Enhanced Plus plans) applies for radiological therapeutic lab services (Radiation Therapy), renal dialysis, and chemotherapy regardless of place of treatment. An office visit copayment may apply for an associated office visit.

Colorectal Screening Exams

Colorectal screening exams are covered with no copayment. In the event the procedure goes beyond a screening exam and involves biopsy or removal of any growth, the procedure will be considered outpatient surgery and the outpatient surgery copayment will apply.

Outpatient Prescription Drugs

SecurityChoice provides benefits for Medicare Part B-covered drugs. There is no copayment with the SecurityChoice Classic, Enhanced and Enhanced Plus plans. There is a 20% coinsurance with the SecurityChoice Plus plan, regardless of where they are administered.

SecurityChoice Plus and Enhanced Plus plans:

Out-of-Network Retail Coverage

Member will be responsible for the difference between network and out-of-network retail pharmacy costs, unless it is an emergency or member does not have adequate access to an In-Network Pharmacy.

90-Day Supply

A 90-day supply can be obtained through mail order or select retail pharmacies that have contracted to dispense an extended supply.

Generic Benzodiazepines and Barbiturates

SecurityChoice Plus and Enhanced Plus provide coverage for Generic Benzodiazepines and Barbiturates. Copayments for these drugs do not count toward your total drug costs or your true out-of-pocket expenses. Generic Benzodiazepines and Barbiturates are covered even after your total drug costs reach \$2400 and your total out-of-pocket expenses reach \$3,850. The copayments for these generic drugs always apply, regardless of whether you have met either of these coverage limits.

The Medicare Prescription Drug Benefit is available to members of the Medicare Advantage Prescription Drug Plans, SecurityChoice Plus and SecurityChoice Enhanced Plus. If a beneficiary is already enrolled in a Medicare Advantage Part D Plan or a stand alone Prescription Drug plan, then beneficiary will be automatically disenrolled from their old plan and will be enrolled in the SecurityChoice Plus or SecurityChoice Enhanced Plus plan and will receive their prescription drug benefit through SecurityChoice.

Dental Services

SecurityChoice members pay the doctor's office visit copayment for medically necessary Medicare-covered services when performed as part of an office visit.

Routine Hearing Services

SecurityChoice members are covered for one routine screening hearing exam every 24 months with a \$10 copayment for SecurityChoice Classic, Enhanced and Enhanced Plus plans and a \$25 copayment for the SecurityChoice Plus plan. Routine screening hearing exams are performed without relationship to treatment or diagnosis for specific illness, symptom, complaint, or injury.

Vision Services

SecurityChoice members pay no copayment for Medicare covered eyewear following cataract surgery.

SecurityChoice members pay 50% of billed charges for one routine exam each calendar year. Routine eye exams are for the purpose of prescribing, fitting, changing eye glasses (and contact lenses), or determining the refractive state of the eyes.

We offer up to \$75 for routine eyewear each 24-month period. Please note that if you select eyewear that is over \$75, you will be responsible for any amounts over the \$75 allowance.

Routine Physical Exams

SecurityChoice provides coverage for one routine physical exam each year with a \$10 copayment (not including lab services). Routine physical exams are performed without relationship to treatment or diagnosis for specific illness, symptom, complaint or injury and are not required by third parties (i.e., insurance companies, business establishments, governmental agencies).

Other Value-Added Services

Passport Savings Program*

As a SecurityChoice Member, you automatically receive membership in the Passport Savings Program at no additional charge. With the Passport Savings Program, you receive year-round access to a wide range of discount programs and information services. Here's an example of what the program consists of:

HealthyExtensions – Tells you about discounts offered by independent vendors to help members meet their personal fitness and wellness goals.

PLUS, save on:

- **Eyewear**
- **Gym Memberships**
- **Hearing Aids**
- **Weight Management Programs**
- **Smoking Cessation Programs**

* Discounts are offered by independent vendors and may be withdrawn or changed at any time without notice.

These products and services are not subject to the Medicare appeals process. SecurityChoice has arranged for the availability of these discount offers as a service to our members; however, we do not endorse or in any way assume responsibility or liability for the goods and services offered. The companies making these offers are solely responsible for them and any products or services they furnish. Any disputes regarding these products and services must be settled between the SecurityChoice member and the independent vendor offering the product or service.

