

# Summary of Benefits for Blue Cross Senior Secure Plan I and Plan II

## Available in California in Select Counties

This plan is an HMO with a Medicare contract.

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# **Section 1**

## **Introduction to the Summary of Benefits for Blue Cross Senior Secure January 1, 2008 - December 31, 2008**

**Thank you for your interest in Blue Cross Senior Secure. Our plan is offered by Blue Cross of California, 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 Blue Cross Senior Secure and ask for the "Evidence of Coverage."**

## You Have Choices in Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Blue Cross Senior Secure. 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 Blue Cross Senior Secure at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## How Can I Compare My Options?

You can compare Blue Cross Senior Secure 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 Blue Cross Senior Secure Available?

The service area for **Blue Cross Senior Secure Plan I** includes: Riverside\*, San Bernardino\*, Kern, Los Angeles, Orange counties, CA. You must live in one of these areas to join the plan.

The service area for **Blue Cross Senior Secure Plan II** includes: Santa Barbara\*, Orange, San Diego counties, CA. You must live in one of these areas to join the plan.

## Who Is Eligible to Join Blue Cross Senior Secure?

You can join Blue Cross Senior Secure 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 Blue Cross Senior Secure unless they are members of our organization and have been since their dialysis began.

## Can I Choose My Doctors?

Blue Cross Senior Secure has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory for an up-to-date list or visit us at [www.bluecrossca.com](http://www.bluecrossca.com). Our customer service number is listed at the end of this introduction.

## What Happens if I Go to a Doctor Who's Not in Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Blue Cross of California nor the Original Medicare Plan will pay for these services.

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

Blue Cross Senior Secure does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## Where Can I Get My Prescriptions if I Join This Plan?

Blue Cross Senior Secure has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time.

You can ask for a current Pharmacy Network List or visit us at [www.bluecrossca.com](http://www.bluecrossca.com). Our customer service number is listed at the end of this introduction.

Blue Cross of California has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co pay or co insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

## **What Is a Prescription Drug Formulary?**

Blue Cross Senior Secure uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove or make changes to coverage limitations on certain drugs, or change how much you pay for a drug.

If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you, and you can see our complete formulary on our Web site at [www.bluecrossmedicarerx.com](http://www.bluecrossmedicarerx.com).

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

## **How Can I Get Extra Help With Prescription Drug Plan Costs?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Blue Cross Senior Secure, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay.

If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **What Are My Protections in This Plan?**

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

The letter will explain your options for Medicare coverage in your area.

As a member of Blue Cross Senior Secure, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered.

An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug.

If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request.

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

## **What Is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs.

You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue Cross Senior Secure for more details.

**Please call Blue Cross of California for more information about these plans.**

Visit us at [www.bluecrossca.com](http://www.bluecrossca.com) or call us:

**Customer Service Hours:** Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. to 8 p.m.

**Current members** should call **1-888-230-7338** for questions related to the **Medicare Advantage** program (TTY/TDD: 1-888-877-5378).

**Prospective members** should call **1-888-211-9813** for questions related to the **Medicare Advantage** program (TTY/TDD: 1-800-297-1538).

**Current members** should call **1-888-230-7338** for questions related to the **Medicare Part D Prescription Drug** program (TTY/TDD: 1-888-877-5378).

**Prospective members** should call **1-888-211-9813** for questions related to the **Medicare Part D Prescription Drug** program (TTY/TDD: 1-800-297-1538).

**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](http://www.medicare.gov) on the web.

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

## Section 2

# Summary of Benefits for Blue Cross Senior Secure Plan I and II

If you have any questions about this plan's benefits or costs, please contact Blue Cross of California for details.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
<b>Important Information</b>			
<p><b>1. Premium and Other Important Information</b></p> <p>You pay the Medicare Part B premium each month. (This amount is \$93.50 in 2007, and it may change in 2008.) Most people will pay the standard monthly Part B premium. However, some people will have to pay a higher premium because of their yearly income. For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b></p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium. (This amount is \$93.50 in 2007, and it may change in 2008.)</p> <p><b>In-Network</b></p> <p>\$500 out-of-pocket limit.</p> <p>Contact the plan for services that apply.</p> <p><b>Out-of-Network</b></p> <p>Unless otherwise noted, out-of-network services not covered.</p> <p>See p. 26 for additional information about Premium and Other Important Information.</p>	<p><b>General</b></p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium. (This amount is \$93.50 in 2007, and it may change in 2008.)</p> <p><b>In-Network</b></p> <p>\$3,000 out-of-pocket limit.</p> <p>\$2,000 yearly deductible.</p> <p>Contact the plan for services that apply.</p> <p><b>Out-of-Network</b></p> <p>Unless otherwise noted, out-of-network services not covered.</p> <p>See p. 26 for additional information about Premium and Other Important Information.</p>	<p><b>General</b></p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium. (This amount is \$93.50 in 2007, and it may change in 2008.)</p> <p><b>In-Network</b></p> <p>\$3,000 out-of-pocket limit.</p> <p>\$2,000 yearly deductible.</p> <p>Contact the plan for services that apply.</p> <p><b>Out-of-Network</b></p> <p>Unless otherwise noted, out-of-network services not covered.</p> <p>See p. 26 for additional information about Premium and Other Important Information.</p>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
<p><b>2. Doctor and Hospital Choice</b> (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits). You may have to pay a separate copay for certain doctor office visits. <i>See p. 26 for additional information about Doctor and Hospital Choice.</i></p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits). You may have to pay a separate copay for certain doctor office visits. <i>See p. 26 for additional information about Doctor and Hospital Choice.</i></p>
<p><b>Inpatient Care</b></p>			
<p><b>3. Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>For each benefit period<sup>3</sup>:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 60: an initial deductible of \$992 in 2007</li> <li>▪ Days 61 - 90: \$248 per day in 2007</li> <li>▪ Days 91 - 150: \$496 per lifetime reserve day in 2007</li> </ul> <p>These amounts may change in 2008. Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.<sup>4</sup> Lifetime reserve days can only be used once.</p>	<p><b>In-Network</b> For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 5: \$50 copay per day</li> <li>▪ Days 6 - 90: \$0 copay per day</li> </ul> <p>The amount you pay for each Medicare-covered stay may vary depending on which hospital you go to. \$0 copay for additional hospital days</p>	<p><b>In-Network</b> For preferred network hospitals:</p> <ul style="list-style-type: none"> <li>▪ \$0 copay once the \$2,000 yearly deductible is met</li> </ul> <p>For non-preferred network hospitals:</p> <ul style="list-style-type: none"> <li>▪ \$500 copay per day</li> </ul> <p>There is a \$3,250 out-of-pocket maximum for inpatient services received at a non-preferred network hospital. Inpatient services provided at non-preferred network hospitals do not apply to the plan yearly deductible and plan out-of-pocket limit.</p>

<sup>3</sup> 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 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.

<sup>4</sup> Lifetime reserve days can only be used once.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
<p><b>4. Inpatient Mental Health Care</b></p>	<p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> <p>Same deductible and copay as inpatient hospital care (See “Inpatient Hospital Care” above.) 190-day limit in a Psychiatric Hospital</p>	<p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><i>See p. 27 for additional information about Inpatient Hospital Care.</i></p> <p><b>In-Network</b></p> <p>For hospital stays:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 5: \$50 copay per day</li> <li>▪ Days 6 - 90: \$0 copay per day</li> </ul> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><i>See p. 27 for additional information about Inpatient Hospital Care.</i></p> <p><b>In-Network</b></p> <p>For preferred network hospitals:</p> <ul style="list-style-type: none"> <li>▪ \$0 copay once the \$2,000 yearly deductible is met</li> </ul> <p>For non-preferred network hospitals:</p> <ul style="list-style-type: none"> <li>▪ \$500 copay per day</li> </ul> <p>There is a \$3,250 out-of-pocket maximum for inpatient services received at a non-preferred network hospital.</p> <p>Inpatient services provided at non-preferred network hospitals do not apply to the plan yearly deductible and plan out-of-pocket limit.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
<p>5. Skilled Nursing Facility (in a Medicare-certified Skilled Nursing Facility)</p>	<p>For each benefit period<sup>3</sup> after at least a 3-day covered hospital stay:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 20: \$0 per day in 2007</li> <li>▪ Days 21 - 100: \$124 per day in 2007</li> </ul> <p>These amounts may change in 2008.</p> <p>100 days for each benefit period</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care.</p> <p>If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>General</b> Prior authorization is required.</p> <p><b>In-Network</b> For SNF stays:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 20: \$0 copay per day</li> <li>▪ Days 21 - 100: \$65 copay per day</li> </ul> <p>100 days covered for each benefit period</p> <p>No prior hospital stay is required.</p> <p><i>See p. 27 for additional information about Skilled Nursing Facility.</i></p>	<p><b>General</b> Prior authorization is required.</p> <p><b>In-Network</b> \$0 copay for SNF services</p> <p>100 days covered for each benefit period</p> <p>No prior hospital stay is required.</p> <p><i>See p. 27 for additional information about Skilled Nursing Facility.</i></p>
<p>6. Home Health Care (includes medically necessary, intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p> <p><i>See p. 27 for additional information about Home Health Care.</i></p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p> <p><i>See p. 27 for additional information about Home Health Care.</i></p>

<sup>3</sup> 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 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.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
7. Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	<b>In-Network</b> You must get care from a Medicare-certified hospice.	<b>In-Network</b> You must get care from a Medicare-certified hospice.
<b>Outpatient Care</b>			
8. Doctor Office Visits	20% coinsurance <sup>1,2</sup>	<p><b>General</b> See “Routine Physical Exams” for more information. Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for each primary care doctor visit for Medicare-covered benefits. \$10 copay for each specialist visit for Medicare-covered benefits. <i>See p. 27 for additional information about Doctor Office Visits.</i></p>	<p><b>General</b> See “Routine Physical Exams” for more information. Authorization rules may apply.</p> <p><b>In-Network</b> \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each specialist visit for Medicare-covered benefits. <i>See p. 27 for additional information about Doctor Office Visits.</i></p>
9. Chiropractic Services	20% coinsurance <sup>1,2</sup> Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$25 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>

<sup>1</sup> Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
10. Podiatry Services	<p>20% coinsurance<sup>1,2</sup></p> <p>Routine care not covered</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 copay for each Medicare-covered visit. \$20 copay for up to 12 routine visit(s) every year Medicare-covered podiatry benefits are for medically necessary foot care. <i>See p. 27 for additional information about Podiatry Services.</i></p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$25 copay for each Medicare-covered visit. \$25 copay for up to 12 routine visit(s) every year Medicare-covered podiatry benefits are for medically necessary foot care. <i>See p. 27 for additional information about Podiatry Services.</i></p>
11. Outpatient Mental Health Care	<p>50% coinsurance for most outpatient mental health services<sup>1,2</sup></p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 copay for each Medicare-covered individual or group therapy visit.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$25 copay for each Medicare-covered individual or group therapy visit.</p>
12. Outpatient Substance Abuse Care	<p>20% coinsurance<sup>1,2</sup></p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 copay for Medicare-covered individual or group visits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$25 copay for Medicare-covered individual or group visits.</p>

<sup>1</sup>Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
13. Outpatient Services/Surgery	20% coinsurance for the doctor <sup>1,2</sup> 20% of outpatient facility <sup>1,2</sup>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$75 copay for each Medicare-covered ambulatory surgical center visit. \$5 to \$100 copay for each Medicare-covered outpatient hospital facility visit. <i>See p. 27 for additional information about Outpatient Services/Surgery.</i></p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$10 copay for each Medicare-covered outpatient hospital facility visit. <i>See p. 27 for additional information about Outpatient Services/Surgery.</i></p>
14. Ambulance Services (medically necessary ambulance services)	20% coinsurance <sup>1,2</sup>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits. <i>See p. 27 for additional information about Ambulance Services.</i></p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered ambulance benefits. <i>See p. 27 for additional information about Ambulance Services.</i></p>
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor coinsurance <sup>1,2</sup> 20% of facility charge or a set copay per emergency room visit <sup>1,2</sup> You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits.</p> <p><b>Out-of-Network</b> Worldwide coverage.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits.</p> <p><b>Out-of-Network</b> Worldwide coverage.</p>

<sup>1</sup>Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

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<p><b>16. Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>NOT covered outside the U.S. except under limited circumstances</p> <p>20% coinsurance or a set copay<sup>1,2</sup></p> <p>NOT covered outside the U.S. except under limited circumstances</p>	<p><b><i>In- and Out-of-Network</i></b> If you are admitted to the hospital within 72 hours for the same condition, you pay \$0 for the emergency room visit. <i>See p. 28 for additional information about Emergency Care.</i></p> <p><b>General</b> \$30 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 72 hours for the same condition: \$0 for the urgent care visit.</p>	<p><b><i>In- and Out-of-Network</i></b> If you are admitted to the hospital within 72 hours for the same condition, you pay \$0 for the emergency room visit. <i>See p. 28 for additional information about Emergency Care.</i></p> <p><b>General</b> \$30 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 72 hours for the same condition: \$0 for the urgent care visit.</p>
<p><b>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</b></p>	<p>20% coinsurance<sup>1,2</sup></p>	<p><b>General</b> Authorization rules may apply.</p> <p><b><i>In-Network</i></b> \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b><i>In-Network</i></b> \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>

<sup>1</sup>Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
<i>Outpatient Medical Services and Supplies</i>			
<b>18. Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance <sup>1,2</sup>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items. <i>See p. 28 for additional information about Durable Medical Equipment.</i></p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered items. <i>See p. 28 for additional information about Durable Medical Equipment.</i></p>
<b>19. Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance <sup>1,2</sup>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items. <i>See p. 28 for additional information about Prosthetic Devices.</i></p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered items. <i>See p. 28 for additional information about Prosthetic Devices.</i></p>
<b>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</b>	20% coinsurance <sup>1,2</sup>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies</p>

<sup>1</sup>Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
<p><b>21. Diagnostic Tests, X-Rays, and Lab Services</b></p>	<p>20% coinsurance for diagnostic tests and X-rays<sup>1,2</sup></p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services 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.</p>	<p><i>See p. 28 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies.</i></p> <p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% of the cost for Medicare-covered lab services. 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests. 0% to 20% of the cost for Medicare-covered X-rays. 0% to 20% of the cost for Medicare-covered diagnostic radiology services. 0% to 20% of the cost for Medicare-covered therapeutic radiology services.</p> <p><i>See p. 28 for additional information about Diagnostic Tests, X-Rays and Lab Services.</i></p>	<p><i>See p. 28 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies.</i></p> <p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% of the cost for Medicare-covered lab services. 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests. 0% to 20% of the cost for Medicare-covered X-rays. 0% to 20% of the cost for Medicare-covered diagnostic radiology services. 0% to 20% of the cost for Medicare-covered therapeutic radiology services.</p> <p><i>See p. 28 for additional information about Diagnostic Tests, X-Rays and Lab Services.</i></p>
<p><b>Preventive Services</b></p> <p><b>22. Bone Mass Measurement (for people with Medicare who are at risk)</b></p>	<p>20% coinsurance<sup>1,2</sup></p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions</p>	<p><i>See p. 28 for additional information about Diagnostic Tests, X-Rays and Lab Services.</i></p> <p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement</p>

<sup>1</sup>Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
<p><b>23. Colorectal Screening Exams (for people with Medicare age 50 and older)</b></p>	<p>20% coinsurance<sup>1,2</sup> Covered when you are high risk or when you are age 50 and older</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p>
<p><b>24. Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</b></p>	<p>\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine<sup>1,2</sup> You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines. Referral needed for other immunizations.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines. Referral needed for other immunizations.</p>
<p><b>25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)</b></p>	<p>20% coinsurance<sup>2</sup> No referral needed Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p>

<sup>1</sup>Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
<p><b>26. Pap Smears and Pelvic Exams</b> (for women with Medicare)</p>	<p>\$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk 20% coinsurance for Pelvic Exams</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$0 copay for Medicare-covered Pap smears and pelvic exams.</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$0 copay for Medicare-covered Pap smears and pelvic exams.</p>
<p><b>27. Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam \$0 for the PSA test; 20% coinsurance for other related services Covered once a year for all men with Medicare over age 50</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p>
<p><b>28. ESRD</b></p>	<p>20% coinsurance for dialysis<sup>1,2</sup></p>	<p><b>General</b> Authorization rules may apply. Out-of-area Renal Dialysis services do not require Authorization. <b>In-Network</b> 20% of the cost for in- and out-of-area dialysis. \$0 copay for Nutrition Therapy for Renal Disease.</p>	<p><b>General</b> Authorization rules may apply. Out-of-area Renal Dialysis services do not require Authorization. <b>In-Network</b> 20% of the cost for in- and out-of-area dialysis. \$0 copay for Nutrition Therapy for Renal Disease.</p>

<sup>1</sup>Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
29. Prescription Drugs	<p>Most drugs not covered (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)</p>	<p><b>Drugs Covered Under Medicare Part B</b></p> <p><i>General</i></p> <p>20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p><b>Drugs Covered Under Medicare Part D</b></p> <p><i>General</i></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.bluecrossmedicarex.com">www.bluecrossmedicarex.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>▪ have limited incomes,</li> <li>▪ live in long-term care facilities, or</li> <li>▪ have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage. This means that you will pay the same 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><b>Drugs Covered Under Medicare Part B</b></p> <p><i>General</i></p> <p>20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p><b>Drugs Covered Under Medicare Part D</b></p> <p><i>General</i></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.bluecrossmedicarex.com">www.bluecrossmedicarex.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>▪ have limited incomes,</li> <li>▪ live in long-term care facilities, or</li> <li>▪ have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage. This means that you will pay the same 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>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
		<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross Senior Secure Plan I for certain drugs.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p><b><i>In-Network</i></b></p> <p>\$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p><b>Initial Coverage</b></p> <p>You pay the following until total yearly drug costs reach \$2,510:</p> <p><b><i>Retail Pharmacy</i></b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$24 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$30 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$90 copay for a three-month (90-day) supply of drugs</li> </ul>	<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross Senior Secure Plan II for certain drugs.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p><b><i>In-Network</i></b></p> <p>\$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p><b>Initial Coverage</b></p> <p>You pay the following until total yearly drug costs reach \$2,510:</p> <p><b><i>Retail Pharmacy</i></b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$24 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$30 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$90 copay for a three-month (90-day) supply of drugs</li> </ul>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
		<p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$64 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$192 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs</li> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$30 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$64 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (34-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (34-day) supply of drugs</li> </ul>	<p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$64 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$192 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs</li> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$30 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$64 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (34-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (34-day) supply of drugs</li> </ul>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
		<p><b>Mail Order</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$12 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>▪ \$24 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$75 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>▪ \$90 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$160 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>▪ \$192 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs from a preferred mail-order pharmacy.</li> </ul>	<p><b>Mail Order</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$12 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>▪ \$24 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$75 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>▪ \$90 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$160 copay for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>▪ \$192 copay for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs from a preferred mail-order pharmacy.</li> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs from a preferred mail-order pharmacy.</li> </ul>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
		<ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Coverage Gap</b> You pay the following: The plan covers only select Generics through the gap.</p> <p><b>Retail Pharmacy Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$24 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Long-Term Care Pharmacy Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Mail Order Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$12 copay for a three-month (90-day) supply of drugs from a preferred mail order</li> <li>▪ \$24 copay for a three-month (90-day) supply of drugs from a non-preferred mail order</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>	<ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs from a non-preferred mail-order pharmacy.</li> </ul> <p><b>Coverage Gap</b> You pay the following: The plan covers only select Generics through the gap.</p> <p><b>Retail Pharmacy Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$24 copay for a three-month (90-day) supply of drugs</li> </ul> <p><b>Long-Term Care Pharmacy Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (34-day) supply of drugs</li> </ul> <p><b>Mail Order Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$12 copay for a three-month (90-day) supply of drugs from a preferred mail order</li> <li>▪ \$24 copay for a three-month (90-day) supply of drugs from a non-preferred mail order</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p><b>Out-of-Network Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Out-of-Network Pharmacy Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$30 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$64 copay for a one-month (30-day) supply of drugs</li> </ul>	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p><b>Out-of-Network Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Out-of-Network Pharmacy Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$30 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$64 copay for a one-month (30-day) supply of drugs</li> </ul>	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p><b>Out-of-Network Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Out-of-Network Pharmacy Generics</b></p> <ul style="list-style-type: none"> <li>▪ \$8 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$30 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>▪ \$64 copay for a one-month (30-day) supply of drugs</li> </ul>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
30. Dental Services	Preventive dental services (such as cleaning) not covered	<p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Out-of-Network Coverage Gap</b></p> <p>You pay the following:</p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>\$8 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>\$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>5% coinsurance.</li> </ul> <p><i>See p. 28 for additional information about Prescription Drugs.</i></p>	<p><b>Non-Specialty Injectables</b></p> <ul style="list-style-type: none"> <li>33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>33% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p><b>Out-of-Network Coverage Gap</b></p> <p>You pay the following:</p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>\$8 copay for a one-month (30-day) supply of drugs</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>\$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>5% coinsurance.</li> </ul> <p><i>See p. 28 for additional information about Prescription Drugs.</i></p>
		<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered dental benefits</p> <ul style="list-style-type: none"> <li>\$0 copay for up to 1 oral exam every year</li> <li>\$30 to \$40 copay for up to 2 cleanings every year</li> <li>\$0 to \$30 copay for up to 1 dental X-ray visit</li> </ul>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered dental benefits</p> <ul style="list-style-type: none"> <li>\$0 copay for up to 1 oral exam every year</li> <li>\$30 to \$40 copay for up to 2 cleanings every year</li> <li>\$0 to \$30 copay for up to 1 dental X-ray visit</li> </ul>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
<p><b>31. Hearing Services</b></p>	<p>Routine hearing exams and hearing aids not covered 20% coinsurance for diagnostic hearing exams<sup>1,2</sup></p>	<p><i>See p. 29 for additional information about Dental Services.</i></p> <p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> Hearing aids not covered.</p> <ul style="list-style-type: none"> <li>▪ \$20 copay for diagnostic hearing exams</li> <li>▪ \$20 copay for up to 1 routine hearing test every year</li> </ul>	<p><i>See p. 29 for additional information about Dental Services.</i></p> <p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> Hearing aids not covered.</p> <ul style="list-style-type: none"> <li>▪ \$25 copay for diagnostic hearing exams</li> <li>▪ \$25 copay for up to 1 routine hearing test every year</li> </ul>
<p><b>32. Vision Services</b></p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye<sup>1,2</sup> Routine eye exams and glasses not covered Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery<sup>1,2</sup> Annual glaucoma screenings covered for people at risk<sup>1,2</sup></p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>▪ 20% of the cost for one pair of eyeglasses or contact lenses after each cataract surgery.</li> <li>▪ \$20 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>▪ \$20 copay for up to 1 routine eye exam every year</li> <li>▪ 0% of the cost for up to 1 pair(s) of contacts every two years</li> <li>▪ 0% of the cost for up to 1 pair(s) of lenses every two years</li> <li>▪ 0% of the cost for up to 1 frame(s) every two years</li> </ul>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>▪ \$0 copay for</li> <li>▪ one pair of eyeglasses or contact lenses after each cataract surgery.</li> <li>▪ up to 1 pair(s) of contacts every two years</li> <li>▪ up to 1 pair(s) of lenses every two years</li> <li>▪ up to 1 frame(s) every two years</li> <li>▪ \$25 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>▪ \$20 to \$25 copay for up to 1 routine eye exam(s) every year</li> </ul>

<sup>1</sup>Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plan I	Blue Cross Senior Secure Plan II
<p><b>33. Physical Exams</b></p>	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage<sup>1,2</sup>. When you get Medicare Part B, you can get a one-time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$5 copay for routine exams. Limited to 1 exam(s) every year. \$5 copay for Medicare-covered benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for routine exams. Limited to 1 exam(s) every year. \$10 copay for Medicare-covered benefits.</p>
<p><b>Health/Wellness Education</b></p>	<p>Not covered</p>	<p><b>In-Network</b> This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>▪ Written health education materials, including Newsletters</li> <li>▪ Health Club Membership/Fitness Classes</li> <li>▪ Nursing Hotline</li> <li>▪ Other Wellness Benefits</li> </ul> <p><i>See p. 29 for additional information about Health/Wellness Education Benefits.</i></p>	<p><b>In-Network</b> This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>▪ Written health education materials, including Newsletters</li> <li>▪ Health Club Membership/Fitness Classes</li> <li>▪ Nursing Hotline</li> <li>▪ Other Wellness Benefits</li> </ul> <p><i>See p. 29 for additional information about Health/Wellness Education Benefits.</i></p>

<sup>1</sup>Each year, you pay a total of one deductible. In 2007, this deductible is \$131, and it may change in 2008.

<sup>2</sup> If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.  
Blue Cross Senior Secure Plan I and II Summary of Benefits – Section 2 – 2008 – SCASB0001FM

# Section 3

## 2008 Summary of Benefits for Blue Cross Senior Secure

It's important that you understand your benefits so you can get the most out of your health care services, and we can serve you better. We want your benefit information to be easy to understand and simple for you to use.

Your plan was created to provide Medicare beneficiaries with coverage for medically-necessary hospital and doctor services with low or no monthly plan premiums. Your plan also may include Medicare Part D Prescription Drug Coverage. It also may include coverage for routine vision care, dental care, and hearing examinations.

This section provides important additional information about some of the benefits listed earlier in Section 2.

### **Out-of-Pocket Maximum/Annual Deductible** *(see #1 in Section 2)*

#### **Out-of-Pocket Maximum**

Blue Cross Senior Secure Plan I features a \$500 out-of-pocket maximum and Blue Cross Senior Secure Plan II features a \$3,000 out-of-pocket maximum on the following services:

#### **Inpatient Services**

- Medicare-covered inpatient hospital care and associated charges.
- Medicare-covered inpatient mental healthcare.

#### **Outpatient Services**

- Medicare-covered ambulance services.
- Medicare-covered emergency room visits.
- Medicare-covered urgently-needed care visits.

#### **Annual Deductible (Blue Cross Senior Secure Plan II only):**

This plan has a \$2,000 annual deductible, which applies only to the following covered services. You must pay all costs for these services until you have met your annual deductible.

#### **Inpatient Services**

- Medicare-covered inpatient hospital care and associated charges (at a preferred hospital).
- Medicare-covered inpatient mental healthcare.
- Medicare-covered skilled nursing facility care.

#### **Outpatient Services**

- Home healthcare.
- Durable medical equipment.
- Prosthetic devices.
- Diabetes self-monitoring supplies.
- Medicare-covered ambulance services.
- Outpatient surgery in an ambulatory surgical center or outpatient hospital facility.

Please note that copayment or coinsurance amounts are based on the plan's contracted rate, or, for non-contracted providers, the Medicare-allowed amount.

### **Doctor and Hospital Choice** *(see #2 in Section 2)*

Your primary care physician or primary medical group must be a participating provider in one of the network medical groups or Independent Professional Associations (IPAs) in order for you to fully access your benefits. See your provider directory for a list of network medical groups and IPAs.

The provider list is subject to change with prior notice during the contract year. For updated provider information, please contact Customer Service.

## **Inpatient Hospital Care**

**(see #3 in Section 2)**

For **Blue Cross Senior Secure Plan I**, if you use a preferred network hospital, you pay a \$50 copay per day for days 1-5 for Medicare-covered inpatient hospital care. If you use a non-preferred network hospital, you pay up to \$500 per day for days 1-15.

For **Blue Cross Senior Secure Plan II**, if you use a preferred network hospital, you pay all costs for Medicare-covered inpatient hospital services until you have reached the annual deductible amount of \$2,000. If you use a non-preferred network hospital, you pay up to \$500 per day for days 1-15, and this copay does not apply to your annual deductible.

For both **Blue Cross Senior Secure Plan I and Plan II members**, if you use a hospital that is not a preferred or non-preferred hospital for your plan, you will be responsible for all costs – except in emergency or urgent situations. See the provider directory for a list of preferred and non-preferred hospitals. The list of preferred and non-preferred network hospitals is subject to change with prior notice during the year. For information on current preferred and non-preferred hospitals, you can contact Customer Service.

## **Skilled Nursing Facility**

**(see #5 in Section 2)**

**Blue Cross Senior Secure Plan II:** You pay all costs for Medicare-covered skilled nursing facility care until you have met your annual deductible.

## **Home Health Care**

**(see #6 in Section 2)**

**Blue Cross Senior Secure Plan II:** You pay all costs for Medicare-covered home healthcare until you have met your annual deductible.

## **Screening Services (see #8 in Section 2)**

You do not pay a copayment for the following screening services, but you may pay an appropriate office visit copayment: *colorectal screenings, screening mammograms, bone mass measurement, Pap smears and pelvic exams, and prostate cancer screening exams.*

If a colorectal screening exam includes biopsy or removal of a growth, the procedure will be considered outpatient surgery and your benefits for outpatient surgery will apply.

## **Podiatry Services (see #10 in Section 2)**

Your plan allows you to self-refer to a network podiatrist up to 12 times per year for routine podiatry services. You are responsible for a specialist copayment for each visit. Medicare-covered services are not covered under routine podiatry. Routine podiatry includes removal or cutting of corns or calluses and trimming of nails in the absence of localized illness, injury or symptoms involving the feet. Additional visits or referrals for medically-necessary foot care may be arranged and approved by your primary care physician.

## **Outpatient Surgery/Services (see #13 in Section 2)**

**Blue Cross Senior Secure Plan I:** Your office visit copayment will apply for any nonsurgical physician services in an outpatient hospital facility. In addition, the outpatient surgery copayment applies for covered elective, scheduled (nonurgent, nonemergency) surgeries performed in an outpatient hospital or ambulatory surgical center.

**Blue Cross Senior Secure Plan II:** You pay all facility fee charges until you reach your \$2,000 annual deductible for elective, scheduled (nonurgent, nonemergency) Medicare-covered surgeries when performed in an outpatient hospital or ambulatory surgical center.

## **Ambulance Services**

**(see #14 in Section 2)**

**Blue Cross Senior Secure Plan I:** You pay your ambulance copayment for each medically-necessary trip to the hospital or dialysis center, from the hospital or dialysis center, or between facilities.

**Blue Cross Senior Secure Plan II:** You pay all costs for Medicare-covered ambulance services until your annual deductible has been met. Ambulance services are covered for each medically-necessary trip to the hospital or dialysis center, from the hospital or dialysis center, or between facilities.

## **Emergency Care** *(see #15 in Section 2)*

You pay your emergency room (ER) copayment for each covered ER visit. If you are admitted to a hospital from an ER for the same or a related condition within the time frame described in Section 2, you will not pay your ER copayment, but you will pay your inpatient hospital copayment, if you have one.

## **Durable Medical Equipment and Prosthetic Devices** *(see #18 and #19 in Section 2)*

Durable Medical Equipment includes items such as oxygen, wheelchairs, walkers, and hospital beds for home use.

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, including Medicare-covered therapeutic shoes.

**Blue Cross Senior Secure Plan II:** You must meet your deductible before you're eligible for benefits for Durable Medical Equipment (DME) and prosthetic devices. After you meet your deductible, the plan covers 100% of eligible expenses for medically necessary Durable Medical Equipment and Prosthetic Devices.

## **Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies** *(see #20 in Section 2)*

There is no copayment for diabetes self-monitoring training, however a copayment may apply for an associated office visit.

If your plan includes Medicare Part D Prescription Drug coverage, supplies associated with the injection of insulin (specifically syringes, needles, alcohol swabs, and gauze) are covered under Medicare Part D and not under Medicare Part B.

## **Diagnostic Tests, X-Rays and Lab Services** *(see #21 in Section 2)*

You do not pay a copayment for most clinical or diagnostic lab services, however you may pay an office visit copayment if you are charged for an office visit.

You pay a 20% coinsurance for complex diagnostic tests. These tests include MRIs, PET scans, CT scans, nuclear medicine studies, EKGs and cardiac stress tests. You may pay an office visit copayment if you are charged for an office visit.

You pay a 20% coinsurance for radiological therapeutic lab services (radiation therapy), renal dialysis and chemotherapy regardless of place of treatment. You may pay an office visit copayment if you are charged for an office visit.

## **Prescription Drugs** *(see #29 in Section 2)*

Your plan provides benefits for Medicare Part B-covered drugs with 20% coinsurance.

Your plan includes Medicare Part D Prescription Drug Benefits. If you are already enrolled in another Part D Plan, you will be disenrolled automatically from your old plan and enrolled in this plan.

Our plans also cover generic barbiturates and benzodiazepines. These classes of generic drugs are not required to be covered by Medicare Part D plans. A list of these drugs is included in our formulary. Your copayments for barbiturates and benzodiazepines do not count toward your Initial Coverage Limit or yearly out-of-pocket maximum (also known as the "true out-of-pocket maximum" or TrOOP.) Brand-name barbiturates and benzodiazepines are not covered.

You can buy a 90-day supply of a prescription drug through a network mail-order pharmacy or from certain retail pharmacies that contracted with the plan to provide 90-day supplies. These retail pharmacies are identified in the provider directory with an asterisk (\*).

## Dental Care (see #30 in Section 2)

Your plan covers the following preventive care services from network dentists:

- one office visit (consisting of an oral examination and one set of bite-wing X-rays) per year for a \$0 copayment; and
- one teeth cleaning per year for a \$30 copayment; and
- a second teeth cleaning in the same year for a \$40 copayment; and
- a full set of X-rays every five years for a \$30 copayment.

## Vision Care (see #32 in Section 2)

You may receive one routine eye examination per year through a Blue View Vision provider for a \$20 copayment. Routine eye exams are for the purpose of prescribing, fitting, changing eyeglasses (and contact lenses) or determining the refractive state of the eyes. We offer coverage for one pair of standard eyeglass lenses (including single vision, bifocal and trifocal lenses) and up to \$75 for one pair of standard frames every two years OR up to \$95 for one pair of contact lenses (every two years).

Please note that if you select a pair of eyeglass frames that are more than \$75 or contact lenses that are more than \$95, you will be responsible for any amounts over the \$75 for frames or the \$95 for contact lenses. There may be an additional charge for cosmetic lens options selected by the member, such as progressive multifocal lenses, lens coatings and lens tinting.

## Health/Wellness Education (see p. 25 in Section 2)

You can enroll in the Forever Fit<sup>SM</sup> program — a fitness plan designed especially for Medicare-eligible individuals. The Forever Fit<sup>SM</sup> program includes:

complimentary basic membership in a participating fitness center in your area. You can use all the services available to fitness center members with a basic membership.

- discounts for exercise and movement programs, such as yoga, Pilates, Tai Chi, Qi Gong and personal training.
- discounts on selected health and fitness magazines and access to online education tools.

There is not a separate charge for this program, as long as you only use services available with basic fitness center memberships.

After you enroll in this Medicare Advantage plan, you will receive a brochure that shows the participating fitness centers in your area and describes how to enroll in Forever Fit.<sup>SM</sup>

Contact Customer Service for more information on this program, or visit [www.WholeHealthMD.com](http://www.WholeHealthMD.com).

## Foreign Travel

If you are traveling outside the United States for less than six months, your plan covers medically necessary care in an emergency room, urgent care center or physician's office. If you have a deductible, you first must meet your deductible. Then you are responsible for a \$50 copayment per visit.

Your inpatient copayment applies for emergency or urgent inpatient admissions while you are traveling outside the United States. This benefit is limited to 60 inpatient days per lifetime.

## Precertification/Prior Authorization

**Chiropractic Services:** You must contact the plan for precertification for in-network chiropractic visits after the fifth visit.

**Diagnostic Tests, X-Rays, and Lab Services:** You must contact the plan for prior authorization before having high-tech imaging, radiation oncology treatment, and other select diagnostic services, including, but not limited to, injectable/infusible medications.

