

Summary of Benefits for Blue Cross Senior Secure Plus

Available in California in Select Counties

Blue Cross of California (BCC) has contracted with the Centers for Medicare and Medicaid Services (CMS) to offer the Medicare Advantage HMO Special Needs Plan (SNP) noted above or herein. BCC is the state-licensed, risk-bearing entity offering this plan. BCC has retained the services of its related companies and authorized agents/brokers/producers to provide administrative services and/or to make the SNP available in this region.

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Si usted necesita asistencia en español para poder entender este documento, podrá requerirla sin costo alguno llamándonos gratis al número telefónico que se muestra en este material.



Section 1

Introduction to the Summary of Benefits for Blue Cross Senior Secure Plus

January 1, 2008 - December 31, 2008

Thank you for your interest in Blue Cross Senior Secure Plus. Our plan is offered by Blue Cross of California, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. This includes anyone who receives medical assistance from the state and Medicare. All cost sharing in this summary of benefits is based on your level of Medicaid eligibility. Please call Blue Cross Senior Secure Plus to find out if you are eligible to join. Our number is listed at the end of this introduction. This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Blue Cross Senior Secure Plus and ask for the "Evidence of Coverage."

You Have Choices in Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Blue Cross Senior Secure Plus. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Blue Cross Senior Secure Plus at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

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

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

Where Is Blue Cross Senior Secure Plus Available?

The service area for this plan includes: Riverside*, San Bernardino*, Los Angeles, and 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 Plus?

You can join Blue Cross Senior Secure Plus if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

You must also receive medical assistance from the state to join this plan. Please call the plan to see if you are eligible to join.

Can I Choose My Doctors?

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

You can ask for a current Provider Directory for an up-to-date list or visit us at www.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 Plus does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

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

You can ask for a current Pharmacy Network List or visit us at www.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 copay or coinsurance. 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 Plus uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug.

If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you, and you can see our complete formulary on our Web site at <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 Plus, Medicare will tell you 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 Plus, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered.

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

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

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

What Is a Medication Therapy Management (MTM) Program?

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

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

Please call Blue Cross of California for more information about this plan.

Visit us at 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
1-866-754-3075 for questions related to the
Medicare Advantage program
(TTY/TDD: 1-877-247-1657).

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
1-866-754-3075 for questions related to
the **Medicare Part D Prescription Drug**
program (TTY/TDD: 1-877-247-1657).

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 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 Plus

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 Plus
<i>Important Information</i>		
<p>1. Premium and Other Important Information</p>	<p>You pay the Medicare Part B premium each month. (This amount is \$93.50 in 2007, and it may change in 2008.)</p> <p>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>General</p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</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>In-Network</p> <p>\$0 or \$138 yearly deductible.*</p> <p>Contact the plan for services that apply.</p> <p>Out-of-Network</p> <p>Unless otherwise noted, out-of-network services not covered.</p>
<p>2. Doctor and Hospital Choice</p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p> <p><i>See p. 20 for additional information about Doctor and Hospital Choice.</i></p>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plus
<i>Inpatient Care</i>		
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>For each benefit period³:</p> <ul style="list-style-type: none"> ▪ Days 1 - 60: an initial deductible of \$992 in 2007 ▪ Days 61 - 90: \$248 per day in 2007 ▪ Days 91 - 150: \$496 per lifetime reserve day in 2007 <p>These amounts may change in 2008.</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.⁴</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><i>In-Network</i></p> <p>\$1,000 yearly deductible</p> <p>For Medicare-covered hospital stays \$0 or:</p> <ul style="list-style-type: none"> ▪ Days 1 - 60: \$0 copay per day* ▪ Days 61 - 90: \$250 copay per day* <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day, \$0 or:</p> <ul style="list-style-type: none"> ▪ Days 1 - 60: \$500 copay per day* <p>The amount you pay for each Medicare-covered stay may vary depending on which hospital you go to.</p> <p>\$38,500 out-of-pocket limit every benefit period.</p> <p>Plan covers 90 days 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. 20 for additional information about Inpatient Hospital Care.</i></p>
<p>4. Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (See “Inpatient Hospital Care” above.)</p> <p>190-day limit in a Psychiatric Hospital</p>	<p><i>In-Network</i></p> <p>For Medicare-covered hospital stays \$0 or:</p> <ul style="list-style-type: none"> ▪ Days 1 - 60: \$0 copay per day* ▪ Days 61 - 90: \$250 copay per day* <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day, \$0 or:</p> <ul style="list-style-type: none"> ▪ Days 1 - 60: \$500 copay per day*

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 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.

Benefit Category	Original Medicare	Blue Cross Senior Secure Plus
		<p>The amount you pay for each Medicare-covered stay may vary depending on which hospital you go to.</p> <p>The maximum out-of-pocket limit is covered under “Inpatient Hospital Care.”</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>
<p>5. Skilled Nursing Facility (in a Medicare-certified Skilled Nursing Facility)</p>	<p>For each benefit period³ after at least a 3-day covered hospital stay:</p> <ul style="list-style-type: none"> ▪ Days 1 - 20: \$0 per day in 2007 ▪ Days 21 - 100: \$124 per day in 2007 <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.</p> <p>There is no limit to the number of benefit periods you can have.</p>	<p><i>General</i></p> <p>Prior authorization is required.</p> <p><i>In-Network</i></p> <p>For Medicare-covered SNF stays, \$0 or:</p> <ul style="list-style-type: none"> ▪ Days 1 - 20: \$0 copay per day ▪ Days 21 - 100: \$125 copay per day <p>\$10,000 out-of-pocket limit</p> <p>100 days covered for each benefit period</p> <p>3-day prior hospital stay is required</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 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 Plus
6. Home Health Care (includes medically necessary, intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits.
7. Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	In-Network You must get care from a Medicare-certified hospice. <i>See p. 20 for additional information about Hospice.</i>
Outpatient Care		
8. Doctor Office Visits	20% coinsurance ^{1, 2}	General Authorization rules may apply. In-Network 20% of the cost for each primary care doctor visit for Medicare-covered benefits.* 20% of the cost for each specialist visit for Medicare-covered benefits.*
9. Chiropractic Services	20% coinsurance 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	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered visits.*

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

² 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 Plus
		Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.
10. Podiatry Services	20% coinsurance ^{1, 2} Routine care not covered 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for each Medicare-covered visit.* Medicare-covered podiatry benefits are for medically necessary foot care.</p>
11. Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services ^{1, 2}	<p>General Authorization rules may apply.</p> <p>In-Network 0% to 50% of the cost for each Medicare-covered individual or group therapy visit.* For Medicare-covered individual therapy with a psychiatrist, \$0 or:</p> <ul style="list-style-type: none"> ▪ Visit(s) 1 - 60: 20% of the cost per visit* ▪ Visit(s) 61 - 90: 20% of the cost per visit* ▪ Visit(s) 91 and beyond: 20% of the cost per visit* <p>0% to 20% of the cost for each Medicare-covered group therapy visit with a psychiatrist.* For Medicare-covered group therapy with a psychiatrist, \$0.</p>

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

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Benefit Category	Original Medicare	Blue Cross Senior Secure Plus
12. Outpatient Substance Abuse Care	20% coinsurance ^{1,2}	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered individual or group visits.*</p>
13. Outpatient Services/Surgery	20% coinsurance for the doctor ^{1, 2} 20% of outpatient facility ^{1,2}	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit.* 20% of the cost for each Medicare-covered outpatient hospital facility visit.*</p>
14. Ambulance Services (medically necessary ambulance services)	20% coinsurance ^{1,2}	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered ambulance benefits.* <i>See p. 20 for additional information about Ambulance Services.</i></p>

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

² 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 Plus
<p>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor^{1, 2} 20% of facility charge or a set copay per emergency room visit^{1, 2} You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances</p>	<p><i>In-Network</i> 20% of the cost (up to \$50) for Medicare-covered emergency room visits.*</p> <p><i>Out-of-Network</i> Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p><i>In- and Out-of-Network</i> If you are admitted to the hospital within 3 day(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance or a set copay^{1, 2} NOT covered outside the U.S. except under limited circumstances</p>	<p><i>General</i> 20% of the cost for Medicare-covered urgently needed care visits.*</p>
<p>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance^{1, 2}</p>	<p><i>General</i> Authorization rules may apply.</p> <p><i>In-Network</i> 20% of the cost for Medicare-covered Occupational Therapy visits.* 20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits.*</p>

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

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Benefit Category	Original Medicare	Blue Cross Senior Secure Plus
<i>Outpatient Medical Services and Supplies</i>		
18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance ^{1,2}	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.* <i>See p. 20 for additional information about Durable Medical Equipment.</i></p>
19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance ^{1,2}	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.* <i>See p. 20 for additional information about Prosthetic Devices.</i></p>
20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance ^{1,2}	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Diabetes self-monitoring training.* 20% of the cost for Nutrition Therapy for Diabetes.* 20% of the cost for Diabetes supplies.* <i>See p. 21 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies.</i></p>

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

² 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 Plus
21. Diagnostic Tests, X-Rays, and Lab Services	20% coinsurance for diagnostic tests and x-rays ^{1, 2} \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered lab services.* 20% of the cost for Medicare-covered diagnostic procedures and tests.* 20% of the cost for Medicare-covered X-rays.* 20% of the cost for Medicare-covered diagnostic radiology services.* 20% of the cost for Medicare-covered therapeutic radiology services.* <i>See p. 21 for additional information about Diagnostic Tests, X-Rays and Lab Services.</i></p>
Preventive Services		
22. Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance ^{1,2} Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost* for Medicare-covered bone mass measurement</p>
23. Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance ^{1,2} Covered when you are high risk or when you are age 50 and older	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered colorectal screenings.*</p>

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

² 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 Plus
<p>24. Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine^{1,2} You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Flu and Pneumonia vaccines. No referral needed for Flu and Pneumonia vaccines. 20% of the cost for Hepatitis B vaccine.</p>
<p>25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance^{1,2} 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>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered screening mammograms.*</p>
<p>26. Pap Smears and Pelvic Exams (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>In-Network 0% or 20% of the cost for Medicare-covered Pap smears and pelvic exams.*</p>
<p>27. Prostate Cancer Screening Exams (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>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered prostate cancer screening.*</p>

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

² 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 Plus
28. ESRD	20% coinsurance for dialysis ^{1, 2}	<p>General Authorization rules may apply. Out-of-area Renal Dialysis services do not require Authorization.</p> <p>In-Network 0% or 20% of the cost for in- and out-of-area dialysis. 20% of the cost for Nutrition Therapy for Renal Disease.*</p>
29. Prescription Drugs	Most drugs not covered (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<p>Drugs Covered Under Medicare Part B</p> <p>General 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).* 20% of the cost for Part B-covered chemotherapy drugs.*</p> <p>Drugs Covered Under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.bluecrossamedicarerx.com on the web. 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). Total yearly drug costs are the total drug costs paid by both you and the plan.</p>

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

² 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 Plus
		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross Senior Secure Plus for certain drugs.</p> <p><i>In-Network</i></p> <p>\$0 to \$56 yearly deductible (amount depends on your income and institutional status).*</p> <p>Initial Coverage</p> <p>Depending on your income and institutional status, you pay either \$0 to \$2.25 copay, or 15% coinsurance for generic drugs (including brand drugs treated as generic). You pay either \$0 to \$5.60 copay, or 15% coinsurance for all other drugs.*</p> <p><i>Retail Pharmacy</i></p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> ▪ one-month (30-day) supply ▪ three-month (90-day) supply <p><i>Long-Term Care Pharmacy</i></p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> ▪ one-month (34-day) supply <p><i>Mail Order</i></p> <p>You can get drugs from a preferred mail order pharmacy the following way(s):</p> <ul style="list-style-type: none"> ▪ three-month (90-day) supply <p>You can get drugs from a non-preferred mail order pharmacy the following way(s):</p> <ul style="list-style-type: none"> ▪ three-month (90-day) supply

Benefit Category	Original Medicare	Blue Cross Senior Secure Plus
		<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket costs reach \$4,050, you pay the following (amount depends on your income and institutional status):</p> <ul style="list-style-type: none"> ▪ \$0 copay for any drugs; or ▪ \$2.25 copay for generic drugs (including brand drugs treated as generic) and \$5.60 copay for all other drugs* <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p>Out-of-Network Initial Coverage</p> <p>Depending on your income and institutional status, you pay either \$0 to \$2.25 copay, or 15% coinsurance for generic drugs (including brand drugs treated as generic). You pay either \$0 to \$5.60 copay, or 15% coinsurance for all other drugs.*</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket costs reach \$4,050, you pay the following (amount depends on your income and institutional status):</p> <ul style="list-style-type: none"> ▪ \$0 copay for any drugs; or ▪ \$2.25 copay for generic drugs (including brand drugs treated as generic) and \$5.60 copay for all other drugs* <p><i>See p. 21 for additional information about Prescription Drugs.</i></p>

Benefit Category	Original Medicare	Blue Cross Senior Secure Plus
30. Dental Services	Preventive dental services (such as cleaning) not covered	<p><i>In-Network</i></p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>
31. Hearing Services	<p>Routine hearing exams and hearing aids not covered</p> <p>20% coinsurance for diagnostic hearing exams^{1, 2}</p>	<p><i>General</i></p> <p>Authorization rules may apply.</p> <p><i>In-Network</i></p> <p>In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> ▪ 20% of the cost for diagnostic hearing exams*
32. Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye^{1, 2}</p> <p>Routine eye exams and glasses not covered</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery^{1, 2}</p> <p>Annual glaucoma screenings covered for people at risk^{1, 2}</p>	<p><i>In-Network</i></p> <p>Non-Medicare-covered eye exams and glasses not covered.</p> <ul style="list-style-type: none"> ▪ 0% to 20% of the cost for one pair of eyeglasses or contact lenses after each cataract surgery.* ▪ 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.
33. Physical Exams	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage^{1, 2}</p> <p>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><i>In-Network</i></p> <p>When you get Medicare Part B, you can get a one-time physical within the first 6 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>Routine exams not covered.</p> <p>0% to 20% of the cost for Medicare-covered benefits*</p>

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

² 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 Plus
Health/Wellness Education	Not covered	<p><i>In-Network</i></p> <p>This plan covers health/wellness education benefits:</p> <ul style="list-style-type: none"> ▪ Written health education materials, including Newsletters ▪ Health Club Membership/Fitness Classes ▪ Nursing Hotline ▪ Other Wellness Benefits <p><i>See p. 21 for additional information about Health/Wellness Education Benefits.</i></p>
Transportation (Routine)	Not covered	<p><i>General</i></p> <p>Authorization rules may apply.</p> <p><i>In-Network</i></p> <p>\$0 copay for up to 12 round trip(s) to plan-approved location every year.</p> <p><i>See p. 21 for additional information about Transportation.</i></p>

Section 3

2008 Summary of Benefits for Blue Cross Senior Secure Plus Special Needs Plan

Blue Cross Senior Secure Plus was created to offer Medicare and Medi-Cal beneficiaries with limited incomes a smart and simple way to coordinate your benefits to make sure you get the services and programs you need in order to feel better and enjoy a healthier future—all in one plan and at no or low cost.

Blue Cross Senior Secure Plus is available to anyone who has both Medicare and coverage from the state of California (Medi-Cal). We must verify Medi-Cal coverage during the Blue Cross Senior Secure Plus enrollment process.

If you do not have Medi-Cal coverage but think you may qualify, please contact your county Social Services office.

Benefits Not Covered by Original Medicare

Because you receive Medi-Cal benefits, Medi-Cal covers certain services and supplies not covered by Medicare. Your Medi-Cal benefits *will not* change if you enroll in Blue Cross Senior Secure Plus. You will still receive the same Medi-Cal-covered benefits you receive today.

Doctor/Hospital Choice (see #2 in Section 2)

As a member of Blue Cross Senior Secure Plus, your primary care physician or primary medical group must be a participating provider in one of our contracting medical groups or Independent Professional Associations (IPAs) in order for you to fully access your benefits.

This list is subject to change with prior notice during the contract year. To receive the most updated list of medical groups, you may contact Blue Cross Senior Secure Plus Customer Service.

Inpatient Hospital Care (see #3 in Section 2)

You have no copayment for Medicare-covered inpatient hospital care when using a Blue Cross Senior Secure Plus hospital. The network hospitals are listed in your separate provider directory.

If you use a hospital that is not on the list of Blue Cross Senior Secure network hospitals, you will be responsible for all costs — except in emergency or urgent situations.

This list of hospitals is subject to change with prior notice during the contract year. To receive the most updated list of network hospitals, you may contact Blue Cross Senior Secure Plus Customer Service.

Hospice (see # 7 in Section 2)

If you enroll in a Medicare-certified hospice, Original Medicare, not this plan, pays for your hospice services. Your hospice doctor can be a network provider or an out-of-network provider. If you choose to enroll in a Medicare-certified hospice, you remain a member of this plan and this plan will continue to provide benefits for covered services that are unrelated to your terminal condition.

Ambulance Services (see #14 in Section 2)

Ambulance services are covered for each medically-necessary trip to the hospital or dialysis center, from the hospital or dialysis center, or between facilities.

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

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 based on contracted rates for in-network providers.

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

Diabetes self-monitoring training and blood glucose meters/glucose monitors will be covered.

Blood glucose test strips, lancet devices and lancets, and glucose control solutions are covered diabetes supplies.

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.

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

Complex diagnostic tests include MRIs, PET scans, CT scans, nuclear medicine studies, EKGs and cardiac stress tests.

Covered radiological therapeutic lab services include radiation therapy, renal dialysis and chemotherapy, regardless of place of treatment.

Prescription Drugs (see #29 in Section 2)

Since this plan includes Medicare Part D coverage, you will automatically be disenrolled from this plan if you apply for other Part D coverage. You cannot have two Part D plans at the same time.

Health/Wellness Education (see p. 19 in Section 2)

You can enroll in the Forever FitSM program — a fitness plan designed especially for Medicare-eligible individuals. The Forever FitSM 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.SM

Contact Customer Service for more information on this program, or visit www.WholeHealthMD.com.

Transportation Services (Routine) (see p. 19 in Section 2)

Blue Cross Senior Secure Plus includes 12 nonemergency round trips or 24 nonemergency one-way trips per calendar year, pickup from medical appointments, door-to-door services and more.