

Care Basic Plan

Care Basic Plan Medical Benefits

Effective January 1, 2010

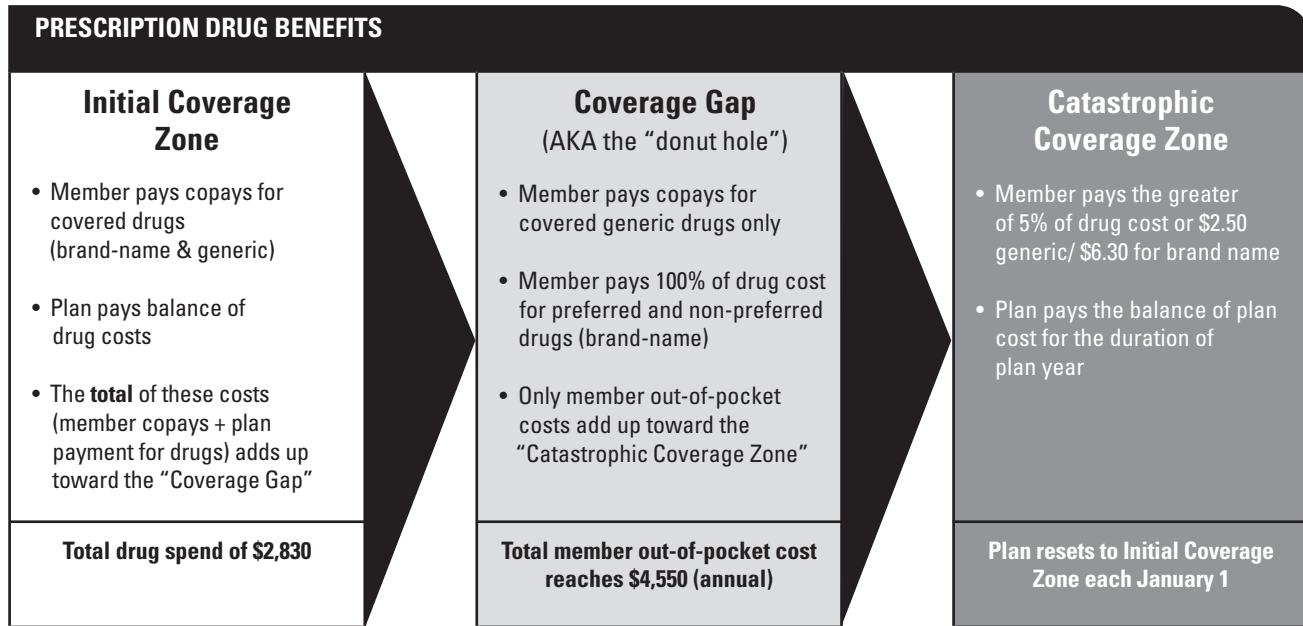
MEDICAL BENEFITS			
Part A services (as defined by Medicare)	Medicare pays	Care Basic plan pays	You pay ¹
Hospital stays: <ul style="list-style-type: none"> Semi-private room and board General nursing Other hospital services and supplies 	<ul style="list-style-type: none"> 100% days 1-60 Costs over \$275/day for days 61-90 Costs over \$550/day for days 91-150 (lifetime reserve days) 	<ul style="list-style-type: none"> 50% of Part A deductible (for every benefit period)² \$275/day for days 61-90 \$550/day for days 91-150 (lifetime reserve days); 100% after reserves are depleted all costs after 150 days 	50% of the Part A deductible ²
Skilled nursing facility care	<ul style="list-style-type: none"> 100% days 1-20 Costs over \$137.50/day for days 21-100 	Not a covered benefit	<ul style="list-style-type: none"> \$137.50/day for days 21-100 100% after 100 days
Part B services (as defined by Medicare)	Medicare pays	Care Basic plan pays	You pay ¹
Medical services & supplies: <ul style="list-style-type: none"> Doctors' services Inpatient and outpatient medical and surgical services/supplies Physical and speech therapy Diagnostic tests Durable medical equipment and other services 	80% of Medicare-approved amounts for covered services	Not a covered benefit	<ul style="list-style-type: none"> \$155 (Part B deductible)³ Remaining 20% of Medicare-approved amounts for covered services
Diagnostic clinical laboratory service	100% of Medicare-approved amounts for covered services	Not a covered benefit (Medicare covers at 100%)	Costs above Medicare-approved amounts or services not covered by Medicare

¹ You are responsible for 100% of any charges not covered by Medicare or that are above the Medicare-approved amount.

² You must pay 50% of the Part A deductible for every benefit period, which begins when you are admitted and ends when you have not received hospital or skilled nursing facility treatment for 60 days in a row.

³ You pay the Part B deductible once a year.

Care Basic Plan Prescription Benefits



PRESCRIPTION DRUG COPAYS:

		Quantity (Days' supply)	34	60	90
Retail Pharmacy	Generic ¹		\$8	\$16	\$24
	Preferred		\$35	\$70	\$105
	Non-Preferred		\$60	\$120	\$180
	Specialty Drug		\$50	\$100	\$150
Mail Order	Generic ¹		\$6	\$11	\$16
	Preferred		\$24	\$45	\$70
	Non-Preferred		\$40	\$80	\$120
	Specialty Drug		\$50	\$100	\$150

¹Generic drug copays apply in both the Initial Coverage Zone and the Coverage Gap.