

Care Basic Plan

Care Basic Plan Medical Benefits

Effective January 1, 2012

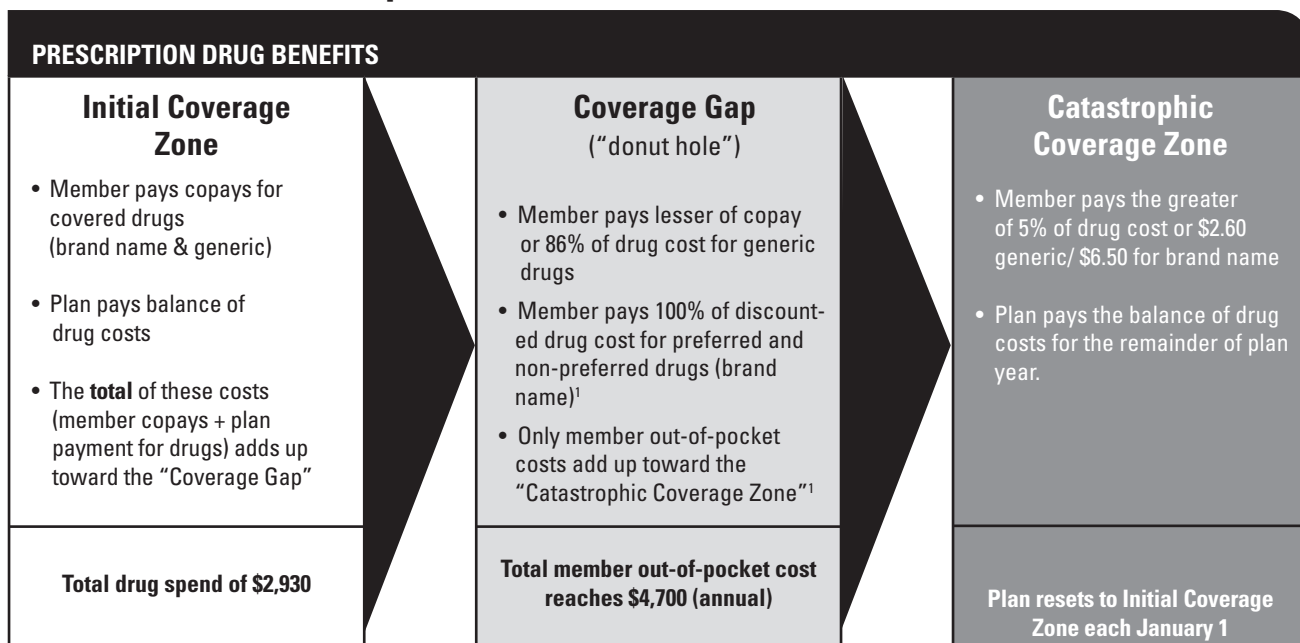
MEDICAL BENEFITS			
Part A services Hospital services per benefit period (as defined by Medicare)	Medicare pays	Care Basic plan pays	You pay
Hospital stays: <ul style="list-style-type: none"> Semi-private room and board General nursing Other hospital services and supplies 	<ul style="list-style-type: none"> 100% days 1-60 (after deductible) Costs over \$289/day for days 61-90 Costs over \$578/day for days 91-150 (lifetime reserve days) 	<ul style="list-style-type: none"> 50% of Part A deductible (for every benefit period) \$289/day for days 61-90 \$578/day for days 91-150 (lifetime reserve days); 100% after reserves are depleted all costs after 150 days 	<ul style="list-style-type: none"> 50% of the Part A deductible¹
Skilled nursing facility care	<ul style="list-style-type: none"> 100% days 1-20 Costs over \$144.50/day for days 21-100 	<ul style="list-style-type: none"> Not a covered benefit 	<ul style="list-style-type: none"> \$144.50/day for days 21-100 100% after 100 days
Blood <ul style="list-style-type: none"> First three pints Additional amounts 	<ul style="list-style-type: none"> \$0 100% 	<ul style="list-style-type: none"> Not a covered benefit 	<ul style="list-style-type: none"> 100% /First 3 pints \$0 for additional amounts
Hospice <ul style="list-style-type: none"> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services. 	<ul style="list-style-type: none"> All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care 	<ul style="list-style-type: none"> Not a covered benefit 	<ul style="list-style-type: none"> A co-payment of up to \$5 per prescription for outpatient prescription drugs for pain and symptom management. 5% of the Medicare-approved amount for inpatient respite care
Part B services Medical Services per calendar year (as defined by Medicare)	Medicare pays	Care Basic plan pays	You pay
Preventive care (for recommended preventive care services, including an annual wellness visit)	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> Nothing 	<ul style="list-style-type: none"> Nothing
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 	<ul style="list-style-type: none"> 80% of Medicare-approved amounts for covered services 	<ul style="list-style-type: none"> Not a covered benefit 	<ul style="list-style-type: none"> Part B deductible² Remaining 20% of Medicare-approved amounts for covered services
Outpatient mental health services	<ul style="list-style-type: none"> 60% of Medicare-approved amounts for covered services 	<ul style="list-style-type: none"> Not a covered benefit 	<ul style="list-style-type: none"> Remaining 40% of Medicare-approved amounts for covered services
Clinical laboratory service – Tests for diagnostic services	<ul style="list-style-type: none"> 100% of Medicare-approved amounts for covered services 	<ul style="list-style-type: none"> Not a covered benefit 	<ul style="list-style-type: none"> Costs above Medicare-approved amounts or services not covered by Medicare
Part B Excess Charges Above Medicare-approved amounts	<ul style="list-style-type: none"> 0% 	<ul style="list-style-type: none"> 0% 	<ul style="list-style-type: none"> All costs

¹ 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.

² You pay the Part B deductible once a year.

Parts A and B			
Service	Medicare pays	Care Basic pays	You pay
Other Benefits not covered by Medicare			
Foreign Travel Emergency NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	• \$0	• \$0	• All costs

Care Basic Plan Prescription Benefits



¹ Members will actually pay 50% of brand drug cost after a discount from the pharmaceutical manufacturer. The discounted amount will be charged at the pharmacy. The full retail cost of the drugs will still apply to getting out of the donut hole even though 50% was paid for by the pharmaceutical manufacturers.

PRESCRIPTION DRUG COPAYS:					
		Quantity (Days' supply)	31	60	90
Retail Pharmacy	Tier 1: Generic Drugs ¹		\$8	\$16	\$24
	Tier 2: Preferred Brand Drugs		\$35	\$70	\$105
	Tier 3: Non-Preferred Brand Drugs		\$60	\$120	\$180
	Tier 4: Specialty Tier Drugs		\$50	\$100	\$150
Mail Order	Tier 1: Generic Drugs ¹		\$6	\$11	\$16
	Tier 2: Preferred Brand Drugs		\$24	\$45	\$70
	Tier 3: Non-Preferred Brand Drugs		\$40	\$80	\$120
	Tier 4: Specialty Tier Drugs		\$50	\$100	\$150

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