

**ALL HEALTHCHOICE HIGH AND LOW OPTION
MEDICARE SUPPLEMENT PLANS**

**SUPPLEMENTAL BENEFITS TO MEDICARE PART A (HOSPITALIZATION), MEDICARE
PART B (MEDICAL), AND MEDICARE PART D (PRESCRIPTION DRUG COVERAGE)**

**HEALTHCHOICE HIGH AND LOW OPTION MEDICARE SUPPLEMENT PLANS
FOR MEDICARE PART A (HOSPITALIZATION) SERVICES**

| Services or Items | Description | Medicare Part A Pays | HealthChoice Pays | Member Pays |
|--|---|------------------------------------|--|--------------------|
| Hospitalization: Semiprivate room and board, general nursing, and miscellaneous services and supplies per benefit period | First 60 days | All except the Part A deductible | 100% of the Part A deductible | 0% |
| | 61st through 90th day | All except the coinsurance per day | The coinsurance per day | 0% |
| | 91st day and after while using 60 lifetime reserve days | All except the coinsurance per day | The coinsurance per day | 0% |
| | Once Medicare's lifetime reserve days are used, the Medicare Supplement Plans provide an additional 365 lifetime reserve days | 0% | 100% of Medicare eligible expenses Precertification is required | 0% |
| | Beyond the additional 365 days | 0% | 0% | 100% |
| Skilled Nurse Facility Care: Must meet Medicare requirements, including: Inpatient hospitalization for at least 3 days and entering a Medicare approved facility within 30 days after leaving the hospital. Only 100 days are allowed per calendar year | First 20 days | All approved amounts | 0% | 0% |
| | 21st through 100th day | All except the coinsurance per day | The coinsurance per day | 0% |
| | 101st day and after | 0% | 0% | 100% |

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| Services or Items | Description | Medicare Part A Pays | HealthChoice Pays | Member Pays |
|--------------------------|---|--|--------------------------|--------------------|
| Hospice Care | Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient respite care | 0% | Balance |
| Blood | First 3 pints unless you or someone else donates blood to replace what you use | 0% | 100% | 0% |
| | Additional amounts | 100% | 0% | 0% |

**HEALTHCHOICE HIGH AND LOW OPTION MEDICARE SUPPLEMENT PLANS
FOR MEDICARE PART B (MEDICAL) SERVICES**

| Services or Items | Description | Medicare Part B Pays | HealthChoice Pays | Member Pays |
|---|---|-----------------------------|--------------------------|-----------------------|
| Medical Expenses: In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests (Medicare limits apply) | The Part B deductible of Medicare approved amounts | 0% | 0% | The Part B deductible |
| | Remainder of Medicare approved amounts | 80% | 20% | 0% |
| | Part B excess charges above Medicare approved amounts | 0% | 100% | 0% |
| Clinical Laboratory Services | Blood tests and urinalysis for diagnostic services | 100% | 0% | 0% |

HEALTHCHOICE HIGH AND LOW OPTION MEDICARE SUPPLEMENT PLANS FOR MEDICARE PART B (MEDICAL) SERVICES

| Services or Items | Description | Medicare Part B Pays | HealthChoice Pays | Member Pays |
|---|--|----------------------|-------------------|-------------|
| Home Health Care: Medicare approved services | Medically necessary skilled care services and medical supplies | 100% | 0% | 0% |
| Durable Medical Equipment | The Part B deductible of Medicare approved amounts | 0% | 0% | 100% |
| | Remainder of Medicare approved amounts | 80% | 20% | 0% |
| Blood | First 3 pints | 0% | 100% | 0% |
| | Additional amounts (after the deductible) unless you or someone else donates blood to replace what you use | 80% | 20% | 0% |
| At-Home Recovery Services: Home care certified by your doctor, for personal care during recovery from an injury or illness for which Medicare approves a Home Care Treatment Plan | Medicare approved home health | 100% | 0% | 0% |
| | Services not covered by Medicare | 0% | 0% | 100% |
| Hospice Prescription | Medicare beneficiaries with a terminal illness | 80% | 20% | 0% |

HEALTHCHOICE HIGH AND LOW OPTION MEDICARE SUPPLEMENT PLANS FOR MEDICARE PART B (MEDICAL) SERVICES

| Preventive Services | Who is Covered | Medicare Pays | HealthChoice Pays | Member Pays |
|--|--|--|--|-------------|
| One-time Initial Wellness Physical Exam: To be completed within 12 months of the day you first enroll in Medicare Part B | All Medicare beneficiaries | 100% | 0% | 0% |
| Screening Mammogram: Once every 12 months | All female Medicare beneficiaries age 40 and older | 80% of the Medicare approved amount with no Part B deductible | 20% of the Medicare approved amount with no Part B deductible | 0% |
| Screening Blood Tests for Early Detection of Cardiovascular (Heart) Disease | All Medicare beneficiaries | 100% | 0% | 0% |
| Pap Test and Pelvic Exam: Includes a clinical breast exam: Once every 24 months Once every 12 months if high risk/abnormal Pap Smear in preceding 36 months | All female Medicare beneficiaries | Pap Test, 100% of the Medicare approved amount with no Part B deductible | 0% | 0% |
| | | For all other exams, 80% of the Medicare approved amount with no Part B deductible | For all other exams, 20% of the Medicare approved amount with no Part B deductible | 0% |
| Diabetes Screening Test | All Medicare beneficiaries at risk of getting diabetes | 100% | 0% | 0% |

Providers who do not accept Medicare assignment may not charge a Medicare beneficiary more than 115% of the Medicare allowed amount.

**HEALTHCHOICE HIGH AND LOW OPTION MEDICARE SUPPLEMENT PLANS
FOR MEDICARE PART B (MEDICAL) SERVICES**

| Preventive Services | Who is Covered | Medicare Part B Pays | HealthChoice Pays | Member Pays |
|---|--|--|---|--------------------|
| Diabetes Self-Management Training | All Medicare beneficiaries with diabetes (insulin users and non-insulin users) | 80% of the Medicare approved amount after the Part B deductible | 20% of the Medicare approved amount after the Part B deductible | 0% |
| Diabetes Monitoring: Includes coverage for glucose monitors, test strips, and lancets without regard to the use of insulin | This must be requested by your doctor or other provider | 80% of the Medicare approved amount after the Part B deductible | 20% of the Medicare approved amount after the Part B deductible | 0% |
| Bone Mass Measurements: Once every 24 months for qualified individuals | All Medicare beneficiaries at risk for losing bone mass | 80% of the Medicare approved amount after the Part B deductible | 20% of the Medicare approved amount after the Part B deductible | 0% |
| Glaucoma Screening: Once every 12 months; must be performed or supervised by an eye doctor who is authorized to do this within the scope of his practice | Medicare beneficiaries at high risk or having a family history of glaucoma | 80% | 20% | 0% |
| Flu Shot Pneumococcal Vaccination | All Medicare beneficiaries | 100% of the Medicare approved amount with no Part B deductible, if doctor accepts assignment | 0% if doctor accepts assignment | 0% |
| Hepatitis B Vaccination | Medicare beneficiaries at medium to high risk for Hepatitis B | 80% of the Medicare approved amount after the Part B deductible | 20% of the Medicare approved amount after the Part B deductible | 0% |

**HEALTHCHOICE HIGH AND LOW OPTION MEDICARE SUPPLEMENT PLANS
FOR MEDICARE PART B (MEDICAL) SERVICES**

| Preventive Services | Who is Covered | Medicare Part B Pays | HealthChoice Pays | Member Pays |
|--|---|---|--|--------------------|
| Colorectal Cancer Screening Fecal Occult Blood Test: Once every 12 months Flexible Sigmoidoscopy: Once every 48 months Colonoscopy: Once every 24 months if you are at high risk for colon cancer; if not, once every 10 years, but not within 48 months of a screening flexible sigmoidoscopy Barium Enema: Doctor can substitute for sigmoidoscopy or colonoscopy | All Medicare beneficiaries age 50 and older There is no minimum age for having a colonoscopy | For the fecal occult blood test, 100% of the Medicare approved amount with no Part B deductible | 0% for the fecal occult blood test | 0% |
| | | For all other tests, 80% of the Medicare approved amount after the Part B deductible | For all other tests, 20% of the Medicare approved amount after the Part B deductible | 0% |
| Prostate Cancer Screening Digital Rectal Exam: Once every 12 months Prostate Specific Antigen Test (PSA): Once every 12 months | All male Medicare beneficiaries age 50 and older | For the digital rectal exam, 80% of the Medicare approved amount after the Part B deductible | For the digital rectal exam, 20% of the Medicare approved amount after the Part B deductible | 0% |
| | | For the PSA test, 100% of the Medicare approved amount with no Part B deductible | 0% for the PSA test | 0% |

**HEALTHCHOICE HIGH AND LOW OPTION MEDICARE SUPPLEMENT PLANS
FOR SERVICES NOT COVERED BY MEDICARE**

| Services | Benefits | Medicare Part B Pays | HealthChoice Pays | Member Pays |
|--|---|-----------------------------|--|--|
| Foreign Travel: Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. | Contact Medicare for foreign travel exceptions that are covered by Medicare | 0% | 80% of billed charges after the first \$250 of each calendar year \$50,000 lifetime maximum | First \$250 each calendar year, then 20% All amounts over the \$50,000 lifetime max No Medicare deductible necessary |
| Preventive Medical Care Benefit – Not Covered by Medicare: Annual physical and preventive tests and services such as: digital rectal exam, hearing screening, dipstick urinalysis, thyroid function test, tetanus and diphtheria booster, and education, administered or ordered by your doctor when not covered by Medicare | First \$120 of each calendar year | \$0 | \$120 | Balance No Medicare deductible necessary |

Under the HealthChoice Medicare Supplement Plans, once you have been billed the deductible for Medicare Part B covered services, your HealthChoice Medicare Supplement Plan deductible has been met for the calendar year.