

Plan Name:	MediBlue Value (HMO)	MediBlue Essential (HMO)	MediBlue Plus (HMO)	MediBlue Select (HMO)
<u>Monthly Premium:</u>	\$0.00	\$0.00	\$72.00	\$122.00
<u>Plan Type:</u>	HMO	HMO	HMO	HMO
<u>Office Visits (primary / specialist):</u>	\$25 / \$35	\$25 / \$35	\$20 / \$30	\$10 / \$20
<u>Drug Coverage:</u>	Yes	No	Yes	Yes
<u>Physician Choice:</u>	Network Only	Network Only	Network Only	Network Only
<u>Chiropractic Services:</u>	\$35	\$35	\$30	\$20
<u>Lab Services:</u>	\$0	\$0	\$0	\$0
<u>Inpatient Hospital Maximum Out-of-Pocket:</u>	Unlimited	Unlimited	Unlimited	Unlimited
Plan Features	MediBlue Value (HMO)	MediBlue Essential (HMO)	MediBlue Plus (HMO)	MediBlue Select (HMO)
<u>Plan Type:</u>	HMO	HMO	HMO	HMO
<u>Physician Choice:</u>	Network Only	Network Only	Network Only	Network Only
<u>Prescription Drugs:</u>	Yes	No	Yes	Yes
<u>Monthly Premium:</u>	\$0.00	\$0.00	\$72.00	\$122.00
<u>Out-of-Pocket Maximum:</u>	\$6,000	\$6,000	\$4,000	\$4,000
<u>Doctor Office Visits:</u>	\$25 copay, Specialists \$35 copay	\$25 copay, Specialists \$35 copay	\$20 copay, Specialists \$30 copay	\$10 copay, Specialists \$20 copay
<u>Chiropractic Services:</u>	\$35 copay	\$35 copay	\$30 copay	\$20 copay
<u>Lab Services:</u>	\$0 copay. (Additional office copay may apply)	\$0 copay. (Additional office copay may apply)	\$0 copay. (Additional office copay may apply)	\$0 copay. (Additional office copay may apply)
<u>X-Rays:</u>	\$45 copay for X-Rays (Professional Setting); \$105 copay for X-Rays (Outpatient Setting)	\$35 copay for X-Rays (Professional Setting); \$105 copay for X-Rays (Outpatient Setting)	\$30 copay for X-Rays (Professional Setting); \$90 copay for X-Rays (Outpatient Setting)	\$20 copay for X-Rays (Professional Setting); \$60 copay for X-Rays (Outpatient Setting)

<u>Complex Diagnostic Tests:</u>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<u>Emergency Care:</u>	\$50 copay	\$50 copay	\$50 copay	\$50 copay
<u>Urgently Needed Care:</u>	\$35 copay	\$35 copay	\$30 copay	\$20 copay
<u>Ambulance Services:</u>	\$175 copay	\$175 copay	\$175 copay	\$100 copay
<u>Durable Medical Equipment:</u>	You pay 20% for each item.	You pay 20% for each item.	You pay 20% for each item.	You pay 20% for each item.
<u>Inpatient Hospital Care:</u>	You pay \$250 each day for day(s) 1-7 at a hospital. There is no copayment for additional days at a hospital. No out-of-pocket max.	You pay \$250 each day for day(s) 1-7 at a hospital. There is no copayment for additional days at a hospital. No out-of-pocket max.	You pay \$200 each day for day(s) 1-7 at a hospital. There is no copayment for additional days at a hospital. No out-of-pocket max.	You pay \$100 each day for day(s) 1-7 at a hospital. There is no copayment for additional days at a hospital. No out-of-pocket max.
<u>Skilled Nursing Facility:</u>	\$60 each day for days 1-100. You are covered for 100 days each benefit period.	\$60 each day for days 1-100. You are covered for 100 days each benefit period.	\$60 each day for days 1-100. You are covered for 100 days each benefit period.	\$50 each day for days 1-100. You are covered for 100 days each benefit period.
<u>Home Health Care:</u>	You pay 0% for each visit.	You pay 0% for each visit.	You pay 0% for each visit.	You pay 0% for each visit.
<u>Physical Exams:</u>	\$0 copay. Up to one exam every year.	\$0 copay. Up to one exam every year.	\$0 copay. Up to one exam every year.	\$0 copay. Up to one exam every year.
<u>Preventive Screenings & Immunizations:</u>	You pay \$0. (Additional office copay may apply)	You pay \$0. (Additional office copay may apply)	You pay \$0. (Additional office copay may apply)	You pay \$0. (Additional office copay may apply)
<u>Hearing Exams:</u>	\$0 copay for each diagnostic hearing exam.	\$0 copay for each diagnostic or routine hearing exam.	\$0 copay for each diagnostic or routine hearing exam.	\$0 copay for each diagnostic or routine hearing exam.
<u>Vision Exams:</u>	\$35 copay for each diagnostic exam. \$20 copay for each routine vision exam.	\$35 copay for each diagnostic exam. \$20 copay for each routine vision exam.	\$30 copay for each diagnostic exam. \$20 copay for each routine vision exam.	\$20 copay for each diagnostic or routine vision exam.
<u>Outpatient Prescription Drugs:</u>	Uses formulary. No deductible. In-network preferred pharmacy 30 day supply:\$7 Generic/\$42 Pref. Brand/\$80 Non-Pref. Brand. Mail Order 90 day supply:\$10.50 Generic/\$105 Pref. Brand/\$200 Non-Pref. Brand. See Summary of Benefits.	You pay 100% for most prescription drugs. This plan does not cover Medicare Part D prescription drugs.	Uses formulary. No deductible. In-network preferred pharmacy 30 day supply:\$7 Generic/\$42 Pref. Brand/\$80 Non-Pref. Brand. Mail Order 90 day supply:\$10.50 Generic/\$105 Pref. Brand/\$200 Non-Pref. Brand. See Summary of Benefits.	Uses formulary. No deductible. In-network preferred pharmacy 30 day supply:\$7 Generic/\$42 Pref. Brand/\$80 Non-Pref. Brand. Mail Order 90 day supply:\$10.50 Generic/\$105 Pref. Brand/\$200 Non-Pref. Brand. See Summary of Benefits.

Misc:

Please note that this is an overview of benefits. Please refer to the plan's Summary of Benefits for a complete description of coverage. Premium rates are based upon responses to the previous demographic questions

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Medicare Advantage and Medicare Advantage with Prescription Drug Plans:

Material Identification M0013_10_072, Pending CMS Approval 10/2009
Last Updated 10/2009

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The Medicare Contract is renewed annually, and the availability of coverage beyond the end of the current year is not guaranteed. You are eligible to enroll if you are entitled to Medicare Part A and enrolled in Medicare Part B and you live in the service area. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. With some exceptions you can only enroll during certain times of the year.

If you decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for it take effect and you will ultimately be held responsible for those premiums.

Medicare beneficiaries may enroll in our Medicare Advantage and Part D plans through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.medicare.gov. For more information please contact our **[Customer Service Department](#)**.

Please reference the Evidence of Coverage for information rights and responsibilities upon disenrollment, and any applicable conditions associated with using the plan benefits.

For information on the availability of other formats, or full information on Plan benefits please call our **Customer Service Department**.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office.

Medicare Prescription Drug Plans:

Material Identification C0003_10_036, Pending CMS

Approval 10/2009

Last Updated 10/2009

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Medicare Supplement Plans:

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