

Plan Name:	SmartValue Classic (PFFS)	SmartValue Plus (PFFS)
<u>Monthly Premium:</u>	\$15.00	\$34.50
<u>Plan Type:</u>	PFFS	PFFS
<u>Office Visits (primary / specialist):</u>	\$25 / \$35	\$25 / \$35
<u>Drug Coverage:</u>	No	Yes
<u>Physician Choice:</u>	Yes	Yes
<u>Chiropractic Services:</u>	\$35	\$35
<u>Lab Services:</u>	\$35	\$35
<u>Inpatient Hospital Maximum Out-of-Pocket:</u>	\$1,680	\$1,680
Plan Features	SmartValue Classic (PFFS)	SmartValue Plus (PFFS)
<u>Plan Type:</u>	PFFS	PFFS
<u>Physician Choice:</u>	Yes*	Yes*
<u>Prescription Drugs:</u>	No	Yes
<u>Monthly Premium:</u>	\$15.00	\$34.50
<u>Out-of-Pocket Maximum:</u>	\$5,000	\$5,000
<u>Doctor Office Visits:</u>	\$25 copay, Specialists \$35 copay	\$25 copay, Specialists \$35 copay
<u>Chiropractic Services:</u>	\$35 copay	\$35 copay
<u>Lab Services:</u>	\$35 copay (Additional office copay may apply)	\$35 copay (Additional office copay may apply)
<u>X-Rays:</u>	\$75 copay	\$75 copay
<u>Complex Diagnostic Tests:</u>	\$125 copay	\$125 copay
<u>Emergency Care:</u>	\$50 copay	\$50 copay
<u>Urgently Needed Care:</u>	\$25 to \$35 copay	\$25 to \$35 copay
<u>Ambulance Services:</u>	\$125 copay	\$125 copay
<u>Durable Medical Equipment:</u>	You pay 20% for each item.	You pay 20% for each item
<u>Inpatient Hospital Care:</u>	You pay \$280 each day for day(s) 1-6 at a hospital. There is no copayment for additional days at a hospital.	You pay \$280 each day for day(s) 1-6 at a hospital. There is no copayment for additional days at a hospital.

	Maximum out-of-pocket: \$1,680 each year.	Maximum out-of-pocket: \$1,680 each year.
<u>Skilled Nursing Facility:</u>	No copay for day(s) 1-20, \$130 each day for days 21-100. You are covered for 100 days each benefit period.	No copay for day(s) 1-20, \$130 each day for days 21-100. 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.
<u>Physical Exams:</u>	\$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)
<u>Hearing Exams:</u>	\$35 copay. Up to one routine test every two years.	\$35 copay. Up to one routine test every two years.
<u>Vision Exams:</u>	\$35 copay for each diagnostic or routine eye exam. Limited to one routine exam per year.	\$35 copay for each diagnostic or routine eye exam. Limited to one routine exam per year.
<u>Outpatient Prescription Drugs:</u>	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:\$8 Generic/\$44 Pref. Brand/\$85 Non-Pref. Brand. Mail Order 90 day supply:\$12 Generic/\$110 Pref. Brand/\$212.50 Non-Pref. Brand. See Summary of Benefits.
<u>Notes:</u>	*You may see and obtain services from any licensed physician, hospital, or other provider who can provide services to Medicare beneficiaries and who is willing to accept the terms and conditions of the plan.	*You may see and obtain services from any licensed physician, hospital, or other provider who can provide services to Medicare beneficiaries and who is willing to accept the terms and conditions of the plan.
<u>Misc:</u>	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.	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.

[Learn More](#)

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:

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Medicare Supplement Plans:

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