

## Summary of HealthChoice High and Low Option Medicare Supplement Plans

### *Medicare Part A (Hospitalization) Services*

*All benefits are based on Medicare Approved Amounts*

Services or Items	Medicare Part A Pays	HealthChoice Pays	You Pay	
<b>Hospitalization:</b> Semiprivate room, meals, drugs as part of your inpatient treatment, and other hospital services and supplies	First 60 days	All except \$1,156, the Part A deductible	\$1,156, the Part A deductible	0%
	Days 61 through 90	All except \$289 per day	\$289 per day	0%
	Days 91 and after while using Medicare's 60 lifetime reserve days	All except \$578 per day	\$578 per day	0%
	Once Medicare's lifetime reserve days are used, HealthChoice provides additional lifetime reserve days Limited to 365 days	0%	100% of Medicare eligible expenses  Certification by HealthChoice is required	0%
	Beyond the additional 365 days	0%	0%	100%
<b>Skilled Nurse Facility Care:</b> Must meet Medicare requirements, including inpatient hospitalization for at least 3 days and entering a Medicare approved facility within 30 days of leaving the hospital. Limited to 100 days per calendar year	First 20 days	All approved amounts	0%	0%
	Days 21 through 100	All except \$144.50 per day	\$144.50 per day	0%
	Days 101 and after	0%	0%	100%

Services or Items		Medicare Part A Pays	HealthChoice Pays	You Pay
<b>Hospice Care</b>	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
<b>Blood</b>	Limited to the first 3 pints unless you or someone else donates blood to replace what you use	0%	100%	0%

***Supplemental Benefits for Medicare Part B (Medical)***  
*All Benefits are Based on Medicare Approved Amounts*

Services or Items		Medicare Part B Pays	HealthChoice Pays	You Pay
<b>Medical Expenses:</b> Inpatient and outpatient hospital treatment, such as physician services, medical and surgical services and supplies, physical and speech therapy, and diagnostic tests (Medicare limits apply)	You pay \$140, the Part B deductible	0%	0%	\$140, the Part B deductible
	Remainder of Medicare approved amounts	80%	20%	0%
	Part B charges above Medicare approved amounts	0%	100%	0%
<b>Clinical Laboratory Services</b>	Blood tests and urinalysis for diagnostic services	100%	0%	0%
<b>Home Health Care:</b> Medicare approved services	Medically necessary skilled care services and medical supplies	100%	0%	0%

## *Medicare Part B Continued*

Services or Items		Medicare Part B Pays	HealthChoice Pays	You Pay
<b>Durable Medical Equipment:</b> Items such as wheelchairs, walkers, and hospital beds	You pay \$140, the Part B deductible	0%	0%	\$140, the Part B deductible
	Remainder of Medicare approved amounts	80%	20%	0%
<b>Blood</b>	Amounts in addition to the coverage under Part A unless you or someone else donates blood to replace what you use	80% after the Part B deductible	20% after the Part B deductible	0%
<b>Hospice Prescription</b>	Covered for Medicare beneficiaries with a terminal illness	80%	20%	0%

**The \$140 Medicare Part B deductible is credited towards your HealthChoice deductible upon receipt of Medicare’s Explanation of Benefits (EOB). Once you meet the Part B deductible, your HealthChoice deductible is met for the plan year.**

## *Medicare Part B - Preventive Services*

Preventive Services	Who is Covered	Medicare Part B Pays	HealthChoice Pays	You Pay
<b>One-time Initial Wellness Physical Exam:</b> To be completed within 12 months of your enrollment in Medicare Part B	All Medicare beneficiaries	100% No Part B deductible	0%	0%

## *Medicare Part B - Preventive Services Continued*

<b>Preventive Services</b>	<b>Who is Covered</b>	<b>Medicare Part B Pays</b>	<b>HealthChoice Pays</b>	<b>You Pay</b>
<b>Preventive Exam:</b> Limited to one every 12 months	All Medicare beneficiaries	100% No Part B deductible	0%	0%
<b>Screening Mammogram:</b> Limited to one every 12 months	All female Medicare beneficiaries age 40 and older	100% No Part B deductible	0%	0%
<b>Cardiovascular Screenings:</b> Limited to one every five years	All Medicare beneficiaries	100% No Part B deductible	0%	0%
<b>Pap Test and Pelvic Exam:</b> Limited to one every 24 months; includes a clinical breast exam  Limited to one every 12 months if high risk/ abnormal Pap test in preceding 36 months	All female Medicare beneficiaries	100% No Part B deductible	0%	0%
<b>Diabetes Screening Test:</b> Limited to two per year	All Medicare beneficiaries at risk of diabetes	100% No Part B deductible	0%	0%
<b>Diabetes Self-Management Training</b>	All Medicare beneficiaries with diabetes (insulin and non-insulin users)	80% after the Part B deductible	20% after the Part B deductible	0%
<b>Diabetes Monitoring Supplies:</b> Includes coverage for glucose monitors, test strips, and lancets without regard to the use of insulin	All Medicare beneficiaries with diabetes - must be requested by your doctor	80% after the Part B deductible	20% after the Part B deductible	0%

## *Medicare Part B - Preventive Services Continued*

<b>Preventive Services</b>	<b>Who is Covered</b>	<b>Medicare Part B Pays</b>	<b>HealthChoice Pays</b>	<b>You Pay</b>
<b>Ostomy Supplies:</b> Includes ostomy bags, wafers, and other ostomy supplies	All Medicare beneficiaries in need of ostomy supplies	80% after the Part B deductible	20% after the Part B deductible	0%
<b>Colorectal Cancer Screening</b> <b>Fecal Occult Blood Test:</b> Limited to one every 12 months	All Medicare beneficiaries age 50 and older	100% No Part B deductible	0%	0%
<b>Flexible Sigmoidoscopy:</b> Limited to one every 48 months for age 50 and older; for those not at high risk, 10 years after a previous screening	All Medicare beneficiaries age 50 and older	100% No Part B deductible	0%	0%
<b>Colonoscopy:</b> Limited to one 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	All Medicare beneficiaries; there is no minimum age	100% No Part B deductible	0%	0%
<b>Barium Enema:</b> Doctor can substitute for sigmoidoscopy or colonoscopy	All Medicare beneficiaries age 50 and older	100% No Part B deductible	0%	0%
<b>Prostate Cancer Screening</b> <b>Digital Rectal Exam:</b> Limited to one every 12 months	All male Medicare beneficiaries age 50 and older	80% for the digital rectal exam, after the Part B deductible	20% for the digital rectal exam	0%
<b>Prostate Specific Antigen Test (PSA):</b> Limited to one every 12 months		100% No Part B deductible	0%	0%

## *Medicare Part B - Preventive Services Continued*

<b>Services</b>	<b>Who is Covered</b>	<b>Medicare Part B Pays</b>	<b>HealthChoice Pays</b>	<b>You Pay</b>
<b>Bone Mass Measurements:</b> Limited to one every 24 months	All Medicare beneficiaries at risk for losing bone mass	100% No Part B deductible	0%	0%
<b>Glaucoma Screening:</b> Limited to one every 12 months; must be performed or supervised by an eye doctor who is authorized to do this within the scope of their practice	Medicare beneficiaries at high risk or having a family history of glaucoma	80% after the Part B deductible	20% after the Part B deductible	0%
<b>Smoking Cessation:</b> Eight face-to-face visits in a 12-month period	All Medicare beneficiaries	80% after the Part B deductible	20% after the Part B deductible	0%
<b>HIV Screening:</b> Limited to once every 12 months or up to three times during pregnancy	Pregnant, high risk, or any Medicare beneficiary who requests the test	100% after the Part B deductible	0%	0%

## *Vaccinations Covered Under Medicare*

Some vaccines are covered under Medicare Part B and others are covered under Medicare Part D. What you pay will depend on the type of vaccine, where you purchase the vaccine, and who administers the vaccination shot. The rules for coverage of vaccinations can be complicated. If you are not sure how your vaccination is covered, before you go for your vaccination, you may want to contact HealthChoice Member Services, Monday through Friday, 7:30 a.m. to 4:30 p.m. Central time at the following numbers:

- ◆ Members with Part D call 1-405-717-8699 or toll-free 1-800-865-5142
- ◆ Members without Part D call 1-405-717-8780 or toll-free 1-800-752-9475
- ◆ TDD users call 1-405-949-2281 or toll-free 1-866-447-0436

## *Vaccinations Covered Under Medicare Part B*

<b>Flu Vaccination:</b> Limited to one per flu season	For all Medicare beneficiaries with Part B, the vaccination and administration are covered at 100% if the provider accepts Medicare assignment.
<b>Pneumococcal Vaccination:</b> One-time vaccination	For all Medicare beneficiaries with Part B, the vaccination and administration are covered at 100% if the provider accepts Medicare assignment.
<b>Hepatitis B Vaccination:</b> Limited to beneficiaries at medium to high risk for Hepatitis B	For all Medicare beneficiaries with Part B, the vaccination and administration are covered at 100% if the provider accepts Medicare assignment.
<b>Shingles Vaccination:</b> e.g., ZOSTAVAX ( <i>zoster vaccine live</i> )	Neither the vaccine nor the administration fee is covered under Part B. See the <i>Pharmacy Benefit Information</i> section for coverage information.
<b>Tetanus Vaccination:</b> e.g., TETANUS TOXOID Covered only for those not immunized, following acute injury	For all Medicare beneficiaries with Part B, the vaccination and administration are covered at 100% if the provider accepts Medicare assignment.

## *Services Covered Only by HealthChoice*

<b>Services</b>	<b>Benefits</b>	<b>Medicare Part B Pays</b>	<b>HealthChoice Pays</b>	<b>You Pay</b>
<b>Foreign Travel:</b> 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 of each calendar year, then 20% and all amounts over the \$50,000 lifetime max  No Medicare deductible