



Summary of Benefits

Medicare Basic Plan (COST)

Medicare Plus Plan (COST)

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)**. Our plan is offered by WELBORN HEALTH PLAN/Welborn Health Plans, a Medicare Cost Managed Care organization. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)** and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)**. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)** at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)** and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS MEDICARE BASIC PLAN (COST) AND MEDICARE PLUS PLAN (COST) AVAILABLE?

The service area for this plan includes the following counties in Indiana: Gibson, Posey, Spencer, Vanderburgh, and Warrick Counties. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN MEDICARE BASIC PLAN (COST) AND MEDICARE PLUS PLAN (COST)?

The Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost) plans are closed to new members and we cannot accept new applications for 2010

You can join **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)** if you are entitled to Medicare Part A and enrolled in Part B and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)** unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.welbornhealthplans.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductible and co-insurance.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost) does cover Medicare Part B prescription drugs. **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)** does NOT cover Medicare Part D prescription drugs.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)** for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

Please call Welborn Health Plans for more information about **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)**.

Visit us at www.welbornhealthplans.com or, call us:

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 5:00 p.m. Central

Current and Prospective members should call toll-free (800)-521-0265 for questions related to the **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)** (TTY/TDD (800)- 743-3333).

Current and Prospective members should call locally (812)-426-6600 for questions related to the **Medicare Basic Plan (Cost) and Medicare Plus Plan (Cost)** (TTY/TDD (800)-743 -3333).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Welborn Health Plans for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
IMPORTANT INFORMATION			
<p>1 - Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325 -0778. OR Most people will pay the standard monthly Part B premium.</p>	<p>General \$220.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>This plan is closed to new members and we cannot accept new applications for 2010.</p>	<p>General \$240.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>This plan is closed to new members and we cannot accept new applications for 2010.</p>

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
1 - Premium and Other Important Information (Continued)	However, starting January 1, 2010, some people will pay a higher premium because of their yearly income \$85,000 for singles, \$170,000 For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.		
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	<p>In-Network Referral required for network hospitals and specialists (for certain benefits).</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>	<p>In-Network Referral required for network hospitals and specialists (for certain benefits).</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>

SUMMARY OF BENEFITS**INPATIENT CARE**

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1068 deductible</p> <p>Days 61 - 90: \$267 per day</p> <p>Days 91 - 150: \$534 per lifetime reserve day</p> <p>These amounts will change for 2010.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network \$0 copay</p> <p>Plan covers 364 days each benefit period.</p>	<p>In-Network \$0 copay</p> <p>Plan covers 364 days each benefit period.</p>

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
4 - Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital.	In-Network \$0 copay You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network \$0 copay You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day These amounts will change for 2010. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	General Authorization rules may apply. In-Network \$0 copay for SNF services Plan covers up to 100 days each benefit period 3-day prior hospital stay is required.	General Authorization rules may apply. In-Network \$0 copay for SNF services Plan covers up to 100 days each benefit period 3-day prior hospital stay is required.

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	General Authorization rules may apply. In-Network \$0 copay for each Medicare-covered home health visit.	General Authorization rules may apply. In-Network \$0 copay for each Medicare-covered home health visit.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
OUTPATIENT CARE			
8 - Doctor Office Visits	20% coinsurance	In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 copay for each in-area, network urgent care Medicare-covered visit. \$0 copay for each specialist visit for Medicare-covered benefits.	In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 copay for each in-area, network urgent care Medicare-covered visit. \$0 copay for each specialist visit for Medicare-covered benefits.
9 - Chiropractic Services	Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network \$0 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network \$0 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
10 - Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network \$0 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	In-Network \$0 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	General Authorization rules may apply. In-Network \$20 copay for each Medicare-covered individual or group therapy visit.	General Authorization rules may apply. In-Network \$20 copay for each Medicare-covered individual or group therapy visit.
12 - Outpatient Substance Abuse Care	20% coinsurance	General Authorization rules may apply. In-Network \$20 copay for Medicare-covered individual or group visits.	General Authorization rules may apply. In-Network \$20 copay for Medicare-covered individual or group visits.
13 - Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	General Authorization rules may apply. In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.	General Authorization rules may apply. In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance	In-Network \$0 copay for Medicare-covered ambulance benefits.	In-Network \$0 copay for Medicare-covered ambulance benefits.

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor 20% of facility charge, or a set copay per emergency room visit You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	General \$50 copay for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit	General \$50 copay for Medicare-covered emergency room visits. \$50,000 limit for emergency services outside the U.S. If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.	General \$0 copay for Medicare-covered urgently needed care visits.	General \$0 copay for Medicare-covered urgently needed care visits.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes . \$0 copay for Diabetes supplies.	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes . \$0 copay for Diabetes supplies.
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	20% coinsurance for diagnostic tests and x-rays \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered lab services. \$0 copay for Medicare-covered diagnostic procedures and tests. \$0 copay for Medicare-covered X-rays. \$0 copay for Medicare-covered diagnostic radiology services. \$0 copay for Medicare-covered therapeutic radiology services.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered lab services. \$0 copay for Medicare-covered diagnostic procedures and tests. \$0 copay for Medicare-covered X-rays. \$0 copay for Medicare-covered diagnostic radiology services. \$0 copay for Medicare-covered therapeutic radiology services.

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services (Continued)	Medicare does not cover most routine screening tests, like checking your cholesterol.		
PREVENTIVE SERVICES			
22 - Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered bone mass measurement.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered bone mass measurement.
23 – Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered colorectal screenings.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered colorectal screenings.
24 – Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	General Authorization rules may apply. In-Network \$0 copay for Flu and Pneumonia vaccines. No referral needed for Flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine.	General Authorization rules may apply. In-Network \$0 copay for Flu and Pneumonia vaccines. No referral needed for Flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-Network \$0 copay for Medicare-covered screening mammograms.	In-Network \$0 copay for Medicare-covered screening mammograms.

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
<p>26 - Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 copay for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams</p>
<p>27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>
<p>28 - End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p>Authorization rules may apply.</p> <p>In-Network \$0 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>General Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p>Authorization rules may apply.</p> <p>In-Network \$0 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
29 - Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p>Drugs covered under Medicare Part B General Most drugs not covered.</p> <p>Drugs covered under Medicare Part D General This plan does not offer prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B General Most drugs not covered.</p> <p>Drugs covered under Medicare Part D General This plan does not offer prescription drug coverage.</p>
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>Plan offers additional comprehensive dental benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>Plan offers additional comprehensive dental benefits.</p>
31 - Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>General Authorization rules may apply.</p> <p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams</p>	<p>General Authorization rules may apply.</p> <p>In-Network Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for up to 1 routine hearing test(s) every year</p>

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
32 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>In-Network \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$10 copay for up to 1 routine eye exam(s) every year</p> <p>\$20 copay for up to 1 pair(s) of lenses every year</p> <p>\$20 copay for up to 1 frame(s) every two years</p> <p>\$90 limit for eye wear every year.</p>
33 - Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network When you get Medicare Part B, you can get a one-time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>Routine exams not covered.</p> <p>20% of the cost for Medicare-covered benefits.</p>	<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 copay for Medicare-covered benefits.</p>

Benefit	Original Medicare	Medicare Basic Plan (Cost)	Medicare Plus Plan (Cost)
Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<p>General Authorization rules may apply.</p> <p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>General Authorization rules may apply.</p> <p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
Transportation (Routine)	Not covered.	In-Network This plan does not cover routine transportation.	In-Network This plan does not cover routine transportation.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.	In-Network This plan does not cover Acupuncture.

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www.welbornhealthplans.com