



# MEDICARE SUMMARY OF BENEFITS

## INTRODUCTION TO THE SUMMARY OF BENEFITS REPORT

### **WHP SILVER and WHP SILVER Rx**

*January 1, 2009 – December 31, 2009*

### **EIGHT SOUTHWESTERN INDIANA COUNTIES**

Thank you for your interest in WHP Silver or WHP Silver Rx. Our plan is offered by NHP OF INDIANA, LLC/Welborn Health Plans, a Medicare Advantage Health Maintenance Organization (HMO). 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 Welborn Health Plans (WHP) 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 WHP Silver or WHP Silver Rx. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call WHP at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 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 WHP Silver, WHP Silver Rx 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 WHP SILVER OR WHP SILVER Rx AVAILABLE?**

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

### **WHO IS ELIGIBLE TO JOIN WHP SILVER OR WHP SILVER Rx?**

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

## **CAN I CHOOSE MY DOCTORS?**

WHP Silver or WHP Silver Rx has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part 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 listing, visit us online at [www.welbornhealthplans.com](http://www.welbornhealthplans.com). Our Member Services number is listed at the end of this introduction.

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

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither WHP Silver, WHP Silver Rx or the Original Medicare Plan will pay for these services.

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

WHP Silver does cover Medicare Part B prescription drugs, but does NOT cover Medicare Part D prescription drugs.

WHP Silver Rx does cover BOTH Medicare Part B prescription drugs and 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 WHP 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 alpha 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 WHP Silver or WHP Silver Rx.**

Visit us online at [www.welbornhealthplans.com](http://www.welbornhealthplans.com) or, call us:

### ***Member Services Hours:***

8:00 a.m. - 8:00 p.m. CST, 7 days a week

Current and Prospective members should call toll-free 800-521-0265. TTY 800-743-3333.

Current and Prospective members should call locally 812-426-6600

for questions related to the Medicare Advantage Program.

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

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

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

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

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<b>IMPORTANT INFORMATION</b>			
<p><b>1 - Premium and Other Important information</b></p>	<p>In 2008 the monthly Part B Premium was \$96.40 and will change for 2009 and the yearly Part B deductible amount was \$135 and will change for 2009.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b>  <b>\$0</b> monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b>  A \$4,000 in-network out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit. Contact plan for a detailed list of non-Medicare services covered.</p>	<p><b>General</b>  <b>\$44</b> monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b>  A \$4,000 in-network out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit. Contact plan for a detailed list of non-Medicare services covered.</p>
<p><b>2 - Doctor and Hospital Choice</b>  For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b>  You must go to network doctors, specialists and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p> <p>You may have to pay separate copay for certain doctor office visits.</p>	<p><b>In-Network</b>  You must go to network doctors, specialists and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p> <p>You may have to pay separate copay for certain doctor office visits.</p>

**SUMMARY OF BENEFITS**

<p><b>3 - Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2008 the amounts for each benefit period were:            Days 1-60: \$1,024 per day            Days 61 - 90: \$256 per day            Days 91 - 150: \$512 per lifetime reserve day</p> <p>These amounts will change for for 2009.            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><b>In-Network</b></p> <p>Days 1-10: \$100 copay per day            Days 11-90: \$ 0 copay per day            \$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.            Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><b>In-Network</b></p> <p>Days 1-10: \$100 copay per day            Days 11-90: \$ 0 copay per day            \$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.            Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
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Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>4 - Inpatient Mental Health Care</b></p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b></p> <p>For hospital stays:</p> <p>Days 1-10: \$100 copay per day</p> <p>Days 11-90: \$ 0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>Contact the plan for details about coverage in a Psychiatric hospital beyond 190 days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><b>In-Network</b></p> <p>For hospital stays:</p> <p>Days 1-10: \$100 copay per day</p> <p>Days 11-90: \$ 0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>Contact the plan for details about coverage in a Psychiatric hospital beyond 190 days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>5 – Skilled Nursing Facility</b> (in a Medicare-certified skilled Nursing facility)</p>	<p>In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 01 - 20: \$ 0 per day</p> <p>Days 21 - 100: \$128 per day</p> <p>These amounts will change for 2009.</p> <p>100 Days for each benefit period.</p> <p>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.</p> <p>If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>For SNF stays:</p> <p>Days 01- 20: \$0 copay per day</p> <p>Days 21-100: \$75 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>For SNF stays:</p> <p>Days 01- 20: \$0 copay per day</p> <p>Days 21-100: \$75 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<b>5 – Skilled Nursing Facility</b> (continued)	the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.		
<b>6 – Home Health Care</b> (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered home health visit.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered home health visit.
<b>7 - Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.
<b>OUTPATIENT CARE</b>			
<b>8 - Doctor Office Visits</b>	20% coinsurance	<b>General</b> See “Physical Exams” for more information.  <b>In-Network</b> \$10 copay for each primary care doctor visit for Medicare-covered benefits.  \$50 copay for each in-area, network urgent care Medicare-covered visit.	<b>General</b> See “Physical Exams” for more information.  <b>In-Network</b> \$10 copay for each primary care doctor visit for Medicare-covered benefits.  \$50 copay for each in-area, network urgent care Medicare-covered visit.

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<b>8 - Doctor Office Visits</b> (continued)		\$0 to \$25 copay for each specialist visit for Medicare-covered benefits.	\$0 to \$25 copay for each specialist visit for Medicare-covered benefits.
<b>9 - Chiropractic Services</b>	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.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$25 copay for each Medicare-covered visit.  Medicare –covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$25 copay for each Medicare-covered visit.  Medicare –covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.
<b>10 – Podiatry Services</b>	Routine care not covered  20% coinsurance for medically necessary foot care, including care For medical conditions affecting the lower limbs.	<b>In-Network</b> \$25 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>In-Network</b> \$25 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.
<b>11 - Outpatient Mental Health Care</b>	50% coinsurance for most outpatient mental health services.	<b>In-Network</b> \$25 copay for each Medicare-covered individual or group therapy visit.	<b>In-Network</b> \$25 copay for each Medicare-covered individual or group therapy visit.
<b>12 - Outpatient Substance Abuse</b>	20% coinsurance	<b>In-Network</b> \$25 copay for each Medicare-covered individual or group visits.	<b>In-Network</b> \$25 copay for each Medicare-covered individual or group visits.

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<b>13 – Outpatient Services/Surgery</b>	20% coinsurance for the doctor  20% if outpatient facility charges	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$160 copay for each Medicare-covered ambulatory surgical center visit.  \$160 copay for each Medicare-covered outpatient hospital facility visit.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$160 copay for each Medicare-covered ambulatory surgical center visit.  \$160 copay for each Medicare-covered outpatient hospital facility visit.
<b>14 – Ambulance Services</b> (medically necessary ambulance services)	20% coinsurance	<b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.  If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.	<b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.  If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.
<b>15 – Emergency Care</b> (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.	<b>In-Network</b> \$50 copay for Medicare-covered emergency room visits.  <b>Out-of-Network</b> Worldwide coverage  <b>In and Out-of-Network</b> If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.	<b>In-Network</b> \$50 copay for Medicare-covered emergency room visits.  <b>Out-of-Network</b> Worldwide coverage  <b>In and Out-of-Network</b> If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<b>15 – Emergency Care</b> (continued)	NOT covered outside the U.S. except under limited circumstances.		
<b>16 – Urgently Needed Care</b> (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.	<b>General</b> \$50 copay for Medicare-covered urgently needed care visits.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the urgent-care visit.	<b>General</b> \$50 copay for Medicare-covered urgently needed care visits.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the urgent-care visit.
<b>17 – Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>			
<b>18 - Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>19 - Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	<b>General</b> Authorization rules may apply.	<b>General</b> Authorization rules may apply.

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<b>19 - Prosthetic Devices</b> (continued)		<b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (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.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  20% of the cost for Diabetes supplies.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  20% of the cost for Diabetes supplies.
<b>21 – Diagnostic Tests, X-Rays and Lab Services</b>	20% coinsurance for diagnostic tests and x-rays.  \$0 copay for Medicare-covered lab services.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered lab services.  20% of the cost for Medicare-covered diagnostic procedures and tests.  20% of the cost for Medicare-covered X-rays.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered lab services.  20% of the cost for Medicare-covered diagnostic procedures and tests.  20% of the cost for Medicare-covered X-rays.

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<b>21 – Diagnostic Tests, X-Rays and Lab Services</b> (continued)	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. Medicare does not cover most routine screening tests, like checking your cholesterol.	20% of the cost for Medicare-covered diagnostic radiology services.  20% of the cost for Medicare-covered therapeutic radiology services.	20% of the cost for Medicare-covered diagnostic radiology services.  20% of the cost for Medicare-covered therapeutic radiology services.

**PREVENTATIVE SERVICES**

<b>22 – Bone Mass Measurement</b> (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.	<b>In-Network</b> \$50 copay for Medicare-covered bone mass measurement.	<b>In-Network</b> \$50 copay for Medicare-covered bone mass measurement.
<b>23 – Colorectal Screening Exams</b> (for people with Medicare age 50 and older.)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	<b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.	<b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.
<b>24 - Immunizations</b> (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	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.  No referral needed for Flu and	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.  No referral needed for Flu and

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<b>24 - Immunizations</b> (continued)	your doctor for more information. 20% coinsurance	Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.  No referral needed for other immunizations.	Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.  No referral needed for other immunizations.
<b>25 – Mammograms (Annual Screening)</b> (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.	<b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.	<b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.
<b>26 – Pap Smears and Pelvic Exams</b> (for women with Medicare)	\$0 copay for Pap smears  Covered once every 2 years. Covered once a year for women with Medicare at high risk.  20% coinsurance for Pelvic Exams.	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams.	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams.
<b>27 - Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam.  \$0 for the PSA test; 20% coinsurance for other related services.  Covered once a year for all men with	<b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.	<b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>28 - End-Stage Renal Disease</b></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><b>In-Network</b></p> <p>\$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition therapy for End-State Renal Disease.</p>	<p><b>In-Network</b></p> <p>\$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition therapy for End-State Renal Disease.</p>
<p><b>29 – Prescription Drugs</b></p>	<p>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>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <p>Most drugs are not covered.</p> <p>20% of the cost for Part B-covered drugs (not including Part B-covered Chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <p>Most drugs are not covered.</p> <p>20% of the cost for Part B-covered drugs (not including Part B-covered Chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>29 – Prescription Drugs</b> (continued)</p>	<p>Most drugs are not covered under Original Medicare.</p>	<p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b> This plan does not offer prescription (Part D) drug coverage.</p>	<p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.welbornhealthplans.com">www.welbornhealthplans.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who have limited incomes, live in long term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC).</p> <p>This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>29 – Prescription Drugs</b> (continued)</p>	<p>Most drugs are not covered under Original Medicare.</p>	<p><b>General</b> This plan does not offer prescription (Part D) drug coverage.</p>	<p><b>Drugs covered under Medicare Part D General</b> continued Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from WHP Silver Rx for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>29 – Prescription Drugs</b> (continued)</p>	<p>Most drugs are not covered under Original Medicare.</p>	<p><b>General</b> This plan does not offer prescription (Part D) drug coverage.</p>	<p><b>Drugs covered under Medicare Part D General</b> (continued)</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p><b>In-Network</b> \$0 deductible</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2700.</p> <p style="text-align: center;"><b>RETAIL PHARMACY</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>- \$8 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>- \$24 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Brand</b></p> <ul style="list-style-type: none"> <li>- \$39 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>- \$117 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>29 – Prescription Drugs</b> (continued)</p>	<p>Most drugs are not covered under Original Medicare.</p>	<p><b>General</b> This plan does not offer prescription (Part D) drug coverage.</p>	<p><b>Drugs covered under Medicare Part D Retail Pharmacy</b> (continued)</p> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$78 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>- \$234 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier.</li> <li>- 30% coinsurance for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>LONG TERM CARE PHARMACY</b></p> <p><b>Generics</b></p> <ul style="list-style-type: none"> <li>- \$8 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Brand</b></p> <ul style="list-style-type: none"> <li>- \$39 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>- \$78 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>29 – Prescription Drugs</b> (continued)</p>	<p>Most drugs are not covered under Original Medicare.</p>	<p><b>General</b> This plan does not offer prescription (Part D) drug coverage.</p>	<p><b>Drugs covered under Medicare Part D Long Term Care Pharmacy</b> (continued)</p> <p><b>Non-Preferred Brand Specialty</b> - 30% coinsurance for a one-month (31-day) supply of drugs in this tier.</p> <p style="text-align: center;"><b>MAIL ORDER</b></p> <p><b>Generics</b> - \$8 copay for a one-month (30-day) supply of drugs in this tier. - \$16 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Brand</b> - \$39 copay for a one-month (31-day) supply of drugs in this tier. - \$78 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Non-Preferred Brand</b> - \$78 copay for a one-month (30-day) supply of drugs in this tier. - \$156 copay for a three-month (90-day) supply of drugs in this tier.</p>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>29 – Prescription Drugs</b> (continued)</p>	<p>Most drugs are not covered under Original Medicare.</p>	<p><b>General</b> This plan does not offer prescription (Part D) drug coverage.</p>	<p><b>Drugs covered under Medicare Part D Mail Order</b> (continued)</p> <p><b>Non-Preferred Brand Specialty</b></p> <ul style="list-style-type: none"> <li>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier.</li> <li>- 30% coinsurance for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p style="text-align: center;"><b>COVERAGE GAP</b></p> <p>After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- \$2.40 copay for generic (including Brand drugs treated as generic) and</li> <li>- \$6.00 copay for all other drugs.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>- 5% coinsurance</li> </ul>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>29 – Prescription Drugs</b> (continued)</p>	<p>Most drugs are not covered under Original Medicare.</p>	<p><b>General</b> This plan does not offer prescription (Part D) drug coverage.</p>	<p><b>Drugs covered under Medicare Part D Catastrophic Coverage</b> (continued)</p> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from WHP Silver Rx.</p> <p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following For drugs purchased out-of-network Until total yearly drug costs reach \$2,700.</p>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>29 – Prescription Drugs</b> (continued)</p>	<p>Most drugs are not covered under Original Medicare.</p>	<p><b>General</b> This plan does not offer prescription (Part D) drug coverage.</p>	<p><b>Drugs covered under Medicare Part D</b></p> <p><b>Out-of-Network Initial Coverage</b> (continued)</p> <p><b>Out-of-Network Pharmacy Generics</b> - \$8 copay for a one-month (30-day) supply of drugs in this tier.</p> <p><b>Brand</b> - \$39 copay for a one-month (31-day) supply of drugs in this tier.</p> <p><b>Non-Preferred Brand</b> - \$78 copay for a one-month (30-day) supply of drugs in this tier.</p> <p><b>Specialty</b> - 30% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p><b>Out-of-Network Coverage Gap</b> After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs</p>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>29 – Prescription Drugs</b> (continued)</p>	<p>Most drugs are not covered under Original Medicare.</p>	<p><b>General</b> This plan does not offer prescription (Part D) drug coverage.</p>	<p><b>Drugs covered under Medicare Part D Out-of-Network Coverage Gap</b> (continued)</p> <p>reach \$4,350. You will not be reimbursed by WHP Silver Rx for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to WHP Silver Rx so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$ 4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>- \$ 2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs,</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>- 5% coinsurance.</li> </ul>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<b>30 – Dental Services</b>	Preventative dental services (such as cleaning) not covered.	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for an office visit that includes:</p> <ul style="list-style-type: none"> <li>- up to 1 oral exam(s) every year</li> <li>- up to 1 cleaning(s) every year</li> <li>- up to 1 dental x-ray(s) every year</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for an office visit that includes:</p> <ul style="list-style-type: none"> <li>- up to 1 oral exam(s) every year</li> <li>- up to 1 cleaning(s) every year</li> <li>- up to 1 dental x-ray(s) every year</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p>
<b>31 - Hearing Services</b>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b></p> <p>Hearing aids not covered.</p> <p>-\$25 copay for Medicare-covered diagnostic hearing exams.</p> <p>-\$25 copay for up to 1 routine hearing test(s) every year.</p> <p>\$50 limit for routine hearing tests every year.</p> <p>Medicare-covered diagnostic hearing exams</p>	<p><b>In-Network</b></p> <p>Hearing aids not covered.</p> <p>-\$25 copay for Medicare-covered diagnostic hearing exams.</p> <p>-\$25 copay for up to 1 routine hearing test(s) every year.</p> <p>\$50 limit for routine hearing tests every year.</p> <p>Medicare-covered diagnostic hearing exams</p>
<b>32 – Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not</p>	<p><b>In-Network</b></p> <p>-\$25 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p><b>In-Network</b></p> <p>-\$25 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<p><b>32 – Vision Services</b> (continued)</p>	<p>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>-\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>-\$25 copay for up to 1 pair(s) of glasses every two years.</p> <p>-\$25 copay for up to 1 pair(s) of contacts every two years.</p> <p>\$120 limit for eye wear every two years.</p>	<p>-\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>-\$25 copay for up to 1 pair(s) of glasses every two years.</p> <p>-\$25 copay for up to 1 pair(s) of contacts every two years.</p> <p>\$120 limit for eye wear every two years.</p>
<p><b>33 - Physical Exams</b></p>	<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><b>In-Network</b></p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 copay for Medicare-covered benefits.</p>	<p><b>In-Network</b></p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 copay for Medicare-covered benefits.</p>
<p><b>Health/Wellness Education</b></p>	<p>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</p>	<p><b>In-Network</b></p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including newsletters.</li> <li>- Additional Smoking Cessation</li> <li>- Nursing Hotline</li> <li>- Other Wellness benefits</li> </ul>	<p><b>In-Network</b></p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including newsletters.</li> <li>- Additional Smoking Cessation</li> <li>- Nursing Hotline</li> <li>- Other Wellness benefits</li> </ul>

Benefit Category	Original Medicare	WHP Silver	WHP Silver Rx
<b>Health/Wellness Education</b> (continued)	coinsurance, and Part B deductible applies.	Copays may apply for these benefits.  \$0 copay for each Medicare-covered smoking cessation counseling session.	Copays may apply for these benefits.  \$0 copay for each Medicare-covered smoking cessation counseling session.
<b>Transportation (Routine)</b>	Not covered.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.
<b>Acupuncture</b>	Not covered	<b>In-Network</b> This plan does not cover acupuncture	<b>In-Network</b> This plan does not cover acupuncture

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