



WELBORN HEALTH PLANS MEDICARE PLANS SUMMARY OF BENEFITS

Section I

INTRODUCTION TO THE SUMMARY OF BENEFITS FOR WELBORN HEALTH PLANS MEDICARE COST PLANS

January 1, 2008 - December 31, 2008

~ SOUTHWEST INDIANA ~

Thank you for your interest in Welborn Health Plans' (WHP) Medicare Plans. Our plans are offered by Welborn Health Plans, a Medicare Cost Managed Care Plan. This Summary of Benefits tells you some features of our plans. 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 and ask for the Medicare Evidence of Coverage, (EOC).

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 Welborn Health Plans Medicare Plans. 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 Welborn Health Plans at the number listed at the end of this introduction or 1 (800)-MEDICARE (1-800-633-4227) for more information. TTY users may call 1-877-486-2048. Medicare customer service representatives are available 24 hours a day, including weekends, to answer questions about Medicare.

HOW CAN I COMPARE MY OPTIONS? You can compare Welborn Health Plans Medicare Plans 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 plans cover and what the Original Medicare Plan covers.

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

WHERE IS WELBORN HEALTH PLANS MEDICARE PLAN AVAILABLE? The service area for this Plan includes the following Indiana counties: Gibson, Posey, Spencer, Vanderburgh, and Warrick. You must live in one of these counties to join the Plan, or be a current WHP member at the time of application and enrollment.

WHO IS ELIGIBLE TO JOIN THE WELBORN HEALTH PLANS MEDICARE PLANS? You can join a Welborn Health Plans Medicare Plan 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 not eligible to enroll in the Welborn Health Plans Medicare plans.

CAN I CHOOSE MY DOCTORS? Welborn Health Plans has formed a network of doctors, specialists, and hospitals. You can use any doctor who is a part of our network. You may go outside the WHP network without prior Plan approval to a provider who accepts Medicare patients. However, your coverage would be the same as Original Medicare. Original Medicare deductibles and copayments will apply. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list. Our Member Service's number is listed at the end of this introduction.

(INTRODUCTION – CONTINUED)

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 its share of charges it approves. You will be responsible for any Medicare deductibles and coinsurance.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS? Welborn Health Plans does cover Medicare Part B drugs. Welborn Health Plans does NOT cover Medicare Part D prescription drugs.

WHAT TYPE OF DRUGS MAY BE COVERED UNDER MEDICARE PART B? The following patient drugs may be covered under Medicare Part B. This may include, but is not limited to, the following types of drugs. Contact Welborn Health Plans 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 drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in an injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.



For more information about Welborn Health Plans call (812) 426-6600 or (800) 521-0265. TTY Users may call
Indiana Relay (800) 743-3333

Member Service Hours: 7 days a week, 8 a.m. – 8 p.m. Central

For more information about Medicare call 1-800-633-4227 / TTY 877-486-2048 or visit www.medicare.gov. Medicare customer service representatives are available 24 hours a day, including weekends, to answer questions about Medicare.

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

Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
<i>Section II</i> IMPORTANT INFORMATION				
1 - Premium and Other Important Information	\$96.40 monthly Medicare Part B Premium.	You pay \$ 78 WHP Premium each for your plan. You also continue to pay the Medicare Part B premium of \$96.40 CMS Premium each month.	You pay \$121 WHP Premium each for your plan. You also continue to pay the Medicare Part B premium of \$96.40 CMS Premium each month.	You pay \$144 WHP Premium each for your plan. You also continue to pay the Medicare Part B premium of \$96.40 CMS Premium each month.
2 – Doctor & Hospital Choice Unless otherwise noted, out-of-network services are not Covered (For more information, see Emergency - #15 and Urgently Needed Care-#16.) <u>Authorization rules may apply.</u>	You may go to any doctor, specialist or hospital that accepts Medicare.	You need a referral to go to network specialists for certain services. You may also go to doctors outside of our 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	You need a referral to go to network hospitals and certain doctors, including specialists for certain services. You may also go to doctors outside of our 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	You need a referral to go to network hospitals and certain doctors, including specialists for certain services. You may also go to doctors outside of our 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

Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p><u>Authorization rules may apply.</u></p>	<p>For each benefit period:</p> <p>Days 1 - 60: \$1024 deductible Days 61 - 90: \$256 per day Days 91 - 150: \$512 per lifetime reserve day</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>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (3)(4)</p>	<p>You pay 100% for each hospital stay.</p>	<p>\$0 copay</p> <p>Plan covers 364 days each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>\$0 copay</p> <p>Plan covers 364 days each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

(3) 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.

(4) Lifetime reserve days can only be used once.

Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
<p>4 – Inpatient Mental Health Care</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>	<p>Same deductible and copay as inpatient hospital care (above) except Medicare</p> <p>190 day limit in a Psychiatric Hospital.</p>	<p>You pay 100% for each hospital stay.</p>	<p>\$0 copay</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>\$0 copay</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5 – Skilled Nursing Facility</p> <p>(in a Medicare- certified skilled nursing facility)</p> <p><u>Prior authorization is required.</u></p>	<p>You pay for each benefit period after at least a 3-day covered hospital stay:</p> <p>Days 1-20: \$0 per day Day 21-100: \$128 per day</p> <p>100 days for each benefit period. (3)</p>	<p>You pay 100% for each stay at a Skilled Nursing Facility.</p>	<p>\$0 copay for SNF services</p> <p>3-day prior hospital stay is required.</p> <p>100 days covered each benefit period.</p>	<p>\$0 copay for SNF services</p> <p>3-day prior hospital stay is required.</p> <p>100 days covered each benefit period.</p>
<p>6 – Home Health Care</p> <p>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p> <p><u>Authorization rules may apply.</u></p>	<p>\$0 copay</p>	<p>\$0 copay for Medicare-covered home health visits.</p>	<p>\$0 copay for Medicare-covered home health visits.</p>	<p>\$0 copay for Medicare-covered home health visits.</p>
<p>7 – Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>You pay 100% for Hospice care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>You must get care from a Medicare-certified hospice.</p>	<p>You must get care from a Medicare-certified hospice.</p>

(3) 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.

Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
OUTPATIENT CARE				
8 – Doctor Office Visits See "Routine Physical Exams," for more information.	20% coinsurance (1) (2)	\$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 copay for each specialist doctor visit for Medicare-covered benefits.	\$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 copay for each specialist doctor visit for Medicare-covered benefits.	\$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 copay for each specialist doctor visit for Medicare-covered benefits.
9 – Chiropractic Services	20% coinsurance. (1) (2) Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider. (1) (2)	\$0 copay for Medicare-covered visits. Medicare covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint body part.	\$0 copay for Medicare-covered visits. Medicare covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint body part.	\$0 copay for Medicare-covered visits. Medicare covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint body part.
10- Podiatry Services	20% coinsurance. (1) (2) Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.(1) (2)	\$0 copay for Medicare-covered podiatry benefits. Medicare-covered podiatry benefits are for medically-necessary foot care.	\$0 copay for Medicare-covered podiatry benefits. Medicare-covered podiatry benefits are for medically-necessary foot care.	\$0 copay for Medicare-covered podiatry benefits. Medicare-covered podiatry benefits are for medically-necessary foot care.

(1) Each year you pay a total of one \$135.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
11 – Outpatient Mental Health Care <u>Authorization rules may apply.</u>	50% coinsurance for most outpatient mental health services. (1) (2)	\$20 copay for each Medicare-covered individual or group therapy visit.	\$20 copay for each Medicare-covered individual or group therapy visit.	\$20 copay for each Medicare-covered individual or group therapy visit.
12- Outpatient Substance Abuse Care <u>Authorization rules may apply.</u>	You pay 20% of Medicare-approved amounts. (1) (2)	\$20 copay for Medicare-covered individual or group visits.	\$20 copay for Medicare-covered individual or group visits.	\$20 copay for Medicare-covered individual or group visits.
13 – Outpatient Services/Surgery <u>Authorization rules may apply.</u>	You pay 20% of Medicare-approved amounts for the doctor. (1) (2) You pay 20% of Medicare-approved amounts for the facility. (1) (2)	\$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.	\$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.	\$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)	You pay 20% of Medicare approved amounts or applicable copayment.(1)(2)	\$0 copay for Medicare-covered ambulance benefits.	\$0 copay for Medicare-covered ambulance benefits	\$0 copay for Medicare-covered ambulance benefits.
15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor (1) (2) 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.	\$50 copay for Medicare-covered emergency room visits. If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	\$50 copay for Medicare-covered emergency room visits. If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	\$50 copay for Medicare-covered emergency room visits. If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit \$50000 limit for emergency services outside the U.S. See World Wide Coverage.

(1) Each year you pay a total of one \$135 deductible.

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Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
<p>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor (1) (2)</p> <p>20% of facility charge, or a set copay per emergency room visit.</p> <p>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.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>\$50 copay for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>\$50 copay for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>\$50 copay for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit</p> <p>\$50000 limit for emergency services outside the U.S. See World Wide Coverage.</p>
<p>16 – Urgent Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay (1) (2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>There is no copayment for each Medicare-covered urgently needed care visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>There is no copayment for each Medicare-covered urgently needed care visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>\$0 copay for Medicare-covered urgent-care visits.</p> <p>Worldwide coverage.</p>
<p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p> <p><u>Authorization rules may apply.</u></p>	<p>You pay 20% of Medicare-approved amounts. (1) (2)</p>	<p>\$0 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>\$0 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>\$0 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>

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Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
OUTPATIENT MEDICAL SERVICES AND SUPPLIES				
18 - Durable Medical Equipment <u>Authorization rules may apply.</u> (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare approved amounts. (1) (2)	\$0 copay for Medicare-covered items.	\$0 copay for Medicare-covered items.	\$0 copay for Medicare-covered items.
19 – Prosthetic Devices (includes braces, artificial limbs, eyes, etc.)	You pay 20% of Medicare approved amounts. (1) (2)	\$0 copay for Medicare-covered items.	\$0 copay for Medicare-covered items.	\$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) <u>Authorization rules may apply.</u>	You pay 20% of Medicare-approved amounts. (1)(2)	0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.	0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.	\$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.

(1) Each year you pay a total of one \$135 deductible.

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Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
<p>21 - Diagnostic Tests, X-Rays, and Lab Services</p> <p><u>Authorization rules may apply.</u></p>	<p>20% coinsurance for diagnostic tests and x-rays (1)(2)</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Service: 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.</p>	<p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services - diagnostic procedures & tests - X-rays. - diagnostic radiology services (not including X-rays) - therapeutic radiology services 	<p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services - diagnostic procedures & tests - X-rays. - diagnostic radiology services (not including X-rays) - therapeutic radiology services 	<p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services - diagnostic procedures & tests - X-rays. - diagnostic radiology services (not including X-rays) - therapeutic radiology services
<p>22 - Bone Mass Measurement</p> <p><u>Authorization rules may apply.</u></p> <p>(for people with Medicare who are at risk)</p>	<p>You pay 20% of Medicare-approved amounts (1)(2)</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>\$0 copay for Medicare-covered bone mass Measurement.</p>	<p>\$0 copay for Medicare-covered bone mass Measurement.</p>	<p>\$0 copay for Medicare-covered bone mass Measurement.</p>

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Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
PREVENTIVE SERVICES				
23 - Colorectal Screening Exams <u>Authorization rules may apply.</u> (for people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. (1)(2) Covered when you are high risk or when you are age 50 and older.	\$0 copay for Medicare-covered colorectal screenings.	\$0 copay for Medicare-covered colorectal screenings.	\$0 copay for Medicare-covered colorectal screenings.
24 – Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine) <u>Authorization rules may apply.</u>	\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine (1)(2) You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	You pay 20% of Medicare-approved amounts. (2) 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.	\$0 copay for Medicare-covered screening mammograms. No referral necessary for Medicare-covered screenings.	\$0 copay for Medicare-covered screening mammograms. No referral necessary for Medicare-covered screenings.	\$0 copay for Medicare-covered screening mammograms. No referral necessary for Medicare-covered screenings.
26 - Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears.(2) Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams. (2)	\$0 copay for Medicare-covered pap smears and pelvic exams	\$0 copay for Medicare-covered pap smears and pelvic exams	\$0 copay for Medicare-covered pap smears and pelvic exams and -up to 1 additional pap smear(s) every two years

(1) Each year you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. (1) (2) \$0 for the PSA test; 20% coinsurance for other related services. (1) (2) Covered once a year for all men with Medicare over age 50.	\$0 copay for Medicare-covered prostate cancer screening.	\$0 copay for Medicare-covered prostate cancer screening.	\$0 copay for Medicare-covered prostate cancer screening.
28 – ESRD <u>Authorization rules may apply.</u>	20% coinsurance for dialysis (1) (2)	\$0 copay for in and out-of-area dialysis. Out-of area Renal Dialysis services do not require Authorization. \$0 copay for Nutrition Therapy for Renal Disease	\$0 copay for in and out-of-area dialysis. Out-of area Renal Dialysis services do not require Authorization. \$0 copay for Nutrition Therapy for Renal Disease	\$0 copay for in and out-of-area dialysis. Out-of area Renal Dialysis services do not require Authorization. \$0 copay for Nutrition Therapy for Renal Disease
MANDATORY SUPPLEMENTAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)				
29 - Prescription Drugs	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan).	Drugs covered under Medicare Part B. Drugs covered under Medicare Part D. Most drugs not covered. This plan does not offer prescription drug coverage.	Drugs covered under Medicare Part B. Drugs covered under Medicare Part D. Most drugs not covered. This plan does not offer prescription drug coverage.	Drugs covered under Medicare Part B. Drugs covered under Medicare Part D. Most drugs not covered. This plan does not offer prescription drug coverage.

(1) Each year you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit	Original Medicare	Welborn Health Plans "Part B" Plan	Welborn Health Plans "Basic" Plan	Welborn Health Plans "Plus" Plan
30 - Dental Services <u>Authorization rules may apply.</u>	Preventive dental services (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits In general, preventive dental benefits (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits In general, preventive dental benefits (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits In general, preventive dental benefits (such as cleaning) not covered.
31 - Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. (1) (2)	Hearing aids not covered. \$0 copay for diagnostic hearing exams.	Hearing aids not covered. \$0 copay for diagnostic hearing exams.	Hearing aids not covered. \$0 copay for diagnostic hearing exams. Up to 1 routine hearing test every year
32 - Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eye glasses or contact Lenses after cataract surgery. (1) (2) Annual glaucoma screenings covered for people at risk. (1) (2)	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. (1) (2) Annual glaucoma screenings covered for people at risk. (1) (2)	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. (1) (2) Annual glaucoma screenings covered for people at risk. (1) (2)	\$0 copay for one pair of eye glasses or contact lenses after each cataract surgery. \$0 copay for exams to diagnose and treat diseases and conditions of the eye. \$10 copay for up to 1 routine eye exam(s) every year \$20 copay for up to 1 pair(s) of lenses every year \$20 copay for up to 1 frame (s) every two years - \$20.00 for lenses, limited to 1 pair(s) of lenses every year. - \$20.00 for frames, limited to 1 frame(s) every two years.

(1) Each year you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Benefit	Original Medicare	Wellborn Health Plans "Part B" Plan	Wellborn Health Plans "Basic" Plan	Wellborn Health Plans "Plus" Plan
33 - Physical Exams	<p>20% coinsurance for one exam within the first 6 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 6 months of your new Part B coverage.</p> <p>The coverage does not include lab tests.</p> <p>You pay 20% of the Medicare-approved amount.(1)(2)</p>	<p>20% coinsurance for one exam within the first 6 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 6 months of your new Part B coverage.</p> <p>The coverage does not include lab tests.</p> <p>You pay 100% for routine physical exams.</p>	<p>20% coinsurance for one exam within the first 6 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 6 months of your new Part B coverage.</p> <p>The coverage does not include lab tests.</p> <p>You pay 100% for routine physical exams.</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2006, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests. Please contact your plan for further details.</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p>
<p>Health/Wellness Education</p> <p><u>Authorization rules may apply.</u></p>	<p>Not covered.</p>	<p>You are covered for the following:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletter - Other Wellness Services 	<p>You are covered for the following:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletter - Other Wellness Services 	<p>You are covered for the following:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletter - Other Wellness Services

(1) Each year you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.



WELBORN HEALTH PLANS MEDICARE PLANS

Welborn Health Plans (WHP) is a local Health Plan that offers quality, access and value. You have peace of mind that the health care you need will be there when you need it ~ and you're covered.

- **Quality** care is provided through participating primary care physicians, specialists, and several local hospital facilities. This alliance of providers offers a comprehensive range of services for WHPs Members.
- **Access** is provided throughout our 5-county service area in southwestern Indiana, through 8 convenient Welborn Clinic locations and other various physician offices. You are covered for emergencies ~ *anywhere in the U.S.!*
- **Value** is provided by WHPs total health care system. Our providers work together with WHP, submitting claims directly for you. It's **Medicare made simple**. You receive all the benefits of WHP when you coordinate care through your Primary Care Physician (PCP).

MEDICARE MADE SIMPLE

YOU'RE ELIGIBLE IF:	ADDITIONAL BENEFITS YOU ENJOY:
<ul style="list-style-type: none"> ➤ Your permanent residence is in our 5-county service area (Gibson, Posey, Spencer, Warrick & Vanderburgh Counties) or you are a current WHP member at the time of application and enrollment. ➤ You have Medicare Part A Hospital Insurance and Part B Medical Insurance or Part B only. ➤ If you are currently an End-Stage Renal Dialysis patient, then you are not eligible to enroll in this plan (Unless you are a current WHP member at the time of application and enrollment). ➤ You are not eligible to enroll if you have elected the Medicare Hospice Benefit. <p><i><u>NOTE:</u> If you are going to be Medicare eligible (just getting your Medicare Part "B"), you may apply for a Welborn Health Plans Medicare Plan up to 90 days before you are eligible for Medicare. However, the effective date of enrollment will be no earlier than the effective date of entitlement to Medicare Part B.</i></p>	<ul style="list-style-type: none"> ➤ Virtually No Claim Forms ➤ No Limitations on Pre-Existing Conditions ➤ Affordable Monthly Premiums ➤ Local Claims Processing and Member Services ➤ Enhanced Benefits available with the WHP "Plus" Medicare Plan. <ul style="list-style-type: none"> - 274 additional in patient hospital days per benefit period. - 1 annual routine physical - 1 annual pap & pelvic - 1 annual routine hearing test - 1 annual routine eye exam - 1st three pints of blood - Eye glasses (annual lens, bi-annual frames) - Worldwide emergency coverage

ADDITIONAL INFORMATION ABOUT OUR BENEFITS:

INPATIENT HOSPITAL CARE (applies to Welborn Health Plans "Basic" & "Plus" Plans)

In addition to WHP paying your deductibles & coinsurance for Medicare-covered stays in a network hospital, WHP will continue paying for services received while you are a patient in the hospital up to an additional 274 days after Medicare benefits end. You pay all hospital charges over the additional 274 days provided by Welborn Health Plans.

INPATIENT MENTAL HEALTH (applies to Welborn Health Plans "Basic" & "Plus" Plans)

As always, WHP will pay your deductibles for care in a psychiatric hospital, up to a lifetime limit of 190 days. WHP also pays for Mental Health services received during the time you are hospitalized in a general acute-care hospital (not a psychiatric hospital). (These Mental Health services are covered the same as Inpatient Hospital Care (which is described above).

EMERGENCY AND URGENTLY NEEDED CARE (applies to Welborn Health Plans "Plus" Plan Only)

As an added benefit under WHPs "Plus" Plan, you have coverage for emergencies and urgently needed care - anywhere in the world - with the protection of WHPs Foreign Travel Emergency Care benefit. You pay a \$250 calendar year deductible, 20% coinsurance for the remainder of covered charges, and any amount over the \$50,000 lifetime maximum benefit.

VISION SERVICES (applies to Welborn Health Plans "Plus" Plan only)

No referral is needed to obtain your annual eye exam or other routine care from a Vision Service Plan (VSP) provider. When purchasing new lenses and/or frames (not covered by Medicare) according to your plan benefits only one (1) \$20 copayment applies. Costs for lenses and/or frames exceeding the plan allowance are the member's responsibility.

VISION SERVICES (applies to Welborn Health Plans "Basic" & "Plus" Plans)

Medical Vision Services for diagnosis and surgical treatment of diseases and conditions of the eye (except emergency and urgent care) must be treated by a WHP network physician and/ or be pre-approved by WHP in order for WHP to pay for your care. You may go outside the WHP network without prior Plan approval to a provider who accepts Medicare patients. However, your coverage will be the same as Original Medicare. Original Medicare deductibles and copayments will apply.

YOUR ORIGINAL MEDICARE BENEFITS ARE NOT RESTRICTED WHEN YOU SELECT A WHP MEDICARE PRODUCT!

The choice is yours. You may go outside the WHP network without prior Plan approval to any provider who accepts Medicare patients. However, your coverage would be the same as Original Medicare. Original Medicare deductibles and copayments will be your responsibility.

CALL OR STOP BY!

We welcome your questions, calls and visits. We're close by, and being able to reach friendly folks is just one of the reasons we're located near those we serve. If you have any questions about WHP, our Member Services' representatives are here to help at (812) 426-6600 or (800) 521-0265, TTY users may call Indiana Relay (800)743-3333. Our office hours are from 8:00 a.m. to 5:00 p.m., Monday through Friday. Our offices are located at 101 SE Third St., in downtown Evansville, IN. 47708

If not included with this Summary of Benefits, your 2007 Evidence of Coverage (EOC) will be sent to you at a later date.

Welborn Health Plans & Medicare Part “D”

What is Medicare Part “D”? Part "D" is the prescription drug benefit that helps people with Medicare pay for the drugs they need. Services will be provided by Medicare Prescription Drug Plans (PDP). These plans provide insurance coverage for prescription drugs. For WHP members this benefit can be provided by a PDP. Like other insurance, if you join you will pay a monthly premium and pay a share of the costs (copayment) for your prescriptions. Costs will vary depending on the drug plan you choose.

If I have an RX benefit now through my former employer and /or WHP do I have to take Medicare Part “D”? If you have prescription drug coverage from an employer or union, you will have received a notice from your employer or union that tells you if your plan covers as much or more than a Medicare PDP. If your employer or union plan covers as much as or more than a Medicare PDP you can... 1) Keep your current drug plan. If you join a Medicare PDP later your monthly premium won't be higher (no surcharge), or 2) Drop your current drug plan and join a Medicare PDP, but you may not be able to get your employer or union drug plan back.

~However~

What if your employer or union plan covers less than a Medicare PDP? You can... 1) keep your current drug plan and join a Medicare PDP to give you more complete prescription drug coverage, or 2) just keep your current drug plan. But, if you join a Medicare PDP later, you will have to pay more for the monthly premium (a surcharge), or 3) drop your current drug plan and join a Medicare PDP, but you may not be able to get your employer or union drug plan back.

How do I find the PDP plan that's right for me? Free personalized information about Medicare prescription drug plans in your area is available at www.medicare.gov on the web, or by calling 1-800-MEDICARE (633-4227) to help you choose the plan that meets your needs. Medicare representatives are available 24 hours a day 7 days a week to answer your Medicare questions.

Can I join a Part Medicare “D” Pharmacy Drug Plan and keep my Welborn Health Plans Medical Coverage? YES! For more information contact our Member Services Department Monday - Friday, 8 a.m. – 5 p.m. WHP is located at 101 SE 3rd Street. This is the corner of 2nd Street and Locust in downtown Evansville (the old Permanent Federal Building). Please use the west side entrance (side nearest the river). Parking is available on the west side of the building.

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For more information;

426-6600 or Indiana Relay (800) 743-3333

Please call our Member Services Department seven days a week, 8:00 a.m. to 8:00 p.m. (CST) at (812) 426-6600 or (800) 521-0265.

TTY users call via Indiana Relay (800) 743-3333.

Our offices are located at 101 SE Third St., Evansville 47708 in downtown Evansville, IN.

~or~

Contact Medicare at 1-800-633-4227 / TTY 877-486-2048 or visit www.medicare.gov for more information about Medicare. Customer service representatives are available 24 hours a day, including weekends, to answer your questions about Medicare.

2008 SB_COST_ALL_Revised 090607

CMS (10/26/07)

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