



# WELBORN HEALTH PLANS MEDICARE PLANS SUMMARY OF BENEFITS

## Section I

### INTRODUCTION TO THE SUMMARY OF BENEFITS FOR **WELBORN HMO SENIOR ADVANTAGE & WELBORN HMO SENIOR ADVANTAGE "PLUS" PLANS** *January 1, 2008 - December 31, 2008*

~ SOUTHWEST INDIANA ~

Thank you for your interest in Welborn HMO Senior Advantage and Welborn HMO Senior Advantage "Plus" Plans. Our plans are offered by NHP of INDIANA, LLC, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plans. It does not 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 a copy of 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, such as Welborn HMO Senior Advantage or Welborn HMO Senior Advantage "Plus" Plans. You may have other options too. You make the choice.

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, 7 days a week including weekends, to answer questions about Medicare.

**HOW CAN I COMPARE MY OPTIONS?** You can compare Welborn HMO Senior Advantage, Welborn HMO Senior Advantage "Plus" 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, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick. You must live in one of these counties to join the Plan.

(INTRODUCTION – CONTINUED)

**WHO IS ELIGIBLE TO JOIN THE WELBORN HEALTH PLANS' MEDICARE PLANS?** You can join Welborn HMO Senior Advantage or Welborn HMO Senior Advantage “Plus” 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 WHP Medicare Plans unless you are a current member of WHP.

**CAN I CHOOSE MY DOCTORS?** Welborn HMO Senior Advantage and Welborn HMO Senior Advantage “Plus” Plans have formed a network of doctors, specialists, and hospitals. You can use any doctor who is a part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory (an up-to-date list) by contacting our Member Services' number 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 Welborn HMO Senior Advantage, Welborn HMO Senior Advantage “Plus” or the Original Medicare Plan will pay for these services.

**DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?** Welborn HMO Senior Advantage and Welborn HMO Senior Advantage “Plus” do cover Medicare Part B drugs. However, the Welborn HMO Senior Advantage “Plus” Plans covers Medicare Part D prescription drugs as well. Welborn Senior Advantage 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 Drugs: 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.

Please contact Welborn Health Plans for more information.

## **FOR WELBORN HMO SENIOR ADVANTAGE “PLUS” MEMBERS:**

### **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

Welborn HMO Senior Advantage “Plus” has a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List by contacting our Member Services’ number listed at the end of this introduction.

### **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Welborn HMO Senior Advantage “Plus” uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members’ ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician’s help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Welborn HMO Senior Advantage “Plus”, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-(877)-486-2048. You can call this number 24 hours a day, 7 days a week.

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

### **WHAT ARE MY PROTECTIONS IN THIS PLAN? (continued)**

As a member Welborn HMO Senior Advantage “Plus”, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for you specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Welborn HMO Senior Advantage “Plus” for more details.



For more information about Welborn Health Plans call (812) 426-6600 or 1-800-521-0265.

TTY Users may call Indiana Relay 1-800-743-3333

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 1-877-486-2048 or visit [www.medicare.gov](http://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 HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
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*Section II* **IMPORTANT INFORMATION**

<p><b>1 – Premium and Other Important Information</b></p>	<p>You pay the Medicare Part B premium of \$ \$96.40 each month.</p> <p>You pay the Medicare Part B deductible amount of \$135 yearly.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>You pay \$0 premium per month.</p> <p>You also continue to pay the Medicare Part B premium of \$96.40 each month.</p> <p>\$5000 out-of-pocket limit. Contact the plan for services that apply.</p> <p>Out-of-Network Unless otherwise noted, out-of-network services not covered.</p>	<p>You pay \$31.90 premium per month.</p> <p>You also continue to pay the Medicare Part B premium of \$96.40 each month.</p> <p>\$5000 out-of-pocket limit. Contact the plan for services that apply.</p> <p>Out-of-Network Unless otherwise noted, out-of-network services not covered.</p>
<p><b>2 – Doctor &amp; Hospital Choice</b></p> <p>(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>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 a separate copay for certain doctor office visits.</p>	<p>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 a separate copay for certain doctor office visits.</p>

**INPATIENT CARE**

<p><b>3 – Inpatient Hospital Care</b></p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>You pay for each benefit period (3)</p> <p>Days 1-60: an initial deductible of \$1024.</p> <p>Days 61-90: \$256 each day. (4)</p> <p>Days 91-150: \$512 each lifetime reserve day. (4)</p>	<p>Days 1-10: \$150 copay per day.</p> <p>Days 11-90: \$0 copay per day.</p> <p>Plan covers 90 days each benefit period.</p> <p>Except in an emergency, your provider must obtain authorization from Welborn HMO Senior Advantage Plan.</p>	<p>Days 1-10: \$150 copay per day.</p> <p>Days 11-90: \$0 copay per day.</p> <p>Plan covers 90 days each benefit period.</p> <p>Except in an emergency, your provider must obtain authorization from Welborn HMO Senior Advantage Plan "Plus".</p>
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Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<p><b>3 – Inpatient Hospital Care (continued)</b></p>	<p>Please 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>		

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<b>4 – Inpatient Mental Health Care</b>	You pay the same deductible and copays as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.	Days 1-10: \$150 copay per day. Days 11-90: \$0 copay per day. Medicare beneficiaries may receive only 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your provider must obtain authorization from Welborn HMO Senior Advantage Plan.	Days 1-10: \$150 copay per day. Days 11-90: \$0 copay per day. Medicare beneficiaries may receive only 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your provider must obtain authorization from Welborn HMO Senior Advantage "Plus" Plan.
<b>5 – Skilled Nursing Facility</b>  (in a Medicare – certified skilled nursing facility)	You pay for each benefit period (3) , following at least a 3-day covered hospital stay:  Days 1-20: \$0 for each day  Day 21-100: \$128 for each day  There is a limit of 100 days for each benefit period. 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 skill nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.	Days 1-20: \$0 copay per day. Days 21-100: \$50 copay per day. 3-day prior hospital stay required. 100 days each benefit period. Prior authorization is required. Contact plan for details.	Days 1-20: \$0 copay per day. Days 21-100: \$50 copay per day. 3-day prior hospital stay required. 100 days each benefit period. Prior authorization is required. Contact plan for details.

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<b>5 – Skilled Nursing Facility (continued)</b>	You must pay 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 services, rehabilitation services, etc.)	There is no copay for all covered home health visits.	\$0 copay for Medicare-covered home health visits.  Authorization rules may apply for services. Contact plan for details.	\$0 copay for Medicare-covered home health visits.  Authorization rules may apply for services. Contact plan for details.
<b>7 – Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.
<b>OUTPATIENT CARE</b>			
<b>8 – Doctor Visits</b>	You pay 20% coinsurance of Medicare-approved amounts. (1) (2)	See "Routine Physical Exams" for more information.  \$10 copay for each primary care doctor visit for Medicare-covered benefits.  \$25 copay for each specialist visit for Medicare-covered benefits.	See "Routine Physical Exams" for more information.  \$10 copay for each primary care doctor visit for Medicare-covered benefits.  \$25 copay for each specialist visit for Medicare-covered benefits.

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<b>9 – Chiropractic Services</b>	<p>20% coinsurance for manual manipulation of the spine to correct subluxation, provided by Chiropractors or other qualified providers.</p> <p>Routine care not covered.</p> <p>You pay 20% coinsurance of Medicare approved amounts. (1) (2)</p>	<p>\$25 copay for Medicare-covered visits.</p> <p>Authorization rules may apply.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p>\$25 copay for Medicare-covered visits.</p> <p>Authorization rules may apply.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>
<b>10 – Podiatry Services</b>	<p>You pay 20% coinsurance of Medicare approved amounts.</p> <p>You pay 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. (1) (2)</p> <p>You pay 100% for routine care.</p>	<p>\$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p>	<p>\$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p>
<b>11 – Outpatient Mental Health Care</b>	<p>You pay 50% coinsurance for most outpatient mental health services.</p>	<p>\$25 copay for each Medicare-covered individual or group therapy visit.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>	<p>\$25 copay for each Medicare-covered individual or group therapy visit.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
<b>12 – Outpatient Substance Abuse Care</b>	<p>You pay 20% coinsurance of Medicare-approved amounts. (1) (2)</p>	<p>\$25 copay for each Medicare-covered individual or group therapy visit.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>	<p>\$25 copay for each Medicare-covered individual or group therapy visit.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<p><b>13 – Outpatient Services/Surgery</b></p>	<p>You pay 20% coinsurance of Medicare-approved amounts for the doctor.</p> <p>You pay 20% of Medicare-approved amounts for the facility. (1) (2)</p>	<p>\$0 copay for each Medicare-covered visit to an ambulatory surgical center.</p> <p>\$160 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Authorization rules may apply. Contact plan for details.</p>	<p>\$0 copay for each Medicare-covered visit to an ambulatory surgical center.</p> <p>\$160 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Authorization rules may apply. Contact plan for details.</p>
<p><b>14 – Ambulance Services</b></p> <p>(medically necessary ambulance services)</p>	<p>You pay 20% coinsurance of Medicare approved amounts. (1) (2)</p>	<p>\$75 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>	<p>\$75 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>
<p><b>15 – Emergency Care</b></p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>You pay 20% coinsurance for the doctor. (1) (2)</p> <p>You pay 20% coinsurance of the facility charge or applicable copay for each emergency room visit; you do NOT pay this amount 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 each Medicare-covered emergency room visit.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>Out-of-network Worldwide coverage</p>	<p>\$50 copay for each Medicare-covered emergency room visit.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>Out-of-network Worldwide coverage</p>

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<p><b>16 – Urgently Needed Care</b></p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>You pay 20% coinsurance of Medicare-approved amounts or applicable copay. (1) (2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>\$50 copay for each Medicare-covered emergency room visit.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p>\$50 copay for each Medicare-covered emergency room visit.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>17 – Outpatient Rehabilitation Services</b></p> <p>(Occupational Therapy, Physical Therapy, Speech, and Language Therapy)</p>	<p>You pay 20% coinsurance of Medicare-approved amounts. (1) (2)</p>	<p>\$25 copay for each Medicare-covered Occupational Therapy visit.</p> <p>\$25 copay for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p> <p>Authorization rules may apply. Contact plan for details.</p>	<p>\$25 copay for each Medicare-covered Occupational Therapy visit.</p> <p>\$25 copay for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p> <p>Authorization rules may apply. Contact plan for details.</p>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>			
<p><b>18 – Durable Medical Equipment</b></p> <p>(Includes wheelchairs, oxygen, etc.)</p>	<p>You pay 20% coinsurance of Medicare approved amounts. (1) (2)</p>	<p>20% of the cost for Medicare-covered items.</p> <p>Authorization rules may apply. Contact plan for details.</p>	<p>20% of the cost for Medicare-covered items.</p> <p>Authorization rules may apply. Contact plan for details.</p>
<p><b>19 – Prosthetic Devices</b></p> <p>(Includes braces, artificial limbs, eyes, etc.)</p>	<p>You pay 20% coinsurance of Medicare approved amounts. (1) (2)</p>	<p>20% of the cost for Medicare-covered items.</p> <p>Authorization rules may apply. Contact plan for details.</p>	<p>20% of the cost for Medicare-covered items.</p> <p>Authorization rules may apply. Contact plan for details.</p>

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<p><b>20 – Diabetes Self-Monitoring Training and Supplies</b></p> <p>(Includes coverage for glucose monitors, test strips, lancets, screening tests, and self management training)</p>	<p>You pay 20% coinsurance of Medicare-approved amounts. (1) (2)</p>	<p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p> <p>Authorization rules may apply. Contact plan for details.</p>	<p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p> <p>Authorization rules may apply. Contact plan for details.</p>
<p><b>21 – Diagnostic Tests, X-Rays, and Lab Services</b></p>	<p>You pay 20% coinsurance of Medicare-approved amounts, for diagnostic tests and x-rays. (1) (2)</p> <p>There is no copay for Medicare-approved lab services.</p> <p>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.</p>	<p>20% of the cost for the following Medicare-covered services:</p> <ul style="list-style-type: none"> <li>- Lab Services</li> <li>- Diagnostic procedures and tests</li> <li>- X-Ray Visits</li> <li>- Diagnostic Radiology Services</li> <li>- Therapeutic Radiology Services</li> </ul> <p>Authorization rules may apply. Contact plan for details.</p>	<p>20% of the cost for the following Medicare-covered services:</p> <ul style="list-style-type: none"> <li>- Lab Services</li> <li>- Diagnostic procedures and tests</li> <li>- X-Ray Visits</li> <li>- Diagnostic Radiology Services</li> <li>- Therapeutic Radiology Services</li> </ul> <p>Authorization rules may apply. Contact plan for details.</p>

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<b>21 – Diagnostic Tests, X-Rays, and Lab) Services (continued)</b>	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.		
<b>PREVENTIVE SERVICES</b>			
<b>22 – Bone Mass Measurement</b>  (For people with Medicare who are at risk)	You pay 20% coinsurance of Medicare-approved amounts. (1) (2)  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	\$50 copay for each Medicare-covered Bone Mass Measurement.	\$50 copay for each Medicare-covered Bone Mass Measurement.
<b>23 – Colorectal Screening Exams</b>  (For people with Medicare age 50 and older)	You pay 20% coinsurance 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 Screening Exams.	\$0 copay for Medicare-covered Colorectal Screening Exams.

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<p><b>24 – Immunizations</b></p> <p>(Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>There is no copay for the Pneumonia and Flu vaccines.</p> <p>You pay 20% coinsurance of Medicare-approved amounts for the Hepatitis B vaccine. (1) (2)</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>	<p>\$0 copay for the Pneumonia and Flu vaccines.</p> <p>No referral necessary for Medicare-covered influenza and pneumonia vaccines.</p> <p>\$0 copay for the Hepatitis B vaccine.</p> <p>Authorization rules may apply. Contact plan for details.</p>	<p>\$0 copay for the Pneumonia and Flu vaccines.</p> <p>No referral necessary for Medicare-covered influenza and pneumonia vaccines.</p> <p>\$0 copay for the Hepatitis B vaccine.</p> <p>Authorization rules may apply. Contact plan for details.</p>
<p><b>25 – Mammograms (Annual Screening)</b></p> <p>(For women with Medicare age 40 and older)</p>	<p>You pay 20% coinsurance of Medicare-approved amounts. (1) (2)</p> <p>No referral necessary for Medicare-covered screenings.</p> <p>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.</p>	<p>\$0 copay for Medicare-covered Screening Mammograms.</p> <p>No referral necessary for Medicare-covered screenings.</p>	<p>\$0 copay for Medicare-covered Screening Mammograms.</p> <p>No referral necessary for Medicare-covered screenings.</p>
<p><b>26 - Pap Smears and Pelvic Exams</b></p> <p>(For women with Medicare)</p>	<p>There is no copay for a Pap Smear once every 2 years, annually for beneficiaries at high risk.</p> <p>You pay 20% coinsurance of Medicare-approved amounts for Pelvic Exams.</p>	<p>\$0 copay for Medicare-covered Pap Smears and Pelvic Exams.</p>	<p>\$0 copay for Medicare-covered Pap Smears and Pelvic Exams.</p>

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<b>27 – Prostate Cancer Screening Exams</b>  (For men with Medicare age 50 and older)	20% coinsurance of Medicare-approved amounts for the digital rectal exam. (1) (2)  \$0 for PSA test; 20% coinsurance for other related services.  Covered once a year for all men with Medicare over age 50.	\$0 copay for Medicare-covered Prostate Cancer Screening exams.	\$0 copay for Medicare-covered Prostate Cancer Screening exams.
<b>28 – ESRD</b>	20% coinsurance for dialysis. (1) (2)	\$0 copay for in and out-of-area dialysis. \$0 copay for Nutrition Therapy for Renal Disease.	\$0 copay for in and out-of-area dialysis. \$0 copay for Nutrition Therapy for Renal Disease.

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
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**MANDATORY SUPPLEMENTAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)**

<p><b>29 – Outpatient Prescription Drugs</b></p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.</p>	<p>You pay 100% for most prescription drugs.</p> <p>This plan does not cover Medicare Part D prescription drugs.</p> <p>Please contact plan for details.</p>	<p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b></p> <p>This plan uses a formulary. Please contact WHP for more information.</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. This means that you will pay the same 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> <p>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 the condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization for Welborn HMO Senior Advantage "Plus" for certain drugs.</p>
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Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<b>29 – Outpatient Prescription Drugs (continued)</b>	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	You pay 100% for most prescription drugs.  This plan does not cover Medicare Part D prescription drugs.  Please contact plan for details.	If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.  In Network - \$0 deductible  Initial Coverage – you pay the following until total yearly drug costs reach \$2,510:  <b>Retail Pharmacy</b> <b>Tier 1 – Generic</b> \$8 copay for one-month (30-day) supply of drugs. \$24 copay for a three-month (90-day) supply of drugs. <b>Tier 2 – Preferred Brand</b> \$30 copay for one-month (30-day) supply of drugs. \$90 copay for a three-month (90-day) supply of drugs. <b>Tier 3 – Non-Preferred Brand</b> \$60 copay for a one-month (30-day) supply of drugs. \$180 copay for a three-month (90-day) supply of drugs.

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<b>29 – Outpatient Prescription Drugs (continued)</b>	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	You pay 100% for most prescription drugs.  This plan does not cover Medicare Part D prescription drugs.  Please contact plan for details.	<p><b><i>Tier 4 – Specialty (Generic and Brand)</i></b></p> <p>30% coinsurance for a one-month (30-day) supply of drugs.</p> <p>30% coinsurance for a three-month (90-day) supply of drugs.</p> <p><b>Long Term Care Pharmacy</b></p> <p><b><i>Tier 1 – Generic</i></b></p> <p>\$8 copay for one-month (31-day) supply of drugs.</p> <p><b><i>Tier 2 – Preferred Brand</i></b></p> <p>\$30 copay for a one-month (31-day) supply of drugs.</p> <p><b><i>Tier 3 – Non-Preferred Brand</i></b></p> <p>\$60 copay for a one-month (31-day) supply of drugs.</p> <p><b><i>Tier 4 – Specialty (Generic and Brand)</i></b></p> <p>30% coinsurance for a one-month (31-day) supply of drugs.</p> <p><b>Mail Order</b></p> <p><b><i>Tier 1 – Generic</i></b></p> <p>\$16 copay for a three-month (90-day) supply of drugs.</p> <p><b><i>Tier 2 – Preferred Brand</i></b></p> <p>\$60 copay for a three-month (90-day) supply of drugs.</p>

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<b>29 – Outpatient Prescription Drugs (continued)</b>	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	You pay 100% for most prescription drugs.  This plan does not cover Medicare Part D prescription drugs.  Please contact plan for details.	<p><b>Tier 3 – Non-Preferred Brand</b> \$120 copay for a three-month (90-day) supply of drugs.</p> <p><b>Tier 4 – Specialty (Generic and Brand)</b> 30% coinsurance for a three-month (90-day) supply of drugs.</p> <p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or 5% coinsurance.</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 pay more than the copay if you get your drugs at an out-of-network pharmacy.</p>

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<b>29 – Outpatient Prescription Drugs (continued)</b>	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	You pay 100% for most prescription drugs.  This plan does not cover Medicare Part D prescription drugs.  Please contact plan for details.	<b>Out-of-Network Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510: <b>Tier 1 – Generic</b> \$8 copay for a one-month (30-day) supply of drugs. <b>Tier 2 – Preferred Brand</b> \$30 copay for a one-month (30-day) supply of drugs. <b>Tier 3 – Non-Preferred Brand</b> \$60 copay for a one-month (30-day) supply of drugs. <b>Tier 4 – Specialty (Generic and Brand)</b> 30% coinsurance for a one-month (30-day) supply of drugs. <b>Out-of Network Coverage Gap</b> After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050. <b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of : \$2.25 copay for generic (including brand drugs treated as generic), and \$5.60 copay for all other drugs, or 5% coinsurance

<b>Benefit</b>	<b>Original Medicare</b>	<b>Welborn HMO Senior Advantage</b>	<b>Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)</b>
<b>30 – Dental Services</b>	In general, you pay 100% for dental services.	In general, you pay 100% for dental services.	In general, you pay 100% for dental services.
<b>31 – Hearing Services</b>	<p>You pay 100% for routine hearing exams and hearing aids.</p> <p>You pay 20% coinsurance of Medicare-approved amounts for diagnostic hearing exams. (1) (2)</p>	<p>In general, you pay 100% for hearing aids.</p> <p>\$25 copay for 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>In general, you pay 100% for hearing aids.</p> <p>\$25 copay for a diagnostic hearing exam.</p> <p>\$25 copay for up to 1 routine hearing test every year.</p> <p>\$50 limit for routine hearing tests every year.</p>
<b>32 – Vision Services</b>	<p>You pay 20% coinsurance of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</p> <p>You pay 100% for routine eye exams and glasses.</p> <p>You are covered for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings.</p>	<p>\$25 copay for one pair of eyeglasses or contact lenses after each cataract surgery.</p> <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 copay for up to 1 routine eye exam(s) every year.</p> <p>\$25 copay for up to 1 pair of glasses every two years.</p> <p>\$25 copay for up to 1 pair of contacts every two years.</p> <p>\$50 limit for eye exams every year.</p>	<p>\$25 copay for one pair of eyeglasses or contact lenses after each cataract surgery.</p> <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 copay for up to 1 routine eye exam every year.</p> <p>\$25 copay for up to 1 pair of glasses every two years.</p> <p>\$25 copay for up to 1 pair of contacts every two years.</p> <p>\$50 limit for eye exams every year.</p>

Benefit	Original Medicare	Welborn HMO Senior Advantage	Welborn HMO Senior Advantage "Plus" (with Prescription Drug coverage)
<b>33 – Physical Exams</b>	<p>You pay 20% coinsurance of the Medicare-approved amount. (1) (2)</p> <p>If your coverage to Medicare Part B, 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. Limited to 1 exam every year.</p> <p>\$0 copay for Medicare-covered benefits.</p> <p>Limited to 1 exam every year.</p>	<p>\$0 copay for routine exams. Limited to 1 exam every year.</p> <p>\$0 copay for Medicare-covered benefits.</p> <p>Limited to 1 exam every year.</p>
<b>34 – Health/Wellness Education</b>	<p>You pay 100%</p>	<p>This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>-Written health education materials, including Newsletters</li> <li>-Smoking Cessation</li> <li>-Nursing Hotline</li> <li>-Other Wellness Benefits</li> </ul> <p>Copays may apply for these benefits.</p>	<p>This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>-Written health education materials, including Newsletters</li> <li>-Smoking Cessation</li> <li>-Nursing Hotline</li> <li>-Other Wellness Benefits</li> </ul> <p>Copays may apply for these benefits.</p>

(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 may pay more.

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The Benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.



# 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 WHP Members.
- **Access** to a participating provider network is available throughout our 8-county service area in Southwestern Indiana. You are covered for emergencies ~ *anywhere in the U.S.!*
- **Value** is provided by WHP's total health care system. Our participating 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"> <li>➤ Your permanent residence is in our 8-county service area (Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh &amp; Warrick Counties) or you are a current WHP member at the time of application and enrollment.</li> <li>➤ You are entitled to Medicare Part A and enrolled in Medicare Part B.</li> <li>➤ 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).</li> <li>➤ You are not eligible to enroll if you have elected the Medicare Hospice Benefit.</li> </ul> <p><i><b>NOTE:</b> 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"> <li>➤ Virtually No Claim Forms</li> <li>➤ No Limitations on Pre-Existing Conditions</li> <li>➤ Local Claims Processing and Walk-in Member Services</li> <li>➤ Additional Part D Pharmacy Benefits available through Welborn HMO Senior Advantage "Plus" Plan at an affordable cost.</li> </ul>

## **ADDITIONAL INFORMATION ABOUT OUR BENEFITS:**

### **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 may be provided by Medicare Prescription Drug Plans (PDP). These plans provide insurance coverage for prescription drugs. For WHP members, this benefit can be obtained by selecting Welborn HMO Senior Advantage “Plus” Plan. Like other insurance, if you join you will pay a monthly premium of \$31.90 and pay a share of the costs (copay) for your prescriptions. Premiums will vary depending on the plan you pick.

If your employer or union plan provides Creditable Coverage for outpatient prescription drugs – Coverage that is at least as good as the standard Medicare prescription drug coverage you may not need a part “D” plan. Please contact Medicare for details. Call **1-800-MEDICARE** (1-800-633-4227) toll free to ask questions or get free information booklets from Medicare. You can call this national Medicare helpline 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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 (late enrollment penalty), 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](http://www.medicare.gov) on the web, or by calling 1-800-MEDICARE (1-800-633-4227) 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.

#### **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 1-(800) 521-0265. TTY users may call Indiana Relay at 1-(800)743-3333. Our Member Services call center hours are from 8:00 a.m. to 8:00 p.m., 7 days a week. Our offices are located at 101 SE Third St., in downtown Evansville, IN 47708. Our offices are open Monday through Friday 8:00am -5:00pm

If not included with this Summary of Benefits, your 2008 Evidence of Coverage (EOC) will be sent to you at a later date.

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For more information, please call:

Local: (812) 426-6600

Toll Free: 1-800-521-0265 or

Indiana Relay: 1-800-743-3333

For more information about this Plan contact our Member Services Department

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

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

~or~

Contact Medicare at 1-800-633-4227 / TTY 1-877-486-2048 or visit [www.medicare.gov](http://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.