

2010 Medical and prescription drug coverage



MedicareBlueSM PPO (Regional PPO)

Please refer to the Summary of Benefits in the enrollment kit for additional information and also for the 2010 Original Medicare premiums, deductibles and copay amounts.

2010 Benefits	MedicareBlue PPO (Regional PPO)
Monthly plan premium – amount you pay	\$57.30 ¹
Medical coverage	
Annual deductible – amount you pay	\$0
Annual out-of-pocket maximum	<i>In-network: \$3,350; Combined in- and out-of-network: \$8,350</i>
Out-of-network coverage (applies to all services except emergency or urgently needed care)	40% coinsurance
Office visits (including routine physicals ² and other visits) <ul style="list-style-type: none"> • Primary care • Specialists, therapy visits, lab services • Urgently needed care 	<ul style="list-style-type: none"> • \$25 copay • \$35 copay • \$25 – \$35 copay
Preventive services ²	\$0 – \$25 copay
Emergency care	\$50 copay per visit; worldwide coverage
Travel benefit	Included – receive in-network benefits anywhere in the United States when outside the service area (see brochure for more information)
Inpatient care	\$225 copay per day for the first three days per admission (regardless of benefit period)
Skilled nursing care	Days 1 – 20: \$0 copay Days 21 – 100: \$125 copay
Outpatient or ambulatory surgical center	\$150 copay per admission
Diabetes self-monitoring training and diabetes supplies	\$35 copay for training; 20% coinsurance for supplies
Durable medical equipment, prosthetics	20% coinsurance
Prescription drug coverage	
Annual deductible – amount you pay	\$310
Initial coverage – amount you pay for a 31-day supply after paying the annual deductible <ul style="list-style-type: none"> • Level 1: Covered Generic • Level 2: Covered Preferred Brand • Level 3: Covered Brand • Covered Specialty drugs 	<ul style="list-style-type: none"> • 13% coinsurance • 23% coinsurance • 50% coinsurance • 25% coinsurance
Coverage gap – amount you pay after your total yearly covered prescription drug costs reach \$2,830 ³	100% for all covered drugs
Catastrophic coverage – amount you pay for a 31-day supply after you have paid \$4,550 in out-of-pocket prescription drug costs ⁴	The greater of \$2.50 copay for generic drugs and \$6.30 copay for all other covered drugs OR 5% coinsurance

¹You must continue to pay your Medicare Part B premium (and Part A if applicable) in addition to your plan premium.

²For full information on the plan's routine physical exams, call Customer Service at the number listed on the back of this overview.

³Your "total drug costs" means the total amount you have paid for covered drugs plus what the plan has paid for the calendar year. This does not include the plan premium you pay.

⁴Your "out-of-pocket" costs means the amount you have paid for covered drugs for the calendar year. This does not include the amount the plan has paid or the plan premium you pay.

Additional Information

Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association

Enrollment and eligibility: You are eligible to enroll in MedicareBlue PPO (Regional PPO) if you are entitled to Medicare Part A and enrolled in Medicare Part B. You must continue to pay your Medicare Part B premium, and Medicare Part A if applicable, if not otherwise paid for by Medicaid or another third party. If you enroll in MedicareBlue PPO (Regional PPO), you must receive your Medicare prescription drug coverage through this plan. Members may enroll in the plan only during specific times of the year. For more information about enrollment periods, call Customer Service at the number listed at the end of the next column.

MedicareBlue PPO (Regional PPO) has formed a network of doctors, specialists and hospitals. You can use any provider who is part of our network or you may use providers out of the network. However, you may have to pay more for services received out-of-network, except in emergency/urgent care situations. MedicareBlue PPO (Regional PPO) provides reimbursement for all covered benefits regardless of whether they are received in- or out-of-network as long as they are medically necessary. The providers in our network can change at any time.

You may send your enrollment form directly to MedicareBlue PPO (Regional PPO) by mail or online through our website or with an authorized independent agent. Medicare beneficiaries may also enroll in MedicareBlue PPO (Regional PPO) through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center, located at www.medicare.gov. For more information, contact Customer Service at the number listed at the end of the next column.

Extra help: You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, seven days a week;
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**; or
- Your State Medicaid office

Formulary, network, mail order service: Formulary and non-formulary drugs are subject to change within a contract year. You will be notified at least 60 days in advance when drugs are removed from the formulary. Drug coverage benefits are subject to limitations. MedicareBlue PPO (Regional PPO) members must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances when they cannot reasonably use network pharmacies. Members who use pharmacies outside the network will pay any differential in the non-network pharmacy's charge and the plan's allowable charge. Types of network pharmacies include: retail, mail order, home infusion, long-term care and Indian/Tribal/Urban. The pharmacies in our network can change at any time.

The benefit information provided is not comprehensive. Additional information should be requested before making a decision about your coverage. For a provider directory, formulary, pharmacy directory or information about PrimeMail** mail order pharmacy service, please call Customer Service at the number listed below or go to our website at www.YourMedicareSolutions.com.

Federal contract: MedicareBlue PPO's (Regional PPO) contract with CMS is renewed annually, so enrollment after 2010 cannot be guaranteed. Either CMS or the plan may choose not to renew the contract, or the plan may choose to change the area it serves. Any such change may result in termination of your enrollment. Benefits, formulary, pharmacy and/or provider networks, premiums and cost-sharing (copayments or coinsurance) may change on January 1, 2011. Please contact Customer Service for details.

Special needs: If you have special needs or need translation of this material into another language, alternative formats are available. Please call Customer Service for more information.

Customer Service: MedicareBlue PPO (Regional PPO) Customer Service: **1-866-434-2038**, 8 a.m. to 8 p.m., daily, Central and Mountain Time. TTY users should call **1-866-456-1550**. You have the option to speak with a licensed sales representative when you call this number. Information is also available online at www.YourMedicareSolutions.com. You can also obtain this information by writing to MedicareBlue PPO (Regional PPO) Customer Service, P.O. Box 155845, Fort Worth, TX 76155-0845.

**PrimeMail is from Prime Therapeutics, LLC, an independent company providing pharmacy benefit management services.

