



MedicareBlueSM PPO (Regional PPO)

2011



Medical and prescription drug coverage

Medicare pays for some health care expenses but there are still deductibles, copayments and coinsurance. With MedicareBlue PPO you have one plan for both medical and drug benefits and lower cost-sharing than you may have with Medicare.

Freedom to choose your doctor

You don't need to choose a primary care doctor and you can see any Medicare-participating doctor or provider without a referral, including specialists. Our network includes doctors, specialists, clinics and hospitals throughout the seven-state service area, and border counties, of Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming. Using a network provider means you pay less out of pocket. You may have to pay more to see out-of-network providers.

Nationwide pharmacy network

You can fill your prescriptions at any of our more than 60,000 network pharmacies across the United States. Using network pharmacies reduces your costs, and your claims will be filed for you. Non-network pharmacies can be used in non-routine circumstances, but you may have to pay

more for your prescriptions and file a claim to be reimbursed for the cost. Quantity limits and other restrictions may also apply.

Preventive care for a healthier life

The plan's preventive services include flu shots, cancer and other screenings, an annual physical exam and counseling to stop smoking.

Like to travel? Your benefits do, too

If you spend part of the year in another part of the United States, you're still covered. You can spend up to six months outside the seven-state area and, as long as you receive care from a provider who accepts Medicare, you pay the in-network cost for the care. And there's worldwide coverage for emergency care.

Questions?

You have the option to speak with a licensed sales representative when you call this number.

Customer Service **1-866-434-2038**

TTY hearing impaired users call **711**

8 a.m. to 8 p.m., daily, Central and Mountain Times

www.YourMedicareSolutions.com

2011 MedicareBlue PPO benefits

This chart highlights the costs and many of the benefits offered by MedicareBlue PPO. For additional details, please call Customer Service or visit www.YourMedicareSolutions.com.

2011 Benefits	
Monthly plan premium – amount you pay for coverage. You must also continue to pay your Medicare Part B premium (and Part A if applicable).	\$71.30
Medical coverage	
Annual deductible – amount you pay before coverage begins	\$0
Annual out-of-pocket maximum – the most you pay each year <ul style="list-style-type: none"> • In-network • Combined in- and out-of-network 	<ul style="list-style-type: none"> • \$3,350 • \$5,100
Out-of-network coverage (applies to all services except emergency or urgently needed care)	40% coinsurance
Office visits <ul style="list-style-type: none"> • Primary care • Specialists (such as specialists in skin care, cancer, foot treatment, therapists, outpatient therapies) 	<ul style="list-style-type: none"> • \$25 copay • \$35 copay
Preventive services Includes the following (not a complete list): <ul style="list-style-type: none"> • Annual physical exam, including “Welcome to Medicare” exam • Bone mass measurement • Cardiovascular screenings including EKG • Cancer screenings including colorectal, prostate, mammograms • Flu, Hepatitis B, pneumonia shots • HIV screening • Pap test and pelvic exam <i>Note: Some screenings or services are not provided every year unless your medical history shows a need.</i>	\$0 – \$35 copay (office visit copay does not apply if visit is for preventive care only)
Vision and hearing care Eyewear is not covered unless it’s after cataract surgery. Hearing aids are not covered.	<ul style="list-style-type: none"> • \$0 to \$35 copay for routine vision and hearing exams • \$0 to \$35 copay for glaucoma tests
Smoking cessation (counseling to stop smoking)	\$0 copay per visit
Urgently needed care	\$25 to \$35 copay per visit; U.S. only coverage
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
Inpatient hospital care	\$225 copay per day for the first three days per admission, regardless of benefit period
Skilled nursing facility care	<ul style="list-style-type: none"> • Days 1 – 20: \$0 copay • Days 21 – 100: \$125 copay
Home health care	\$0 copay
Diagnostic tests, X-rays and lab services	\$0 – \$150 copay or 20% coinsurance for Medicare-covered services
Outpatient or ambulatory surgical center	\$0 – \$150 copay for each Medicare-covered visit
Diabetes care <ul style="list-style-type: none"> • Screenings • Self-monitoring training • Diabetes supplies 	<ul style="list-style-type: none"> • \$0 copay • \$0 copay • 20% coinsurance
Durable medical equipment, prosthetics	20% coinsurance

2011 Benefits

Prescription drug coverage

Annual deductible – amount you pay before initial drug coverage begins	\$310
Initial coverage – amount you pay for a 31- or 90-day supply after paying the annual deductible <ul style="list-style-type: none">• Tier 1: Generic Drugs• Tier 2: Preferred Brand Drugs• Tier 3: Non-Preferred Brand Drugs• Tier 4: Specialty Tier Drugs	<ul style="list-style-type: none">• 13% coinsurance• 26% coinsurance• 50% coinsurance• 25% coinsurance
Coverage gap – amount you pay for a 31- or 90-day supply after your total yearly covered prescription drug costs ¹ reach \$2,840 <ul style="list-style-type: none">• Generic drugs• Brand-name drugs	<ul style="list-style-type: none">• 93% coinsurance• Up to the discounted amount³
Catastrophic coverage – amount you pay for a 31- or 90-day supply after you have paid \$4,550 in out-of-pocket prescription drug costs ²	The greater of \$2.50 copay for generic drugs and \$6.30 copay for all other covered drugs OR 5% coinsurance

¹Your “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.

²Your “out-of-pocket costs” mean 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.

³The brand-name drug coverage in the coverage gap is subject to agreements between the Centers for Medicare & Medicaid Services (CMS) and drug manufacturers. Not all brand drugs may be discounted. Call Customer Service if you have questions.

Check out the drug list

Every Medicare-approved prescription drug plan has a list of drugs it covers, called the drug formulary. The MedicareBlue PPO formulary has different tiers of covered drugs. The amount you pay for a drug depends on the tier it's on. The formulary may change as new drugs, such as generic versions of brand-name drugs, are added. For the most up-to-date list of covered drugs, call Customer Service or visit www.YourMedicareSolutions.com.

90-day supplies of drugs

When you're taking a drug for a long period of time, buying a 90-day supply may save you time and money rather than purchasing the drug each month. You can get a 90-day supply of a drug through our mail order pharmacy service or certain network retail pharmacies.

If you use our mail order service, your drugs are mailed directly to your home. For more information, call Customer Service. Retail pharmacies offering 90-day supplies are identified in the pharmacy directories as offering “Preferred Extended Supply.” You can also visit www.YourMedicareSolutions.com or call Customer Service to see if your pharmacy offers extended supplies.

Enrollment and eligibility: You are eligible to enroll in MedicareBlue 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, you must receive your Medicare prescription drug coverage through this plan. Members may enroll in the plan only during specific times of the year. Contact MedicareBlue PPO for more information.

You may send your enrollment form directly to MedicareBlue PPO by mail or online through our website or with an authorized independent agent. Medicare beneficiaries may also enroll in MedicareBlue PPO through the Medicare 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.

Provider network: MedicareBlue 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 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.

Formulary, pharmacy 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 members must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances when they cannot reasonably use network pharmacies. If applicable, quantity limits and restrictions will apply. 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.

Other materials available: The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. For a Summary of Benefits, provider directory, formulary, pharmacy directory or information about PrimeMail* mail order pharmacy service, please call

Customer Service at the number listed below or visit www.YourMedicareSolutions.com.

*PrimeMail is a mail-service pharmacy owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.

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 extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day/7 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.

Federal contract: MedicareBlue PPO's contract with CMS is renewed annually, so enrollment after 2011 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/or copayments/coinsurance may change on January 1, 2012. Please contact Customer Service for details.

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

Customer Service: 1-866-434-2038, 8 a.m. to 8 p.m., daily, Central and Mountain Times. TTY hearing impaired users call **711**. 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 Customer Service, P.O. Box 155845, Fort Worth, TX 76155-0845.

MedicareBlue PPO is a Medicare-approved regional PPO plan. 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