

**Introduction to the Summary of Benefits Report for
ADVANTAGE Preferred (PPO) [Contract H5508]
January 1, 2012 - December 31, 2012
CENTRAL INDIANA, ALLEN, DELAWARE, HOWARD, ST. JOSEPH**

Thank you for your interest in ADVANTAGE Preferred (PPO). Our plan is offered by ADVANTAGE HEALTH SOLUTIONS, INC., a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call ADVANTAGE Preferred (PPO) and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like ADVANTAGE Preferred (PPO). 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 ADVANTAGE Preferred (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare ADVANTAGE Preferred (PPO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS ADVANTAGE Preferred (PPO) AVAILABLE?

The service area for this plan includes: Allen, Boone, Delaware, Hamilton, Hancock, Hendricks, Howard, Johnson, Madison, Marion, Morgan, Shelby, St. Joseph Counties, IN. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN ADVANTAGE Preferred (PPO)?

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

CAN I CHOOSE MY DOCTORS?

ADVANTAGE Preferred (PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at www.advantageplan.com/. Our customer service number is listed at the end of this introduction.

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

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

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

ADVANTAGE Preferred (PPO) does cover Medicare Part B prescription drugs. ADVANTAGE Preferred (PPO) does NOT cover Medicare Part D prescription drugs.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, 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.

As a member of ADVANTAGE Preferred (PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact ADVANTAGE Preferred (PPO) 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 Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call ADVANTAGE Health Solutions, Inc. for more information about ADVANTAGE Preferred (PPO).

Visit us at www.advantageplan.com/ or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m.
Eastern

Current members should call toll-free (800)-523-7533 . (TTY/TDD (800)-743-3333)

Prospective members should call toll-free (800)-201-8342 . (TTY/TDD (800)-743-3333)

Current members should call locally (317)-573-7950 . (TTY/TDD (800)-743-3333)

Prospective members should call locally (800)-201-8342 . (TTY/TDD (800)-743-3333)

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

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate
formats.

This document may be available in a non-English language. For additional information, call
customer service at the phone number listed above.

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
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IMPORTANT INFORMATION

1 - Premium and Other Important Information

In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.

If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

General

\$ 0.00 monthly plan premium in addition to your monthly Medicare Part B premium.

Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Some physicians, providers and suppliers that are out of a plan's network (i.e., out-of-network) accept "assignment" from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare "assignment," your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare "limiting charge." If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare "limiting charge" does not apply. See the publications Medicare You or Your Medicare Benefits available on www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to "assignment" and "limiting charges" that apply by benefit type.

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
		<p>To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit www.medicare.gov/physician or www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-Network</p> <p>\$3,400 out-of-pocket limit for Medicare-covered services.</p> <p>In and Out-of-Network</p> <p>\$5,100 out-of-pocket limit for Medicare-covered services.</p>
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network</p> <p>You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</p>
<p>SUMMARY OF BENEFITS INPATIENT CARE</p>		
<p>3 - Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible.</p> <p>Days 61 - 90: \$283 per day .</p> <p>Days 91 - 150: \$566 per lifetime reserve day.</p> <p>These amounts may change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-</p>	<p>In-Network</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$125 copay per day.</p> <p>Days 6 - 90: \$0 copay per day.</p> <p>\$0 copay for additional hospital days.</p>

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
	<p>4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network</p> <p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible.</p> <p>Days 61 - 90: \$283 per day .</p> <p>Days 91 - 150: \$566 per lifetime reserve day.</p> <p>These amounts may change for 2012.</p>
<p>4 - Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible.</p> <p>Days 61 - 90: \$283 per day.</p> <p>Days 91 - 150: \$566 per lifetime reserve day.</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$125 copay per day.</p> <p>Days 6 - 90: \$0 copay per day.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network</p> <p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible.</p>

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
		<p>Days 61 - 90: \$283 per day.</p> <p>Days 91 - 150: \$566 per lifetime reserve day.</p> <p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care").</p>
<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day.</p> <p>Days 21 - 100: \$141.50 per day.</p> <p>These amounts may change for 2012.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. 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>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <p>Days 1 - 20: \$0 copay per day.</p> <p>Days 21 - 100: \$75 copay per day.</p> <p>Out-of-Network</p> <p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day.</p> <p>Days 21 - 100: \$141.50 per day.</p> <p>These amounts may change for 2012.</p>
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered home health visits.</p>

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
		<p>Out-of-Network</p> <p>\$0 copay for 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>General</p> <p>You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
<p>OUTPATIENT CARE</p>		
<p>8 - Doctor Office Visits</p>	<p>20% coinsurance</p>	<p>In-Network</p> <p>\$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$50 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network</p> <p>20% of the cost for each primary care doctor visit.</p> <p>20% of the cost for each specialist visit.</p>
<p>9 - Chiropractic Services</p>	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network</p> <p>\$20 copay for each Medicare-covered visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>Out-of-Network</p> <p>20% of the cost for chiropractic benefits.</p>

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
10 - Podiatry Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network</p> <p>\$25 copay for each Medicare-covered visit</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network</p> <p>20% of the cost for podiatry benefits.</p>
11 - Outpatient Mental Health Care	<p>40% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$25 copay for each Medicare-covered individual therapy visit.</p> <p>\$25 copay for each Medicare-covered group therapy visit.</p> <p>\$25 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$25 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$0 copay for Medicare-covered partial hospitalization program services.</p> <p>Out-of-Network</p> <p>20% of the cost for Mental Health benefits with a psychiatrist.</p> <p>20% of the cost for partial hospitalization program services.</p> <p>45% of the cost for Mental Health benefits.</p>

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
12 - Outpatient Substance Abuse Care	20% coinsurance.	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$25 copay for Medicare-covered individual visits.</p> <p>\$25 copay for Medicare-covered group visits.</p> <p>Out-of-Network</p> <p>20% of the cost for outpatient substance abuse benefits.</p>
13 - Outpatient Services/Surgery	<p>20% coinsurance for the doctor's services.</p> <p>Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$150 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$150 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network</p> <p>20% of the cost for outpatient hospital facility benefits.</p> <p>20% of the cost for ambulatory surgical center benefits.</p>
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance.	<p>In-Network</p> <p>\$50 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network</p> <p>20% of the cost for ambulance benefits.</p>

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient 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>General</p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</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>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$50 copay for Medicare-covered urgently-needed-care visits.</p>
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p> <p>Out-of-Network</p> <p>20% of the cost for Physical and/or Speech and Language Therapy visits.</p>

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
		20% of the cost for Occupational Therapy benefits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 20% of the cost for durable medical equipment.
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 20% of the cost for prosthetic devices.
20 - Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training. 20% coinsurance for diabetes supplies. 20% coinsurance for diabetic therapeutic shoes or inserts.	In-Network \$0 copay for diabetes self-management training. 0% to 20% of the cost for diabetes monitoring supplies. 20% of the cost for therapeutic shoes or inserts. Out-of-Network 20% of the cost for diabetes monitoring supplies.

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
		<p>20% of the cost for therapeutic shoes or inserts.</p> <p>\$0 copay for diabetes self-management training.</p>
<p>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services. - diagnostic procedures and tests. <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$50 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>\$50 copay for Medicare-covered therapeutic radiology services.</p> <p>Out-of-Network</p> <p>20% of the cost for therapeutic radiology services.</p> <p>20% of the cost for outpatient X-rays.</p> <p>20% of the cost for diagnostic radiology services.</p> <p>20% of the cost for diagnostic procedures, tests, and lab services.</p>
<p>22 - Cardiac and Pulmonary Rehabilitation Services</p>	<p>20% coinsurance Cardiac Rehabilitation services.</p> <p>20% coinsurance for Pulmonary Rehabilitation services.</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - Medicare-covered Cardiac

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
	<p>This applies to program services provided in a doctor's office.</p> <p>Specified cost-sharing for program services provided by hospital outpatient departments.</p>	<p>Rehabilitation Services.</p> <ul style="list-style-type: none"> - Medicare-covered Intensive Cardiac Rehabilitation Services. - Medicare-covered Pulmonary Rehabilitation Services. <p>Out-of-Network</p> <p>20% of the cost for Cardiac Rehabilitation Services.</p> <p>20% of the cost for Intensive Cardiac Rehabilitation.</p> <p>20% of the cost for Pulmonary Rehabilitation Services.</p>
PREVENTIVE SERVICES		
<p>23 - Preventive Services and Wellness/Education Programs</p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening. - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening. - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening. - Diabetes Screening. - Influenza Vaccine. - Hepatitis B Vaccine for people with Medicare who are at risk. - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost-sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening. - Bone Mass Measurement. - Cardiovascular Screening. - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam). - Colorectal Cancer Screening. - Diabetes Screening. - Influenza Vaccine. - Hepatitis B Vaccine. - HIV Screening. - Breast Cancer Screening (Mammogram). - Medical Nutrition Therapy Services. - Personalized Prevention Plan Services (Annual Wellness Visits). - Pneumococcal Vaccine.

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
	<p>the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <ul style="list-style-type: none"> - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. - Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren’t on dialysis or haven’t had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. - Personalized Prevention Plan Services (Annual Wellness Visits). - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking Cessation 	<ul style="list-style-type: none"> - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only). - Smoking Cessation (Counseling to stop smoking). - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam). <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters. - Additional Smoking Cessation. - Health Club Membership/Fitness Classes. - Nursing Hotline. <p>Copays may apply for these benefits.</p> <p>Out-of-Network</p> <p>\$0 copay for Medicare-covered preventive services.</p> <p>\$0 copay for supplemental education/wellness programs.</p>

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
	<p>(counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</p> <p>- Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows: During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	
<p>24 - Kidney Disease and Conditions</p>	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for kidney disease education services.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for renal dialysis.</p> <p>\$0 copay for kidney disease education services.</p> <p>Out-of-Network</p> <p>20% of the cost for renal dialysis.</p> <p>\$0 copay for kidney disease education services.</p>
<p>25 - Outpatient Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>Most drugs not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-</p>

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
	Cost Plan that offers prescription drug coverage.	<p>covered drugs.</p> <p>20% of the cost for Part B drugs out-of-network.</p> <p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan does not offer prescription drug coverage.</p>
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>\$0 copay for Medicare-covered dental benefits.</p> <p>\$10 copay for an office visit that includes:</p> <ul style="list-style-type: none"> - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) every year <p>Out-of-Network</p> <p>20% of the cost for comprehensive dental benefits.</p> <p>50% of the cost for preventive dental benefits.</p>
27 - Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams.</p> <p>Out-of-Network</p> <p>20% of the cost for hearing exams.</p>

Benefit	Original Medicare	ADVANTAGE Preferred (PPO)
28 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - glasses - contacts - \$0 copay for exams to diagnose and treat diseases and conditions of the eye. - \$20 copay for up to 1 supplemental routine eye exam(s) every year. <p>Out-of-Network</p> <p>20% of the cost for eye exams.</p> <p>20% of the cost for eye wear.</p> <p>In and Out-of-Network</p> <p>\$100 plan coverage limit for eye wear every two years. This limit applies to both in-network and out-of-network benefits.</p>
29 - Over-the-Counter Items	Not covered.	<p>General</p> <p>The plan does not cover Over-the-Counter items.</p>
30 - Transportation (Routine)	Not covered.	<p>In-Network</p> <p>This plan does not cover supplemental routine transportation.</p>
31 - Acupuncture	Not covered.	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>