Anthem®
Health. Join In.

Summary of Benefits for MediBlue Essential℠ (HMO)

Available in Fairfield, Hartford and New Haven Counties in Connecticut

A health plan with a Medicare contract.

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Section I: Introduction to the Summary of Benefits

Thank you for your interest in MediBlue Essential (HMO). Our plan is offered by Anthem Health Plans, Inc. (Anthem Blue Cross and Blue Shield), a Medicare Advantage Health Maintenance Organization (HMO).

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 MediBlue Essential (HMO) 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 MediBlue Essential (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call MediBlue Essential (HMO) at the telephone 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 MediBlue Essential (HMO) 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 MediBlue Essential (HMO) Available?

The service area for this plan includes the following counties:

Connecticut: Fairfield, Hartford and New Haven counties.

You must live in one of these areas to join the plan.

Who Is Eligible to Join MediBlue Essential (HMO)?

You can join MediBlue Essential (HMO) 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 MediBlue Essential (HMO) unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

MediBlue Essential (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at **www.anthem.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?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither MediBlue Essential (HMO) nor the Original Medicare plan will pay for these services.

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 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of MediBlue Essential (HMO), 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:

Qualidigm
1-860-632-2008

Does My Plan Cover Medicare Part B or Part D Drugs?

MediBlue Essential (HMO) does cover Medicare Part B prescription drugs. MediBlue Essential (HMO) does NOT cover Medicare Part D prescription drugs.

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 MediBlue Essential (HMO) 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 provided through DME.

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 "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area.

You can also call us directly at 1-866-673-4157 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-241-6894.

Please Call Anthem Blue Cross and Blue Shield for More Information About MediBlue Essential (HMO)

- Visit us at **www.anthem.com/medicare** or call us:
- **Customer Service Hours:** 8 a.m. to 8 p.m., 7 days a week
- **Current members should call, toll free, 1-866-673-4157** (TTY/TDD: 1-800-241-6894).
- **Prospective members should call, toll free, 1-800-238-1143** (TTY/TDD: 1-800-241-6894).
- **Current members should call, locally, 1-866-673-4157** (TTY/TDD: 1-800-241-6894).
- **Prospective members should call, locally, 1-800-238-1143** (TTY/TDD: 1-800-241-6894).
- **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.
- If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Anthem Blue Cross and Blue Shield for details.

Section II: Summary of Benefits

Benefit	Original Medicare	MediBlue Essential (HMO)
Important Information		
1. Premium and Other Important Information	In 2009 the monthly Part B Premium was $96.40 and will change for 2010 and the yearly Part B deductible amount was $135 and will change for 2010. 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, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was $85,000 for singles, $170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.	**General** **$0 monthly plan premium in addition to your monthly Medicare Part B premium.** **In-Network** $6,000 out-of-pocket limit. There is no limit on cost sharing for the following services: Medicare Services: ▪ Hearing Services ▪ Vision Services This limit includes only Medicare-covered services.
2. Doctor and Hospital Choice **(For more information, see Emergency - #15 and Urgently Needed Care - #16.)**	You may go to any doctor, specialist or hospital that accepts Medicare.	**In-Network** You must go to network doctors, specialists, and hospitals. No referral required for network doctors, specialists, and hospitals.

Benefit	Original Medicare	MediBlue Essential (HMO)
Summary of Benefits		
Inpatient Care		
3. Inpatient Hospital Care **(includes Substance Abuse and Rehabilitation Services)**	In 2009 the amounts for each benefit period were: ▪ Days 1 - 60: $1,068 deductible ▪ Days 61 - 90: $267 per day ▪ Days 91 - 150: $534 per lifetime reserve day These amounts will change for 2010. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. 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.	**In-Network** For Medicare-covered hospital stays: ▪ Days 1 - 7: $250 copay per day ▪ Days 8 - 90: $0 copay per day $0 copay for additional hospital days No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
4. Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190-day lifetime limit in a psychiatric hospital.	**In-Network** For Medicare-covered hospital stays: ▪ Days 1 - 7: $250 copay per day ▪ Days 8 - 90: $0 copay per day Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: ▪ Days 1 - 7: $250 copay per day ▪ Days 8 - 60: $0 copay per day You get up to 190 days in a psychiatric hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Benefit	Original Medicare	MediBlue Essential (HMO)
5. Skilled Nursing Facility (SNF) **(in a Medicare-certified skilled nursing facility)**	In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: ▪ Days 1 - 20: $0 per day ▪ Days 21 - 100: $133.50 per day These amounts will change for 2010. 100 days for each benefit period. 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.	**General** Authorization rules may apply. **In-Network** For SNF stays: ▪ Days 1 - 100: $60 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required.
6. Home Health Care **(includes medically-necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)**	$0 copay.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered home health visits.
7. Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	**General** You must get care from a Medicare-certified hospice.
Outpatient Care		
8. Doctor Office Visits	20% coinsurance	**General** See "Physical Exams" for more information.

Benefit	Original Medicare	MediBlue Essential (HMO)
		In-Network $25 copay for each primary care doctor visit for Medicare-covered benefits. $35 copay for each in-area, network urgent care Medicare-covered visit. $35 copay for each specialist visit for Medicare-covered benefits.
9. Chiropractic Services	Routine care not covered 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.	**General** Authorization rules may apply. **In-Network** $35 copay for each Medicare-covered visit. 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.
10. Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	**In-Network** $35 copay for each Medicare-covered visit. $35 copay for up to one routine visit(s) every three months Medicare-covered podiatry benefits are for medically-necessary foot care.
11. Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	**General** Authorization rules may apply. **In-Network** $40 copay for each Medicare-covered individual or group therapy visit.
12. Outpatient Substance Abuse Care	20% coinsurance	**General** Authorization rules may apply. **In-Network** $40 copay for Medicare-covered individual or group visits.

Benefit	Original Medicare	MediBlue Essential (HMO)
13. Outpatient Services/ Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	**General** Authorization rules may apply. **In-Network** $300 copay for each Medicare-covered ambulatory surgical center visit. $35 to $300 copay for each Medicare-covered outpatient hospital facility visit.
14. Ambulance Services **(medically-necessary ambulance services)**	20% coinsurance	**General** Authorization rules may apply. **In-Network** $175 copay for Medicare-covered ambulance benefits.
15. Emergency Care **(You may go to any emergency room if you reasonably believe you need emergency care.)**	20% coinsurance for the doctor 20% of facility charge, or a set copay per emergency room visit You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	**General** $50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 72-hour(s) for the same condition, you pay $0 for the emergency room visit
16. Urgently Needed Care **(This is NOT emergency care, and in most cases, is out of the service area.)**	20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.	**General** $35 copay for Medicare-covered urgently needed care visits.
17. Outpatient Rehabilitation Services	20% coinsurance	**General** Authorization rules may apply. **In-Network** $35 to $50 copay for Medicare-covered

Benefit	Original Medicare	MediBlue Essential (HMO)
(Occupational Therapy, Physical Therapy, Speech and Language Therapy)		occupational therapy visits. $35 to $50 copay for Medicare-covered physical and/or speech/language therapy visits.
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.
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.
20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies **(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)**	20% coinsurance 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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	**In-Network** $0 copay for diabetes self-monitoring training. $0 copay for nutrition therapy for diabetes. 20% of the cost for diabetes supplies. Separate office visit cost sharing of $25 to $35 copay may apply.
21. Diagnostic Tests, X-Rays, Lab	20% coinsurance for diagnostic tests and X-rays	**General** Authorization rules may apply.

Benefit	Original Medicare	MediBlue Essential (HMO)
Services, and Radiology Services	$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 routine screening tests, like checking your cholesterol.	**In-Network** $0 copay for Medicare-covered: ▪ lab services ▪ diagnostic procedures and tests $35 to $105 copay for Medicare-covered X-rays. $35 to $105 copay for Medicare-covered diagnostic radiology services. 20% of the cost for Medicare-covered therapeutic radiology services. Separate office visit cost sharing of $25 to $35 may apply.

Preventive Services

22. Bone Mass Measurement **(for people with Medicare who are at risk)**	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	**In-Network** $0 copay for Medicare-covered bone mass measurement Separate office visit cost sharing of $25 to $35 may apply.
23. Colorectal Screening Exam **(for people with Medicare age 50 and older)**	20% coinsurance Covered when you are high risk or when you are age 50 and older.	**In-Network** $0 copay for Medicare-covered colorectal screenings. Separate office visit cost sharing of $25 to $35 may apply.
24. Immunizations **(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, pneumonia vaccine)**	$0 copay for flu and pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.	**In-Network** $0 copay for flu and pneumonia vaccines. $0 copay for Hepatitis B vaccine. No referral needed for flu and pneumonia vaccines.

Benefit	Original Medicare	MediBlue Essential (HMO)
25. Mammograms (Annual Screenings) **(for women with Medicare age 40 and older)**	20% coinsurance No referral needed. 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.	**In-Network** $0 copay for Medicare-covered screening mammograms. Separate office visit cost sharing of $25 to $35 may apply.
26. Pap Smears and Pelvic Exams **(for women with Medicare)**	$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for pelvic exams	**In-Network** $0 copay for Medicare-covered Pap smears and pelvic exams ▪ up to one additional Pap smear(s) and pelvic exam(s) every year Separate office visit cost sharing of $25 to $35 may apply.
27. Prostate Cancer Screening Exams **(for men with Medicare age 50 and older)**	20% coinsurance for the digital rectal exam. $0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	**In-Network** $0 copay for Medicare-covered prostate cancer screening Separate office visit cost sharing of $25 to $35 may apply.
28. End-Stage Renal Disease	20% coinsurance for renal dialysis 20% coinsurance for nutrition therapy for end-stage renal disease 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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	**In-Network** 10% of the cost for renal dialysis $0 copay for nutrition therapy for end-stage renal disease
29. Prescription Drugs	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	***Drugs Covered Under Medicare Part B*** **General** Most drugs not covered.

Benefit	Original Medicare	MediBlue Essential (HMO)
	Medicare Advantage plan or a Medicare Cost plan that offers prescription drug coverage.	20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. ***Drugs Covered Under Medicare Part D*** **General** This plan does not offer prescription drug coverage.
30. Dental Services	Preventive dental services (such as cleaning) not covered.	**In-Network** $0 copay for Medicare-covered dental benefits $0 copay for the following preventive dental benefits: ▪ up to one oral exam(s) every year ▪ up to two cleaning(s) every year ▪ up to one dental x-ray(s) every year
31. Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	**In-Network** $0 copay for Medicare-covered diagnostic hearing exams $0 copay for ▪ up to one routine hearing test(s) every year ▪ up to one fitting-evaluation(s) for a hearing aid every year $0 copay for up to two hearing aid(s) every three years. $1,000 limit for hearing aids every three years.
32. Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	**In-Network** $0 copay for ▪ one pair of eyeglasses or contact lenses after cataract surgery ▪ up to one pair(s) of glasses every two years ▪ up to one pair(s) of contacts every two years

Benefit	Original Medicare	MediBlue Essential (HMO)
		$35 copay for exams to diagnose and treat diseases and conditions of the eye. $20 copay for up to one routine eye exam(s) every year $100 limit for eye glasses (lenses and frames) every two years. $80 limit for contact lenses every two years. Plan offers additional vision benefits.
33. Physical Exams	20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	**In-Network** $0 copay for routine exams. Limited to 1 exam(s) every year.
Health/ Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	**In-Network** The plan covers the following health/wellness education benefits: ▪ health club membership/fitness classes ▪ nursing hotline $0 copay for each Medicare-covered smoking cessation counseling session.
Transportation **(Routine)**	Not covered.	**In-Network** This plan does not cover routine transportation.
Acupuncture	Not covered.	**In-Network** This plan does not cover acupuncture.