



2019

EXCLUSIVE CARE

SUMMARY OF COVERED BENEFITS

Select Medicare Eligible Supplement Plan



Summary Table of Benefits – Select Medicare Supplement Plan	
PLAN REIMBURSEMENT METHOD	<p>Medicare is billed first and after Medicare pays, the Plan is billed for any remaining amount.</p> <p>The Plan pays your Coinsurance or Copay amount for Covered Services, which, when combined with Medicare’s payment, usually equates to 100% coverage, for services received from a provider who accepts Medicare Assignment.</p> <p>You may be held financially responsible for the difference between Medicare’s Approved Amount and the provider’s actual charge, where the provider does not accept Medicare Assignment.</p>
DEDUCTIBLE - Individual	You pay the annual Medicare Part B Deductible before the Plan pays for Covered Services
DEDUCTIBLE - Family	Each Medicare-eligible Member pays the annual Medicare Part B Deductible
PRE-EXISTING CONDITION	Fully Covered
OUT-OF-POCKET MAXIMUM	Does Not Apply
LIFETIME MAXIMUM BENEFIT	None
OUTPATIENT/OFFICE VISIT	Coverage Level
Physician Office Visit	Plan pays 20% Coinsurance (Medicare pays 80%), after Member fulfills annual Medicare Part B Deductible
Diagnostic Laboratory Test	Plan pays 20% Coinsurance (Medicare pays 80%). after Member fulfills annual Medicare Part B Deductible
Diagnostic X-ray or Other Diagnostic Test (not performed in Hospital Outpatient)	Plan pays 20% Coinsurance (Medicare pays 80%), after Member fulfills annual Medicare Part B Deductible
Preventative screening and immunizations services	Plan pays any coinsurance amounts not to exceed 100% of Medicare Allowed amount. Any preventative, screening, immunizations and any additional preventative services approved by Medicare

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Well Baby Care	Not Covered (not covered by Medicare)
Vision Exam (routine eye exam)	Plan pays 20% Coinsurance (Medicare pays 80%), after Member fulfills annual Medicare Part B Deductible

Pregnancy and Maternity Care	Coverage Level
Prenatal and Postnatal Care Normal Delivery, Cesarean Section Complications of Pregnancy and Medical Services, Hospital and Other Related Services	Not Covered (not covered by Medicare)

Outpatient Prescription Drugs	Coverage Level
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**Prescription Drug Coverage is administered by
the Plan's Pharmacy Benefit Manager (PBM)**

Participating Retail Pharmacy (up to a 30-day supply)	<p style="text-align: center;">Generic Drugs: \$15 Copay Brand Name Formulary Drugs: \$25 Copay Brand Name Non-Formulary Drugs: \$40 Copay</p> <p style="text-align: center;">Significant or new therapeutic class drugs: 50% Coinsurance</p> <p style="text-align: center;">Member with Diabetes and Members who use Anti-Hyperlipidemic and antihypertensive drugs receive additional benefits as described in "Other Benefits."</p> <p style="text-align: center;">If you use Exclusive Care's Rubidoux Pharmacy you can receive up to 3 months (90 days) of medication for only 2 Copays (saving you 1 Copay)</p>
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Outpatient Prescription Drugs	Coverage Level
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<p>Exclusive Care Rubidoux Mail-Order pharmacy (up to a 90-day supply)</p> 	<p style="text-align: center;">Generic drugs: \$30 copayment Brand Name Preferred drugs: \$50 copayment Brand Name Non-Preferred drugs: \$80 copayment</p> <p style="text-align: center;">Significant or new therapeutic class drugs: 50% copayment</p> <p style="text-align: center;"><i>Mail-order is available for MAINTENANCE MEDICATIONS after the first 30-day pre- scription trial</i></p> <p style="text-align: center;">Please review the Summary Plan description for more details about maintenance medications.</p> <p style="text-align: center;">Members with Diabetes and Members who use Anti-Hyperlipidemic and antihypertensive drugs receive additional benefits as described in "Other Benefits."</p>
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Hospital & Emergency Room	Coverage Level
Ambulance (as Medically Necessary)	Plan pays 20% Coinsurance (Medicare pays 80%), after Member fulfills annual Medicare Part B Deductible
Ambulatory Surgical Center	Plan pays 20% Coinsurance (Medicare pays 80%), after Member fulfills annual Medicare Part B Deductible
Physician Hospital Visits	Plan pays 20% Coinsurance (Medicare pays 80%), after Member fulfills annual Medicare Part B Deductible
Inpatient Hospital Services	<p>Days 1 – 60: Plan pays annual Part A Medicare Deductible</p> <p>Days 61 – 90: Plan pays additional Medicare daily Copay amount</p> <p>Days 91 and beyond: Plan pays additional Medicare daily Copay amount while Member using 60 Medicare Lifetime Reserve Days</p> <p>After 60 Medicare Lifetime Reserve Days exhausted: Plan pays 100%; up to 365 days/lifetime maximum; no Benefit paid after 365 days exhausted</p>
Outpatient Hospital Services (including Diagnostic X-Ray or Other Test)	Plan pays Copay amount (Medicare requires set Copay amount based on specific test/service provided; this will not exceed Part A Deductible amount for any one item), after Member fulfills annual Medicare Part B Deductible
Hospital Emergency Room	Plan pays Copay amount (Medicare requires set Copay amount for visit) after Member fulfills annual Medicare Part B Deductible
Hospital Emergency Room – Physician Services	Plan pays 20% Coinsurance (Medicare pays 80%), after Member fulfills annual Medicare Part B Deductible
Mental Health Treatment	Coverage Level
Inpatient Care	<p>Days 1 – 60: Plan pays annual Part A Medicare Deductible</p> <p>Days 61 – 90: Plan pays additional Medicare daily Copay amount</p> <p>Days 91 – 150: Plan pays additional Medicare daily Copay amount while Member using 60 Medicare Lifetime Reserve Days</p> <p>After 60 Medicare Lifetime Reserve Days exhausted: Plan pays 100% up to 190 days lifetime maximum; no Benefit paid after 190 days exhausted (combined with Substance Abuse lifetime maximum)</p>

Outpatient Care (for Diagnosis or Medication Monitoring only)	Plan pays 20% Coinsurance (Medicare pays 80%), after Member fulfills annual Medicare Part B Deductible
Outpatient Care	Plan pays 45% Coinsurance (Medicare pays 55%) after Member fulfills annual Medicare Part B Deductible; maximum 30 visits/Calendar Year
Substance Abuse Treatment	Coverage Level
Inpatient Care	<p>Days 1 – 60: Plan pays annual Part A Medicare Deductible</p> <p>Days 61 – 90: Plan pays additional Medicare daily Copay amount</p> <p>Days 91 – 150: Plan pays additional Medicare daily Copay amount while Member using 60 Medicare Lifetime Reserve Days</p> <p>After 60 Medicare Lifetime Reserve Days exhausted: Plan pays 100% of Medicare Approved Amount;</p> <p>Plan pays 100% of Medicare Approved Amount; up to 190 days lifetime maximum; no Benefit paid after 190 days exhausted (combined with Mental Health</p>
Outpatient Care (for Diagnosis or Medication Monitoring only)	Plan pays 20% Coinsurance (Medicare pays 80%), after Member fulfills annual Medicare Part B Deductible
Outpatient Care	Plan pays 45% Coinsurance (Medicare pays 55%), after Member fulfills annual Medicare Part B Deductible
Other Benefits	Coverage Level
Skilled Nursing Facility (As Medically Necessary)	<p>Days 1 – 20: The Plan pays initial Part A annual Medicare Deductible</p> <p>Days 21 - 100: Plan pays Medicare daily Copay amount</p> <p>Day 101 and beyond: Not Covered</p>
Allergy Testing & Treatment	Plan pays 20% Coinsurance (Medicare pays 80%) after Member fulfills annual Medicare Part B Deductible.
Blood	Plan pays for the first three units of un replaced blood after Member fulfills annual Medicare Part B Deductible (not covered by Medicare)

<p>Combined Audiological Exam & Hearing Aid Benefit</p> <p>Audiological Examination</p> <p>Hearing Aid Instrument</p>	<p>Plan pays a <u>combined</u> Benefit based on the amounts listed below, up to \$3,000 every 36 months;</p> <p>Plan pays 20% Coinsurance (Medicare pays 80%) after Member fulfills annual Medicare Part B Deductible;</p> <p>Plan pays up to \$3,000</p>
<p>Members taking Anti-Hyperlipidemic and antihypertensive Drugs</p>	<p>Pharmacy Copays are waived for all Generic and Preferred Brand Name Anti-Hyperlipidemic and antihypertensive drugs.</p>
<p>Members Requiring Diabetes Care</p>	<p>Pharmacy Copays are waived for all Generic and Brand Name Formulary injectable and oral Anti-Diabetic medications and Diabetic supplies (testing strips, syringes, etc.)</p>
<p>Durable Medical Equipment</p>	<p>Plan pays 20% Coinsurance (Medicare pays 80%) after Member fulfills annual Part B Deductible.</p>
<p>Home Health Care</p>	<p>Plan pays 20% Coinsurance (Medicare pays 80%), after Member fulfills annual Medicare Part B Deductible</p> <p>Injectable drugs to treat osteoporosis in women - up to 20% Coinsurance (Medicare pays 80%) after Member fulfills annual Part B Deductible.</p>
<p>Hospice and Respite Care</p>	<p>Plan pays 5% Coinsurance for Respite Care (Medicare pays 100% for Hospice, 95% for Respite Care)</p> <p>Plan pays \$5 Copay (Medicare pays the rest) for each Medicare approved prescription drug</p>
<p>Physical Speech , Occupational Therapy and Cardiac Therapy</p>	<p>Plan pays 20% Coinsurance (Medicare pays 80%) after Member fulfills annual Medicare Part B Deductible.</p>
<p>Chiropractic Care</p>	<p>Not Covered</p>

To learn more about what other services available to you, please visit our website at

www.exclusivecare.com