



**Cariten Senior Health
Advantage Plans
HMO
In-Network Benefits
2009**

Benefit	Advantage Plus	Advantage Elite
Premium	\$86	\$137
Maximum out-of-pocket limit	\$2,800	\$2,800
Doctor and Hospital Choice	In-network provider with no referral to most specialists	In-network provider with no referral to most specialists
Inpatient Hospital Care	100% coverage	100% coverage
Inpatient Mental Healthcare	\$100 copay	\$100 copay
Skilled Nursing Facility	100% covered or Days 1-20 100% covered Days 21-100 \$100 copay per day	100% covered or Days 1-20 100% covered Days 21-100 \$100 copay per day
Home Health Care	100% coverage	100% coverage
Hospice	100% coverage Medicare certified	100% coverage Medicare certified
Primary Care Office Visits	\$10 copay	\$10 copay
Specialist Office Visits	\$15 copay	\$15 copay
Chiropractic Services	\$20 copay	\$20 copay
Podiatry Services	\$20 copay	\$20 copay
Outpatient Mental Health	\$15 copay	\$15 copay
Outpatient Substance Abuse	\$15 copay	\$15 copay
Outpatient Surgery Facility	100% coverage	100% coverage
Ambulance Services	100% coverage	100% coverage
Emergency Care	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Urgently Needed Care	\$10 copay	\$10 copay
Outpatient Rehabilitation	\$20 copay	\$20 copay
Durable Medical Equipment	80% coverage	80% coverage
Prosthetic Devices	80% coverage	80% coverage
Diabetes Self-Monitoring Training	100% coverage	100% coverage
Diabetic Supplies	80% coverage	80% coverage
Diagnostic Tests, X-rays and Lab Services	100% coverage	100% coverage
Bone Mass Measurement	100% coverage	100% coverage
Colorectal Screening	100% coverage	100% coverage
Immunizations	100% coverage	100% coverage
Mammograms	100% coverage	100% coverage
Pap Smears and Pelvic Exams	100% coverage	100% coverage
Prostate Cancer Screening Exams	100% coverage	100% coverage
Hearing Services	- \$15 copay Medicare covered visits - \$15 copay annual routine exam	- \$15 copay Medicare covered visits - \$15 copay annual routine exam

Vision Services	<ul style="list-style-type: none"> - Routine Vision Exam \$15 copay annually - Hardware – One pair of glasses or contacts after each cataract surgery - \$100 allowance toward frames and lenses annually 	<ul style="list-style-type: none"> - Routine Vision Exam \$15 copay annually - Hardware – One pair of glasses or contacts after each cataract surgery - \$100 allowance toward frames and lenses annually
Routine Physical Exam	100% coverage	100% coverage
Transportation (routine)	100% coverage	100% coverage
Part B Drugs	<p>20% for Part B covered drugs</p> <p>20% per drug per treatment for Part B covered chemotherapy</p>	<p>20% for Part B covered drugs</p> <p>20% per drug per treatment for Part B covered chemotherapy</p>
Outpatient Prescriptions (retail or mail order)	<p>Part D drugs, you pay:</p> <ul style="list-style-type: none"> - \$100 annual deductible - \$9 copay generic – 30-day supply - \$28 copay preferred brand – 30-day supply - \$60 copay non-preferred brand– 30-day supply - 25% coinsurance for each biologicals and injectables – 30-day supply <p>After annual \$100 deductible, Cariten Senior Health will cover prescriptions up to \$2,700 including applicable member copays. Once total annual out-of-pocket prescription costs reach \$4,350 the member will pay \$2.40 or \$6 copay or 5% coinsurance, whichever is greater.</p>	<p>Part D drugs, you pay:</p> <ul style="list-style-type: none"> - \$100 annual deductible - \$10 copay generic – 30-day supply - \$35 copay preferred brand – 30-day supply - \$60 copay non-preferred brand – 30-day supply - 25% coinsurance for each biologicals and injectables – 30-day supply <p>After annual \$100 deductible, Cariten Senior Health will cover prescriptions up to \$2,700 including applicable member copays. After \$2,700, copays for generics will be \$10 Member will bear full cost of all other drugs. Once total annual out-of-pocket prescription costs reach \$4,350 the member will pay \$2.40 or \$6 copay or 5% coinsurance, whichever is greater.</p>

Cariten Senior Health is a Medicare Advantage Plan with a Medicare contract. Anyone with Medicare may apply. You must be enrolled in Medicare Part B, remain entitled to Medicare Part A and continue to pay your Medicare premiums. You must also live in the Service Area and may not have End Stage Renal Disease (ESRD). HMO members must use network providers for routine care. Limitations and restrictions may apply. Refer to the Cariten Senior Health Summary of Benefits or Evidence of Coverage for more details regarding benefits.

For more information about this plan, please call Cariten Senior Health Sales seven days a week from 8 a.m. to 8 p.m. at 865-670-7780 or 888-285-2599 (TTY/TTD 800-396-2150). Visit our Web site at www.caritensiorhealth.com.