

	2010 Medicare	Secure Horizons
<b>Amount deducted from your Social Security check for Medicare part B and D each month.</b>	\$96.40	96.40
<b>Additional Monthly Premium:</b>		\$0
<b>Prescription Drug:</b>		\$0
	Varies depending on the drug plan provider you choose.	You are automatically enrolled in the Secure Horizons Drug Plan.
	You are responsible for choosing a drug plan and enrolling yourself in that plan.	
<b>Deductible</b>	\$135/Year.	\$0.00
<b>Primary Care Office Visit Copayment</b>	20% of Medicare allowed amount	\$10 co-pay
<b>Specialist Office Visit Copayment</b>	20% of Medicare allowed amount	\$30 co-pay      Referral Required
<b>Emergency Care</b>	You pay 20% of Medicare allowed amount for all services provided.	\$50 co-pay
	No coverage outside the USA.	Worldwide coverage. If you are admitted to the hospital within 24 hours for the same condition you pay \$0 for the emergency room visit

<b>Inpatient Hospital Copayment</b>	\$1,024 deductible for <b>each</b> stay, then: \$0 per day days 1-60 then: \$256 per day days 61-90 then: \$512 per day days 91-150	\$125 per day days 1-6 \$0 co-pay thereafter
(per hospital stay)	<b>You pay 100% of Medicare allowed amount for days 151-365.</b>	No limit on the number of days covered by the plan each benefit period
<b>Inpatient Mental Health</b>	<b>Plus 20%</b> of the Medicare allowable amount for the physician's fees, anesthesia fees, radiology and laboratory services provided during your stay.	Days 1-6: \$125 co-pay per day Days 7-90: \$0 co-pay per day
	<b>Plus</b> all costs for the first 3 points of blood. Then 20% of the Medicare approved amount for add'l pints of blood.	You get up to 190 days in a Psychiatric Hospital in a lifetime
<b>Outpatient Surgery and Outpatient Hospital Services Copayment (per outpatient surgery facility visit)</b>	You pay 20% of Medicare allowed amount for each outpatient facility visit.	\$125 co-pay includes hospital services
	<b>Plus</b> 20% of Medicare covered amount for the physician's services.	
	<b>Plus</b> all costs for the first 3 points of blood. Then 20% of the Medicare approved amount for add'l pints of blood.	
<b>Ambulance Copayment</b>	20% of Medicare allowed amount.	\$150 co-pay
<b>Diagnostic Tests, X-Rays, and Lab Services</b>	20% coinsurance for diagnostic tests and x-rays	\$10 co-pay for Medicare covered lab services



<b>Gap Coverage</b>		The plan covers many generics (65%-99% of formulary drugs) and few brands (less than 10% of formulary brands) through the coverage gap
<b>Skilled Nursing Facility</b>	For each benefit period after at least a 3-day covered hospital stay: Days 1 - 20: <b>\$0</b> per day Days 21 - 100: <b>\$133.50</b> per day  100 days for each benefit period.	For Medicare SNF stays: Days 1-14: \$0 co-pay per day Days 15-100: \$105 per day  100 days for each benefit period No prior hospital stay is required
<b>Home Health</b>	\$0 copay	\$0 co-pay for each Medicare covered home health visit

<b>Durable Medical Supplies</b>	20% coinsurance	20% coinsurance
<b>Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</b>	20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances	\$40 co-pay for Medicare covered urgently needed care visits
<b>Immunizations</b>	\$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.	\$0 co-pay for Flu and Pneumonia vaccines No referral needed for Flu and Pneumonia vaccines \$0 co-pay for Hepatitis B vaccine
<b>Outpatient Rehabilitation Services</b>	20% Coinsurance	In Network: \$0-\$30 co-pay for Medicare covered Occupational Therapy visits \$0-\$30 co-pay for Medicare covered Physical and/or Speech/Language Therapy visits
<b>Hearing Services</b>	Routine hearing exams and hearing aids not covered.	\$0 co-pay for annual hearing test

	20% coinsurance for diagnostic hearing exams.	\$300 hearing aid(s) allowance every 2 years at a \$0 co-pay
<b>Vision Services</b>	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.	\$0 co-pay for routine exams; 1 exam(s) every year \$30 co-pay for coverage up to \$70 every 2 years toward eyeglasses; or for \$105 every 2 years towards contact lenses
<b>Additional Benefits Dental</b>	Preventive dental services are not covered benefits	In general preventive dental benefits (such as cleaning) are not covered \$30 co-pay for Medicare covered dental benefits
<b>Health/Wellness Education/Fitness</b>	Smoking cessation: Covered if ordered by your doctor. Includes 2 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 4 face-to-face visits. You pay coinsurance, and Part B deductible applies.	Written education materials, including Newsletters Health Club membership/Fitness Classes Nursing HotLine \$0 co-pay for each Medicare covered smoking cessation counseling session