

 WINDSOR  
Medicare*Extra*



## Summary of Benefits

Comp Plus Plan (HMO)  
Comprehensive Plan (HMO)



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## Introduction to Summary of Benefits

Thank you for your interest in Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO). Our plan is offered by WINDSOR HEALTH PLAN, INC./Windsor Medicare Extra, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (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 Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) 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 Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (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 WINDSOR MEDICARE EXTRA COMP PLUS PLAN (HMO) AND WINDSOR MEDICARE EXTRA COMPREHENSIVE PLAN (HMO) AVAILABLE?

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

### WHO IS ELIGIBLE TO JOIN WINDSOR MEDICARE EXTRA COMP PLUS PLAN (HMO) AND WINDSOR MEDICARE EXTRA COMPREHENSIVE PLAN (HMO)?

You can join Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) if you

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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 generally are not eligible to enroll in Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call plan to see if you are eligible to join.

## **CAN I CHOOSE MY DOCTORS?**

Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (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.windsorextra.com](http://www.windsorextra.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 Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) nor the Original Medicare Plan will pay for these services.

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

Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.windsorextra.com](http://www.windsorextra.com). Our customer service number is listed at the end of this introduction.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.windsorextra.com](http://www.windsorextra.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our

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formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

\* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week

\* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

\* Your State Medicaid Office.

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

As a member of Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (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, Alabama: AQAF, 205-970-1600; Arkansas: Arkansas Foundation for Medical Care, 501-375-5700; Mississippi: Information & Quality Healthcare, 601-957-1575; South Carolina: The Carolinas Center for Medical Excellence, 803-251-2215; Tennessee: QSource, 800-528-2655.

As a member of Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

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## WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) for more details.

## 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](http://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 (800)-316-2273 to obtain a copy of the plan ratings for this plan. TTY users call (866)-460-7617.

## 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 Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (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.**

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Please call Windsor Medicare Extra for more information about Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO).

Visit us at [www.windsorextra.com](http://www.windsorextra.com) or, call us:

## **Customer Service Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 7:00 a.m. - 8:00 p.m. Central

Current members should call toll-free (800)-316-2273 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-460-7617 )

Prospective members should call toll-free (866)-448-8313 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-460-7617 )

Current members should call locally (615)-782-7878 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-460-7617)

Prospective members should call locally (866)-448-8313 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-460-7617 )

Current members should call toll-free (800)-316-2273 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866)-460-7617 )

Prospective members should call toll-free (866)-448-8313 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866)-460-7617 )

Current members should call locally (615)-782-7878 for questions related to the Medicare Part D Prescription Drug program.

Prospective members should call locally (866)-448-8313 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866)-460-7617 )

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](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

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| Benefit   | Original Medicare  | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)   |
|---|--|--|
| <b>IMPORTANT INFORMATION</b>  |  |  |
| <p><b>1. Premium and Other Important Information</b></p>  | <p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>Most Medicare beneficiaries will continue to pay the same \$0 or \$96.40 Part B premium amount in 2010 and the yearly deductible amount is \$0 or \$155.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> | <p><b>General</b></p> <p>Depending on where you live, you pay \$0 to \$30.70 each month for your plan benefits in addition to your monthly Medicare Part B premium.</p> <p>Please refer to the Premium Table located after this section to find out what the premium is in your area.</p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p> |
| <p><b>2. Doctor and Hospital Choice</b><br/>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p> | <p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>   | <p><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p>   |

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| Benefit   | Original Medicare  | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)   |
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| <b>INPATIENT CARE</b>   |  |  |
| <p><b>3. Inpatient Hospital Care</b><br/>(includes Substance Abuse and Rehabilitation Services)</p> | <p>In 2010 the amounts for each benefit period,<br/>\$0 or:<br/>Days 1 - 60: \$1,100 deductible*<br/>Days 61 - 90: \$275 per day*<br/>Days 91 - 150: \$550 per lifetime reserve day*<br/>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.<br/>Lifetime reserve days can only be used once.<br/>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><b>In-Network</b><br/>In 2010 the amounts for each benefit period,<br/>\$0 or:<br/>Days 1 - 60: \$1,100 deductible*<br/>Days 61 - 90: \$275 per day*<br/>Days 91 - 150: \$550 per lifetime reserve day*<br/>You will not be charged additional cost sharing for professional services.<br/>Plan covers 90 days each benefit period.<br/>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |
| <p><b>4. Inpatient Mental Health Care</b></p>   | <p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).<br/>190 day lifetime limit in a Psychiatric Hospital.</p>   | <p><b>In-Network</b><br/>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care”)<br/>You get up to 190 days in a Psychiatric Hospital in a lifetime.<br/>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>  |

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| Benefit  | Original Medicare  | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)  |
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| <p><b>5. Skilled Nursing Facility (SNF)</b><br/>(in a Medicare-certified skilled nursing facility)</p>   | <p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <p>Days 1 - 20: \$0 per day*</p> <p>Days 21 - 100: \$0 or \$137.50 per day*</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><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <p>\$0 or:</p> <p>Days 1 - 20: \$0 per day*</p> <p>Days 21 - 100: \$137.50 per day*</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> |
| <p><b>6. Home Health Care</b><br/>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p> | <p>\$0 copay.</p>  | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>\$0 copay for Medicare-covered home health visits.*</p>   |
| <p><b>7. Hospice</b></p>   | <p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>  | <p><b>General</b><br/>You must get care from a Medicare-certified hospice.</p>  |

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| Benefit                                  | Original Medicare  | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)   |
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| <b>OUTPATIENT CARE</b>                   |  |  |
| <b>8. Doctor Office Visits</b>           | 0% or 20% coinsurance  | <p><b>General</b><br/>See “Physical Exams,” for more information.</p> <p><b>In-Network</b><br/>0% or 20% of the cost for each primary care doctor visit for Medicare-covered benefits.*</p> <p>0% or 20% of the cost for each in-area, network urgent care Medicare-covered visit.*</p> <p>0% or 20% of the cost for each specialist visit for Medicare-covered benefits.*</p> |
| <b>9. Chiropractic Services</b>          | <p>Routine care not covered.</p> <p>0% or 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><b>In-Network</b><br/>0% or 20% of the cost 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>  |
| <b>10. Podiatry Services</b>             | <p>Routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>  | <p><b>In-Network</b><br/>0% or 20% of the cost for each Medicare-covered visit.*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>  |
| <b>11. Outpatient Mental Health Care</b> | 0% or 45% coinsurance for most outpatient mental health services.  | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>0% or 40% of the cost for each Medicare-covered individual or group therapy visit.*</p>  |

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| <b>12. Outpatient Substance Abuse Care</b>   | 0% or 20% coinsurance   | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>0% or 20% of the cost for Medicare-covered individual or group visits.*</p>  |
| <b>13. Outpatient Services/ Surgery</b>  | <p>0% or 20% coinsurance for the doctor</p> <p>0% or 20% of outpatient facility charges</p>   | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit.*</p> <p>0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit.*</p>   |
| <b>14. Ambulance Services</b><br>(medically necessary ambulance services)  | 0% or 20% coinsurance   | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>0% or 20% of the cost for Medicare-covered ambulance benefits.*</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>   |
| <b>15. Emergency Care</b><br>(You may go to any emergency room if you reasonably believe you need emergency care.) | <p>0% or 20% coinsurance for the doctor General</p> <p>0% or 20% of facility charge</p> <p>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.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p> | <p><b>General</b><br/>0% or 20% of the cost (up to \$50) for Medicare-covered emergency room visits*</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> |

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| Benefit  | Original Medicare  | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)  |
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| <p><b>16. Urgently Needed Care</b><br/>(This is NOT emergency care, and in most cases, is out of the service area.)</p>        | <p>0% or 20% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p> | <p><b>General</b><br/>0% or 20% of the cost for Medicare-covered urgently needed care visits.*</p>  |
| <p><b>17. Outpatient Rehabilitation Services</b><br/>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p> | <p>0% or 20% coinsurance</p>   | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>0% or 20% of the cost for Medicare-covered Occupational Therapy visits.*</p> <p>0% or 20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits.*</p> |
| <b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>  |  |   |
| <p><b>18. Durable Medical Equipment</b><br/>(includes wheelchairs, oxygen, etc.)</p>   | <p>0% or 20% coinsurance</p>   | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>0% or 20% of the cost for Medicare-covered items.*</p>  |

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| <b>19. Prosthetic Devices</b><br>(includes braces, artificial limbs and eyes, etc.)  | 0% or 20% coinsurance  | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>0% or 20% of the cost for Medicare-covered items.*  |
| <b>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b><br>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training) | 0% or 20% coinsurance<br><br>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.   | <b>In-Network</b><br>0% or 20% of the cost for Diabetes self-monitoring training.*<br><br>0% or 20% of the cost for Nutrition Therapy for Diabetes . *<br><br>0% or 20% of the cost for Diabetes supplies.*  |
| <b>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>  | 0% or 20% coinsurance for diagnostic tests and x-rays<br><br>\$0 copay for Medicare-covered lab services<br><br>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. | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>0% of the cost for Medicare-covered lab services.*<br><br>0% or 20% of the cost for Medicare-covered diagnostic procedures and tests.*<br><br>0% or 20% of the cost for Medicare-covered X-rays.*<br><br>0% or 20% of the cost for Medicare-covered diagnostic radiology services.*<br><br>0% or 20% of the cost for Medicare-covered therapeutic radiology services.*<br><br>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.* |

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| <b>PREVENTIVE SERVICES</b>   |  |   |
| <b>22. Bone Mass Measurement</b><br>(for people with Medicare who are at risk)   | 0% or 20% coinsurance<br><br>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.  | <b>In-Network</b><br>0% or 20% of the cost for Medicare-covered bone mass measurement.*<br><br>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.*  |
| <b>23. Colorectal Screening Exams</b><br>(for people with Medicare age 50 and older)   | 0% or 20% coinsurance<br><br>Covered when you are high risk or when you are age 50 and older.  | <b>In-Network</b><br>0% or 20% of the cost for Medicare-covered colorectal screenings.*<br><br>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.*  |
| <b>24. Immunizations</b><br>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine) | \$0 copay for Flu and Pneumonia vaccines<br><br>0% or 20% coinsurance for Hepatitis B vaccine<br><br>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. | <b>In-Network</b><br>\$0 copay for Flu and Pneumonia vaccines.<br><br>No referral needed for Flu and pneumonia vaccines.<br><br>0% or 20% of the cost for Hepatitis B vaccine.*   |
| <b>25. Mammograms (Annual Screening)</b><br>(for women with Medicare age 40 and older)                                       | 0% or 20% coinsurance<br><br>No referral needed.<br><br>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.    | <b>In-Network</b><br>0% or 20% of the cost for Medicare-covered screening mammograms.*<br><br>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.*   |
| <b>26. Pap Smears and Pelvic Exams</b><br>(for women with Medicare)  | \$0 copay for Pap smears<br><br>Covered once every 2 years. Covered once a year for women with Medicare at high risk.<br><br>0% or 20% coinsurance for Pelvic Exams  | <b>In-Network</b><br>0% or 0% of the cost for Medicare-covered pap smears.*<br><br>0% or 20% of the cost for Medicare-covered pelvic exams.*<br><br>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.* |

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|--|--|---|
| <p><b>27. Prostate Cancer Screening Exams</b><br/>(for men with Medicare age 50 and older)</p> | <p>0% or 20% coinsurance for the digital rectal exam.<br/>\$0 for the PSA test; 0% or 20% coinsurance for other related services.<br/>Covered once a year for all men with Medicare over age 50.</p>   | <p><b>In-Network</b><br/>0% or 20% of the cost for Medicare-covered prostate cancer screening.*<br/><br/>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.*</p>  |
| <p><b>28. End-Stage Renal Disease</b></p>  | <p>0% or 20% coinsurance for renal dialysis<br/>0% or 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease<br/><br/>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.</p> | <p><b>In-Network</b><br/>0% or 20% of the cost for renal dialysis*<br/><br/>0% or 20% of the cost for Nutrition Therapy for End-Stage Renal Disease.*</p>   |
| <p><b>29. Prescription Drugs</b></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 Cost Plan that offers prescription drug coverage.</p>   | <p><b>Drugs covered under Medicare Part B General</b><br/>\$0 yearly deductible for Part B-covered drugs.*<br/><br/>0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*<br/><br/><b>Drugs covered under Medicare Part D General</b><br/>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.windsorextra.com">www.windsorextra.com</a> on the web.</p> |

# Section II

| Benefit                                     | Original Medicare | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)  |
|---|-------------------|---|
| <p><b>29. Prescription Drugs, cont.</b></p> |                   | <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>-have limited incomes,</li> <li>-live in long term care facilities, or</li> <li>-have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website,</p> |

# Section II

| Benefit                                     | Original Medicare | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)  |
|---|-------------------|---|
| <p><b>29. Prescription Drugs, cont.</b></p> |                   | <p>formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p><b>In-Network</b><br/>You pay a \$0 yearly deductible.</p> <p><b>Initial Coverage</b><br/>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay or</li> <li>• A \$1.10 copay or</li> <li>• A \$2.50 copay</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay or</li> <li>• A \$3.30 copay or</li> <li>• A \$6.30 copay.</li> </ul> <p><b>Retail Pharmacy</b><br/>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>- one-month (30-day) supply</li> <li>- three-month (90-day) supply</li> </ul> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> |

# Section II

| Benefit                                     | Original Medicare | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)   |
|---|-------------------|--|
| <p><b>29. Prescription Drugs, cont.</b></p> |                   | <p><b>Long Term Care Pharmacy</b><br/>You can get drugs the following way(s):<br/>- one-month (31-day) supply</p> <p><b>Mail Order</b><br/>You can get drugs the following way(s):<br/>- one-month (30-day) supply<br/><br/>- three-month (90-day) supply</p> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Catastrophic Coverage</b><br/>After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 copay.</p> <p><b>Out-of-Network</b><br/>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO).</p> <p>You can get drugs the following way:<br/>- one-month (30-day) supply</p> <p><b>Out-of-Network Initial Coverage</b><br/>Depending on your income and institutional status, you will be reimbursed by Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO) up to the full cost of the drug minus the following:</p> |

# Section II

| Benefit                                     | Original Medicare | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)  |
|---|-------------------|---|
| <p><b>29. Prescription Drugs, cont.</b></p> |                   | <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay or</li> <li>• A \$1.10 copay or</li> <li>• A \$2.50 copay</li> </ul> <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay or</li> <li>• A \$3.30 copay or</li> <li>• A \$6.30 copay.</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b><br/>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p> |

# Section II

| Benefit                     | Original Medicare   | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)   |
|-----------------------------|---|--|
| <b>30. Dental Services</b>  | Preventive dental services (such as cleaning) not covered.  | <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered dental benefits.*</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- up to 2 oral exam(s) every year</li> <li>- up to 2 cleaning(s) every year</li> <li>- up to 1 dental x-ray(s) every year</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p> <p>\$650 limit for dental benefits every year</p>   |
| <b>31. Hearing Services</b> | <p>Routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>   | <p><b>In-Network</b></p> <p>\$0 copay for hearing aids.</p> <ul style="list-style-type: none"> <li>- 0% or 20% of the cost for Medicare-covered diagnostic hearing exams*</li> <li>- \$10 copay for up to 1 routine hearing test(s) every year</li> </ul> <p>\$500 limit for hearing aids every year.</p>  |
| <b>32. Vision Services</b>  | <p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>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><b>In-Network</b></p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery *</li> <li>- glasses</li> <li>- contacts</li> <li>- lenses</li> <li>- frames</li> </ul> <p>- 0% or 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.*</p> <p>- \$10 copay for up to 1 routine eye exam(s) every year</p> <p>\$200 limit for eye wear every year.</p> <p>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.*</p> |

## Section II

| Benefit                            | Original Medicare   | Comp Plus Plan (HMO)<br>Comprehensive Plan (HMO)   |
|------------------------------------|---|--|
| <b>33. Physical Exams</b>          | <p>0% or 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage</p> <p>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.</p>  | <p><b>In-Network</b><br/>\$0 copay for routine exams.</p> <p>\$0 copay for Medicare-covered benefits.*</p> <p>Limited to 1 exam(s) every year.</p> <p>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.*</p>  |
| <b>Health/Wellness Education</b>   | <p>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.</p> | <p><b>General</b><br/>Please visit our plan website to see our list of covered Over-the-Counter items.</p> <p>OTC items may be purchased only for the enrollee.</p> <p>Please contact the plan for specific instructions for using this benefit.</p> <p><b>In-Network</b><br/>0% or 20% of the cost for each Medicare-covered smoking cessation counseling session.*</p> |
| <b>Transportation</b><br>(Routine) | Not covered.  | <p><b>In-Network</b><br/>\$0 copay for up to 40 one-way trip(s) to plan-approved location every year.</p>  |
| <b>Acupuncture</b>                 | Not covered.  | <p><b>In-Network</b><br/>This plan does not cover Acupuncture.</p>   |

## PREMIUM TABLE - COUNTY LEVEL

To determine your coverage area and monthly plan premium, please follow the directions listed below.

1. Find your low income subsidy label listed above each grid.
2. Locate your county in the next column on the grid.
3. Look under the column with your plan name at the top of the page, and your premium will be listed.



If you are:

### **FULL Dual, QMB, QMB Plus, SLMB Plus**

| County  | Comp Plus Plan (HMO) | Comprehensive Plan (HMO) |
|---|----------------------|--------------------------|
| Blount, Jefferson, Mobile, Shelby, St. Clair, Talladega, Walker | \$30.70 (122)        |                          |
| Jefferson   |                      | \$30.70 (003)            |



If you are:

### **SLMB, SMB, QDWI, SSI, QI, QI1**

| County    | Comprehensive Plan (HMO) |
|-----------|--------------------------|
| Jefferson | \$30.70 (003)            |

## Section III

*NOTE: Some of the benefits described in this section are not applicable to every plan in this booklet. When a benefit does not apply to all plans, the plans that do have the benefit are specifically noted. In addition to this booklet, you may also refer to your “Evidence of Coverage” for more details on the benefits covered under your plan or you can call Customer Service.*

### THE MANY EXTRAS FROM WINDSOR MEDICARE EXTRA

All Windsor Medicare Extra plans are developed with your health in mind. We work hard to include many benefits that make it easier and more affordable for you to be as healthy as possible. This section explains more about how to get the health care services available in your plan and it provides more information about some of the extra benefits available to you. Please refer to your “Evidence of Coverage” for more information about your plan benefits and services.

### PHYSICIAN OF CHOICE (POC) FROM THE WINDSOR MEDICARE EXTRA NETWORK

As a member of Windsor Medicare Extra, you receive quality care from health care providers in your area. To help coordinate your health care needs, choose a network provider (see below for more information about network providers) to be your POC. With a few exceptions, your POC may be almost any provider from our provider directory who you feel is primarily responsible for your care and treatment. For example, your POC may be a primary care physician who provides your routine care, a specialist physician who treats a particular condition you have, any provider who is associated with a medical clinic in our network, or a nurse practitioner. Choosing a POC does not mean this is the only medical doctor or health care provider you are allowed to see. You may choose to see any of the other primary care or specialist providers in our plan network at any time without a referral from your POC.

If there is a particular doctor or other type of provider you want to list as your POC, first make sure the individual is listed in the

provider directory. Since we continually add physicians to our network, you may also want to access the provider information on our website. You may also call Customer Service to ask about your provider or to get help in selecting a POC that is accepting new patients. You should choose a POC when you enroll by placing his/her name on your enrollment application. You may change your POC at any time by completing a POC request form or by calling Customer Service.

### REFERRALS

As a member of Windsor Medicare Extra, you are not required to get referrals for treatment by your POC or other network providers. You may choose to see any provider in our plan network at any time. To find out if a particular provider is in our plan network, consult your provider directory, search our website, or call Customer Service.

### NETWORK PROVIDERS

To receive coverage for medically necessary services, you must (in most instances) receive those services from Windsor Medicare Extra network providers. Network providers contract with us to provide health care services to Windsor Medicare Extra members and follow our plan rules. Our network providers are trained to handle all of your health care needs. You do not need a referral to seek care from specialists in the plan network. If you can't get the care you need from a network provider, your POC will work with Windsor Medicare Extra to request a referral to a non-network provider.

If you go to a non-network provider without preauthorization, you are responsible for paying any charges. Neither Windsor Medicare

## Section III

Extra nor Original Medicare will pay for these services. The only exceptions are:

- Emergency services
- Urgently needed services
- Out-of-area, renal dialysis services

### CARE MANAGEMENT

If you are living with a serious illness and/or a chronic medical condition such as Diabetes or a Mental Health condition, specially-trained nurses or other health care professionals may be assigned to help you manage your care. These individuals will partner with you to help with your health care needs. Assistance is typically provided through a care coordination program that includes telephone education and monitoring.

The Windsor Medicare Extra Care Management professionals are available by telephone at 1-800-316-2273 (TTY: 1-866-460-7617) and fax at 1-615-782-7822, Monday – Friday, 8 a.m. - 5 p.m. Central Time.

If you are a part of the Windsor Medicare Extra Care Management Program, you will receive periodic educational materials in the mail in addition to regular telephone calls. This communication between you and your Windsor Medicare Extra health care professional does not replace the care you receive from your doctor(s), but is in addition to that care.

### EMERGENCY CARE

Windsor Medicare Extra will cover you for emergency care anywhere! A “medical emergency” is when you believe your health is in serious danger. A medical emergency includes severe pain, a bad injury, a sudden illness, or a medical condition that quickly gets much worse.

If you are having a medical emergency, get medical help as soon as possible. Call 911 or go to the nearest hospital, physician’s office, or emergency facility. You do not need a referral or authorization. Windsor Medicare Extra will pay for all medically necessary emergency services. We do ask that you contact your POC as soon as possible so follow-up care can be provided.

Please make sure we know about your emergency because we need to be involved in following up on your care. You or someone you designate should tell us about your emergency care by calling Customer Service within 48 hours.

### FORMULARY POLICY

Windsor Medicare Extra’s formulary is a list of prescription drugs included in your coverage. A committee of physicians chooses and approves the drugs on this formulary based on how safe and effective they are and how much they cost.

We may change our formulary during the year. Formulary changes may affect which drugs are covered and how much you pay when filling your prescription. The kinds of formulary changes we may make include:

- Adding or removing drugs from the formulary
- Adding prior authorizations, quantity limits, and/or step-therapy restrictions on a drug
- Moving a drug to a lower or higher tier

*NOTE: When a drug is removed from our formulary, every effort is made to notify all affected members at least 60 days before the change becomes effective.*

A Windsor Medicare Extra network provider should write or order your prescriptions. In addition, you must fill your prescriptions at Windsor Medicare Extra network pharmacies or through our

## Section III

mail-order pharmacy service. Some non-formulary and formulary drugs are covered only if your doctor gets approval from Windsor Medicare Extra before prescribing the drug (this is called “prior authorization”).

### HOW MUCH DO YOU PAY WHEN YOU FILL A PRESCRIPTION?

We want to help you manage your prescription-drug costs. The cost of your prescriptions will vary depending on the plan you select, the type of drug prescribed (generic or brand name), and whether you qualify for additional financial help.

To better understand the cost of prescription drugs, please see Section 2 of this booklet.

### OUTPATIENT PRESCRIPTION DRUG BENEFIT EXCLUSIONS AND LIMITATIONS

Certain categories of prescription drugs are specifically excluded from the prescription drug benefit. Listed below are some types of excluded drugs (this is not a complete list of all excluded drugs).

- Drugs used to treat anorexia, weight loss or weight gain
- Drugs used to promote fertilization
- Drugs used for cosmetic purposes or hair growth
- Prescription vitamins and mineral products except prenatal vitamins and fluoride preparations
- Non-prescription drugs (except for brand and generic forms of Prilosec OTC)
- Experimental drugs
- Drugs that must be purchased exclusively from the manufacturer as a condition of sale
- Barbiturates

- Benzodiazepines
- Treatment of sexual or erectile dysfunction

There are also certain prescription drugs that our formulary doesn't cover, or that require pre-authorization. Please refer to your “Evidence of Coverage” or contact Customer Service for more information about the outpatient prescription drug benefit and any limitations that may apply.

### MEDICAL VISION BENEFITS

Windsor Medicare Extra covers all eye exams that diagnose and treat diseases and conditions of the eye, as covered by Medicare. For this type of medical care, you must see an eye care specialist physician (ophthalmologist) who is a network provider, but you do not need a referral. Do not see a provider listed in the Routine Vision section of the provider directory for these services.

Diabetic eye exams are considered medical eye exams, and you must see a network eye specialist (no referral necessary).

You are also covered for one pair of eyeglasses or contact lenses after each cataract surgery, as covered by Medicare. There is no copayment for Medicare-covered eye wear, but frame enhancements and lens enhancements are not covered.

### ROUTINE VISION BENEFITS

Your Windsor Medicare Extra plans offer routine vision benefits in addition to medical vision benefits. As a Windsor Medicare Extra member, you are covered for one routine eye exam (refraction) every year. You may pay a copayment for each routine eye exam. See Section 2 of this booklet for more details.

When you need a routine eye exam, you can go to any network ophthalmologist listed in the specialist section of the provider directory who performs these services OR any network optometrist

## Section III

listed in the Routine Vision section of the provider directory, both without a referral. If your routine eye exam shows that you need other medical treatment or tests, you must see a network eye specialist (ophthalmologist).

The Windsor Medicare Extra Comp Plus Plan (HMO) and the Windsor Medicare Extra Comprehensive Plan (HMO) also cover routine eye wear, up to one pair of glasses (frames and lenses) and one pair of contacts every year up to the plan's dollar limit, which may be different depending on your plan. The costs of routine eye wear exceeding the plan's annual dollar limit are your responsibility. You must get your eye wear from a network provider listed in the Routine Vision section of the provider directory. Please see Section 2 of this booklet for more details.

### ROUTINE HEARING BENEFITS

As a member of the Windsor Medicare Extra Comp Plus Plan (HMO) and Windsor Medicare Extra Comprehensive Plan (HMO), you are covered for one routine hearing exam every year. You will pay a copayment for each routine hearing exam. Please see Section 2 of this booklet for more details.

### DENTAL BENEFITS

You may receive the following preventive dental services each year at no cost. You must receive all dental services from providers in the Windsor Medicare Extra network.

- 2 Oral exams
- 2 Cleanings
- 1 Set of bitewing X-rays
- 4 fillings or extractions

### **ALL SERVICES MUST BE RECEIVED FROM NETWORK**

**PROVIDERS.** Please see Section 2 of this booklet for more details about your dental benefits or call Customer Service if you have questions.

### TRANSPORTATION

If you are a member of the Windsor Medicare Extra Comp Plus Plan (HMO) or the Windsor Medicare Extra Comprehensive Plan (HMO) and you need medical care but have limited access to transportation, you can get transportation assistance. Whether you need help getting to your doctor, to a hospital, or even to the pharmacy, Windsor Medicare Extra can help. Scheduling your transportation needs is easy, just call Customer Service.

The number of trips is limited. Please refer to Section 2 of this booklet for more details, or call Customer Service if you have questions about this benefit.

### POST-CARE NUTRITIONAL THERAPY

If you have recently stayed in a hospital or had certain surgical procedures, you may qualify for Windsor Medicare Extra's home-delivery meal program. As long as you meet specific medical criteria, this benefit covers the home delivery of one meal per day, up to 100 meals annually at no cost to you.

This benefit requires prior authorization from Windsor Medicare Extra and a prescription from your doctor. Please review your "Evidence of Coverage" document to see if you qualify or call Customer Service for more information.

### MEDICAL ALERT SYSTEM

As a member of Windsor Medicare Extra, you have access to a Medical Alert System. We want to help you feel more confident and secure while living alone. To do this, we offer a Medical Alert System benefit that can provide you access to help in emergency situations.

The medical alert device features a medical alarm button that instantly connects you to the 24-hour monitoring center in case of emergency.

## Section III

In addition, you can set up an emergency notification plan to inform family or caregivers of your emergency. To qualify for this benefit, you must meet one of these criteria:

- You live alone, spend part of the day by yourself, or live with a family member that is unable to respond to an urgent situation;
- You have concerns about your balance or falling;
- You have a medical condition for which urgent care might be required such as heart disease, lung disease, diabetes, seizures, or severe arthritis (in addition to other medical conditions not listed).

Please call Customer Service for more information about this benefit.

### OVER-THE-COUNTER (OTC) NON-PRESCRIPTION DRUG BENEFIT

Each quarter Windsor Medicare Extra will provide you with a benefit to purchase qualifying over-the-counter (OTC) non-prescription drugs and health related products. This enables you to buy the items you need everyday, without the hassles. You can use this benefit for items like pain pills, denture care products, cold medicines, smoking cessation products and so much more.

When you join the plan, you will receive an OTC health and wellness product catalog plus an order form in the mail. You may order your products via the mail, or you can order by telephone or the Internet. Complete ordering instructions will be provided when you receive your catalog.

The products available to you are determined by CMS. You may review a complete list of covered OTC products on the web at [www.WindsorExtra.com/otc](http://www.WindsorExtra.com/otc).

### OUR GOALS FOR YOUR HEALTH

Windsor Medicare Extra wants to help you be as healthy as possible. As a member of our plan, you have a wide range of medical and prescription-drug benefits. You also have access to extra benefits that support your overall health and well-being. If you have any questions or concerns about your plan or your benefits, please call Customer Service for assistance.

### Customer Service

1-800-316-2273, TTY:1-866-460-7617

7 a.m. to 8 p.m. Central Time, 7 days a week

# Section IV

## ADDITIONAL INFORMATION FOR MEMBERS WHO HAVE MEDICARE AND MEDICAID

If you qualify for both Medicare and Medicaid, you are called a dual eligible. This means that you may receive healthcare benefits under both the federal Medicare program and your state's Medicaid program. The Medicare benefits you are eligible to receive as a member of Windsor Medicare Extra are located in Section 2 and Section 3 of this booklet.

In addition to Medicare, there are different types of benefits you may also be eligible to receive from Medicaid based on your income and resources. You may be eligible for full Medicaid healthcare benefits, Medicaid may pay your Medicare Part A and/or Part B premiums, and Medicaid may pay for some of the costs when you receive healthcare services under Medicare so that you do not have to pay anything. There are several different Medicaid benefit categories and each one has different types of Medicaid benefits. The state of Alabama and Windsor Medicare Extra have agreed to work together to cover certain healthcare services for Medicaid members who are in the Medicaid categories listed below:

- FBDE (Full Benefit Dual Eligible)
- QMB (Qualified Medicare Beneficiary)
- QMB Plus (Qualified Medicare Beneficiary Plus)
- SLMB Plus (Specified Low Income Medicare Beneficiary Plus)

**If you qualify for one of these categories, you will pay \$0 for the Medicare-covered services listed in Sections 2 and 3 of this booklet, except for the costs of Part D prescription drugs. The amounts you pay for Part D prescription drugs depend on your level of help from the federal government, not from Medicaid.**

The chart below tells you about **some** of the healthcare benefits that are covered by both Windsor Medicare Extra and your state's Medicaid program if you qualify for full Medicaid benefits. This chart **does not list all of your Medicaid benefits or tell you whether Medicaid will pay your Medicare Part A or B premiums** so you should refer to your Medicaid information for a full listing. As long as you are a member of our plan, you should not receive any bills from your healthcare provider for any Medicare-covered healthcare services you receive. If you receive a bill for a Medicare-covered service, you should not pay it until you talk to us. If you have questions about your Medicaid benefits you should contact your state's Medicaid agency.

Windsor Medicare Extra does not determine whether you are eligible for Medicaid benefits in your state. If you don't know if you are eligible for Medicaid or if you don't know which Medicaid benefit category you are in, you should contact your state Medicaid agency. Your Medicaid benefits may change during the year depending on your income and resources but as long as you are a member of our plan, you will be eligible to receive all of the services listed in Sections 2 and 3 of this booklet whether you are eligible for Medicaid or not.

# Section IV

| Benefit Category                    | Alabama Medicaid  | Windsor Medicare Extra Comprehensive and Comp Plus Plans  |
|-------------------------------------|---|---|
| <b>Inpatient Hospital*</b>          | \$50.00 copay for each admission. Sixteen (16) inpatient hospital days per calendar year. Coverage is for a semiprivate room.   | Days 1-60: \$1,100 deductible<br>Days 61-90: \$275 per day<br>Days 91-150: \$550 per day<br><i>See Inpatient Hospital Care on page 7 for details.</i>   |
| <b>Inpatient Psychiatric</b>        | \$0 copay - Under 21 years of age - Pays for medically necessary services in a psychiatric hospital.  | Days 1-60: \$1,100 deductible<br>Days 61-90: \$275 per day<br>Days 91-150: \$550 per day<br>(190-day lifetime limit in psychiatric hospital)<br><i>See Inpatient Mental Health Care on page 7 for details.</i>  |
| <b>Home Health Services</b>         | \$0 copay - Provides for certain medical services in your home if you have an illness, disability, or injury that keeps you from leaving home without special equipment or the help of another person.  | \$0 copay<br><i>See Home Health Care on page 8 for details.</i>   |
| <b>Nursing Home Care Services</b>   | \$0 copay - Pays for nursing home room and board, medicines prescribed by a doctor and fourteen (14) visits from a doctor per calendar year while the recipient is in a nursing home. Also pays for long term care for mentally retarded persons.   | Days 1-20: \$0 per day<br>Days 21-100: \$137.50 per day<br>(100 day limit for each benefit period)<br><i>See Skilled Nursing Facility (SNF) on page 8 for details.</i>  |
| <b>Outpatient Services/Surgery*</b> | \$3.00 copay per visit - Three (3) non emergency visits per calendar year. No limit on outpatient hospital visits for lab work, x-ray services, radiation treatment, or chemotherapy only. Three (3) outpatient surgical procedures per calendar year if the surgeries are done in an Ambulatory Surgical Center. | 0% or 20% coinsurance for Medicare-covered visit at an ambulatory or hospital facility.<br>0% or 20% coinsurance for Medicare-covered outpatient services.<br><i>See the Outpatient Care section on page 10 and the Diagnostic Tests, X-Rays, Lab Services and Radiology Services section on page 12 for categorical details.</i> |

\*Represents benefits that do not require copayment in certain circumstances per Medicaid publication (pregnancy, under 18 years of age, in a nursing home, or receiving family planning services).

# Section IV

| Benefit Category  | Alabama Medicaid  | Windsor Medicare Extra Comprehensive and Comp Plus Plans   |
|---|---|--|
| <b>Non Emergency Transportation/Ambulance</b>                           | \$0 copay - Vouchers are issued only if recipients have no other way to get to their appointments without obvious hardship. Ambulance transportation only when medically necessary (medical necessity is determined by a set of guidelines and is related to the condition of the patient at the time of transport)   | \$0.00 copay (40 one-way trips/benefit year) to plan approved locations.<br>See <i>Transportation</i> on page 20 for details.<br>See <i>Ambulance Services</i> on page 10 for details. |
| <b>Renal Dialysis Treatments</b>  | \$0 copay -156 outpatient dialysis treatments per calendar year for recipients with kidney failure.   | 0% or 20% of the cost.<br>See <i>End-Stage Renal Disease</i> on page 14 for details.   |
| <b>Medical Equipment*</b>   | \$.50 to \$3.00 per item.   | 0% or 20% coinsurance<br>See <i>Durable Medical Equipment</i> on page 11 for details.  |
| <b>Physician, Physician Assistant, and Nurse Practitioner Services*</b> | \$1.00 copay per visit - Fourteen (14) doctor visits per calendar year. These include visits to the doctor's office, emergency room (unless it is certified emergency), health care clinics and centers   | 0% or 20% coinsurance for each office visit, Primary Care or Specialist<br>See <i>Doctor Office Visits</i> on page 9 for details.  |
| <b>Outpatient Mental Health Services</b>                                | \$0 copay - Pays for treatment of people diagnosed with mental illness or substance abuse. These services do not count against regular doctor's office visits.  | 0% or 40% coinsurance<br>See <i>Outpatient Mental Health Care</i> on page 9 for details.   |
| <b>Prescription Drugs</b>   | Medicare has excluded certain drugs from their coverage. Alabama Medicaid will continue to cover these excluded drugs for dual eligibles. It is important to note Alabama Medicaid will continue to cover only the drugs in the Medicare-excluded classes for dual eligibles that are covered for other recipients; in addition, any Medicaid restrictions, edits or overrides on these will apply. | Your Pharmacy Services benefit will vary by your level of assistance. See <i>Prescription Drugs</i> on pages 14-18 for details.  |

\*Represents benefits that do not require copayment in certain circumstances per Medicaid publication (pregnancy, under 18 years of age, in a nursing home, or receiving family planning services).

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