



Summary of Benefits

Effective January 1, 2009 – December 31, 2009

Evercare[®] Health Plan for People with Specific
Long Term Illnesses (Evercare[®] Plan MP)

H3812-007

Oregon: Clackamas, Lane, Multnomah, and Washington
Counties.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Evercare® Plan MP. Our plan is offered by UNITED HEALTHCARE INSURANCE COMPANY/Evercare Health Plans, a Medicare Advantage Preferred Provider Organization (PPO) Special Needs Plan. This plan enrolls a greater number of people who meet criteria as special needs individuals.

Cost sharing in this summary of benefits may vary based on your level of Medicaid eligibility.

If you have been diagnosed with COPD: Asthma, COPD: Chronic bronchitis, COPD: Emphysema, CVD: Cardiac Arrhythmia, CVD: Chronic Heart Failure, CVD: Coronary Artery Disease, CVD: Hypertension, CVD: Peripheral Vascular Disease, Endocrine/Metabolic: Diabetes, Neurologic Disorders: Dementia, Immune Disorders: Rheumatoid Arthritis, you may elect to join this plan as a special needs individual.

Please call Evercare Plan MP 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 Evercare Plan MP 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 Evercare Plan MP. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you have one or more of the listed diseases you may enroll in the plan at any time but you may only leave the plan at certain times. Please call Evercare Plan MP at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY 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 Evercare Plan MP 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 EVERCARE PLAN MP AVAILABLE?

The service area for this plan includes: Clackamas, Lane, Multnomah, and Washington Counties, OR. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN EVERCARE PLAN MP?

You can join Evercare Plan MP 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 not eligible to enroll in Evercare Plan MP unless they are members of our organization and have been since their dialysis began.

If you have been diagnosed by your doctor with COPD: Asthma, COPD: Chronic bronchitis, COPD: Emphysema, CVD: Cardiac Arrhythmia, CVD: Chronic Heart Failure, CVD: Coronary Artery Disease, CVD: Hypertension, CVD: Peripheral Vascular Disease, Endocrine/Metabolic: Diabetes, Neurologic Disorders: Dementia, Immune Disorders: Rheumatoid Arthritis, you may elect to join this plan as a special needs individual. Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Evercare Plan MP has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside 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.EvercareHealthPlans.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?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or

Introduction (continued)

out of network. For more information, please call the customer service number at the end of this introduction.

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

Evercare Plan MP 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?

Evercare Plan MP 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 http://evercarehealthplans.com/prescription_drug_coverage.jsp. Our customer service number is listed at the end of this introduction.

Evercare Plan MP has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Evercare Plan MP 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 http://evercarehealthplans.com/prescription_drug_coverage.jsp. 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 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 PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Evercare Plan MP, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

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 Evercare Plan MP, 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 Evercare Plan MP for more details.

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 Evercare Plan MP 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 alpha 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.

Introduction (continued)

**Please call Evercare Health Plans for more information about
Evercare Plan MP**

Visit us at www.EvercareHealthPlans.com or, call us
Customer Service Hours

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

Current members should call toll-free 1-877-702-5110 for questions related to the Medicare Advantage Program.
(TTY/TDD: 711)

Current members should call locally 1-877-702-5110 for questions related to the Medicare Advantage Program.
(TTY/TDD: 711)

Prospective members should call toll-free 1-888-834-3721 for questions related to the Medicare Advantage Program.
(TTY/TDD: 711)

Prospective members should call locally 1-888-834-3721 for questions related to the Medicare Advantage Program.
(TTY/TDD: 711)

Current members should call toll-free 1-877-702-5110 for questions related to the Medicare Part D Prescription Drug Program.
(TTY/TDD: 711)

Current members should call locally 1-877-702-5110 for questions related to the Medicare Part D Prescription Drug Program.
(TTY/TDD: 711)

Prospective members should call toll-free 1-888-834-3721 for questions related to the Medicare Part D Prescription Drug Program.
(TTY/TDD: 711)

Prospective members should call locally 1-888-834-3721 for questions related to the Medicare Part D Prescription Drug Program.
(TTY/TDD: 711)

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 Evercare Health Plans for details.

Summary of Benefits

Section II

Benefit	Original Medicare	Evercare Plan MP
IMPORTANT INFORMATION		
<p>1. Premium and Other Important Information</p>	<p>In 2008 the monthly Part B Premium was \$96.40 and will change for 2009 and the yearly Part B deductible amount was \$135 and will change for 2009.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$2,900 in-network out-of-pocket limit. Not all plan services are covered under the out-of-pocket limit. Contact plan for a detailed list of non-covered services.</p>
<p>2. Doctor and Hospital Choice (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>In-Network No referral required for network doctors, specialists, and hospitals.</p>
INPATIENT CARE		
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2008 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> • Days 1 - 60: \$1024 deductible • Days 61 - 90: \$256 per day • Days 91 - 150: \$512 per lifetime reserve day <p>These amounts will change for 2009. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>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. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network For Medicare-covered hospital stays: Days 1 - 13: \$225 copay per day Days 14 - 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.</p> <p>Out-of-Network 30% of the cost for each hospital stay.</p>

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Benefit	Original Medicare	Evercare Plan MP
<p>4. Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network</p> <p>For hospital stays:</p> <p>Days 1 - 13: \$225 copay per day</p> <p>Days 14 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Out-of-Network</p> <p>30% of the cost for each hospital stay.</p>
<p>5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day • Days 21 - 100: \$128 per day <p>These amounts will change for 2009.</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. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>In 2008 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day • Days 21 - 100: \$128 per day <p>These amounts will change for 2009.</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>Out-of-Network</p> <p>30% of the cost for each SNF stay.</p>
<p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network</p> <p>30% for home health visits.</p>
<p>7. Hospice</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>General</p> <p>You must get care from a Medicare-certified hospice.</p>

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Benefit	Original Medicare	Evercare Plan MP
OUTPATIENT CARE		
8. Doctor Office Visits	20% coinsurance	<p>General See "Physical Exams," for more information.</p> <p>In-Network \$5 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each in-area, network urgent care Medicare-covered visit. \$25 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network 30% for each specialist visit. \$0 to \$25 copay or 0% to 30% of the cost for each primary care doctor visit.</p>
9. Chiropractic Services	<p>Routine care not covered</p> <p>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>In-Network \$25 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p>Out-of-Network 30% of the cost for chiropractic benefits.</p>
10. Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network \$25 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network 30% of the cost for podiatry benefits.</p>
11. Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services.	<p>In-Network \$20 copay for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network 30% of the cost for Mental Health benefits. 30% of the cost for Mental Health benefits with a psychiatrist.</p>

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Benefit	Original Medicare	Evercare Plan MP
12. Outpatient Substance Abuse Care	20% coinsurance	In-Network \$15 copay for Medicare-covered individual or group visits. Out-of-Network 30% of the cost for outpatient substance abuse benefits.
13. Outpatient Services/ Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	In-Network \$75 copay for each Medicare-covered ambulatory surgical center visit. \$75 copay for each Medicare-covered outpatient hospital facility visit. Out-of-Network 30% of the cost for ambulatory surgical center benefits. 30% of the cost for outpatient hospital facility benefits.
14. Ambulance Services (medically necessary ambulance services)	20% coinsurance	In-Network \$75 copay for Medicare-covered ambulance benefits. Out-of-Network 30% of the cost for 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 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.	In-Network \$50 copay for Medicare-covered emergency room visits. Out-of-Network Worldwide coverage. In and Out-of-Network If you are admitted to the hospital within 24-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 NOT covered outside the U.S. except under limited circumstances.	General \$25 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.

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Benefit	Original Medicare	Evercare Plan MP
<p>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>In-Network \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. Out-of-Network 30% of the cost for Occupational Therapy benefits. 30% of the cost for Physical and/or Speech/Language Therapy visits.</p>
<p>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</p>		
<p>18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>In-Network 0% to 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for durable medical equipment.</p>
<p>19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p>	<p>In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for prosthetic devices.</p>
<p>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>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.</p>	<p>In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies. Out-of-Network 30% of the cost for Diabetes self-monitoring training. 30% of the cost for Nutrition Therapy for Diabetes. 30% of the cost for Diabetes supplies.</p>

If you have any questions about this plan's benefits or costs, please contact Evercare Health Plans for details.

Benefit	Original Medicare	Evercare Plan MP
<p>21. Diagnostic Tests, X-Rays, and Lab Services</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>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.</p>	<p>In-Network</p> <p>\$5 copay for Medicare-covered lab services.</p> <p>\$0 to \$20 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$15 copay for Medicare-covered X-rays.</p> <p>\$75 copay for Medicare-covered diagnostic radiology services.</p> <p>\$75 copay for Medicare-covered therapeutic radiology services.</p> <p>Out-of-Network</p> <p>30% of the cost for diagnostic procedures, tests, and lab services.</p> <p>30% of the cost for therapeutic radiology services</p> <p>30% of the cost for outpatient x-rays.</p> <p>30% of the cost for diagnostic radiology services</p>
<p>PREVENTIVE SERVICES</p>		
<p>22. Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered bone mass measurement</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered bone mass measurement.</p>
<p>23. Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered colorectal screenings.</p> <p>Out-of-Network</p> <p>30% of the cost for colorectal screenings.</p>

If you have any questions about this plan's benefits or costs, please contact Evercare Health Plans for details.

Benefit	Original Medicare	Evercare Plan MP
<p>24. Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network</p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>Out-of-Network</p> <p>30% of the cost for immunizations.</p>
<p>25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance</p> <p>No referral needed.</p> <p>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.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered screening mammograms.</p> <p>Out-of-Network</p> <p>30% of the cost for screening mammograms.</p>
<p>26. Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 copay for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>Out-of-Network</p> <p>30% of the cost for pap smears and pelvic exams.</p>
<p>27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p> <p>Out-of-Network</p> <p>30% of the cost for prostate cancer screening.</p>
<p>28. End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>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>In-Network</p> <p>20% of the cost for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p> <p>Out-of-Network</p> <p>30% of the cost for Nutrition Therapy for End-Stage Renal Disease.</p> <p>20% of the cost for renal dialysis.</p>

If you have any questions about this plan's benefits or costs, please contact Evercare Health Plans for details.

Benefit	Original Medicare	Evercare Plan MP
<p>29. Prescription Drugs</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>Drugs covered under Medicare Part B General</p> <p>20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.EvercareHealthPlans.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). <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 both you and the plan.</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 Evercare Plan MP for certain drugs.</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, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>

If you have any questions about this plan's benefits or costs, please contact Evercare Health Plans for details.

Benefit	Original Medicare	Evercare Plan MP
		<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>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs in this tier • \$15 copay for a three-month (90-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$37 copay for a one-month (31-day) supply of drugs in this tier • \$111 copay for a three-month (90-day) supply of drugs in this tier <p>Non Preferred</p> <ul style="list-style-type: none"> • \$71 copay for a one-month (31-day) supply of drugs in this tier • \$213 copay for a three-month (90-day) supply of drugs in this tier <p>Specialty</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Long Term Care Pharmacy</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$37 copay for a one-month (31-day) supply of drugs in this tier <p>Non Preferred</p> <ul style="list-style-type: none"> • \$71 copay for a one-month (31-day) supply of drugs in this tier <p>Specialty</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier

If you have any questions about this plan's benefits or costs, please contact Evercare Health Plans for details.

Benefit	Original Medicare	Evercare Plan MP
		<p>Mail Order</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> • \$10 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$101 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$111 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Non Preferred</p> <ul style="list-style-type: none"> • \$203 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$213 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Specialty</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or • 5% coinsurance.

If you have any questions about this plan's benefits or costs, please contact Evercare Health Plans for details.

Benefit	Original Medicare	Evercare Plan MP
		<p>Out-of-Network</p> <p>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 Evercare Plan MP.</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$37 copay for a one-month (31-day) supply of drugs in this tier <p>Non Preferred</p> <ul style="list-style-type: none"> • \$71 copay for a one-month (31-day) supply of drugs in this tier <p>Specialty</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Out-of-Network Coverage Gap</p> <p>After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Evercare Plan MP for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Evercare Plan MP so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

If you have any questions about this plan's benefits or costs, please contact Evercare Health Plans for details.

Benefit	Original Medicare	Evercare Plan MP
		<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> • A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or • 5% coinsurance.
<p>30. Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$25 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network</p> <p>30% of the cost for comprehensive dental benefits.</p>
<p>31. Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> • \$25 copay for Medicare-covered diagnostic hearing exams <p>Out-of-Network</p> <p>30% of the cost for hearing exams.</p>
<p>32. Vision Services</p>	<p>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>In-Network</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> • one pair of eyeglasses or contact lenses after cataract surgery • up to 1 pair(s) of glasses every two years • contacts • \$25 copay for exams to diagnose and treat diseases and conditions of the eye. • \$0 copay for up to 1 routine eye exam(s) every two years <p>\$70 limit for eye wear every two years.</p> <p>Out-of-Network</p> <p>30% of the cost for eye exams.</p>

If you have any questions about this plan's benefits or costs, please contact Evercare Health Plans for details.

Benefit	Original Medicare	Evercare Plan MP
33. Physical Exams	<p>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>In-Network</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>Out-of-Network</p> <p>30% of the cost for routine exams.</p>
Health/Wellness Education	<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>In-Network</p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Additional Smoking Cessation • Nursing Hotline • Other Wellness Benefits <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>Out-of-Network</p> <p>0% to 30% of the cost for Health and Wellness services.</p>
Transportation (Routine)	Not covered.	<p>In-Network</p> <p>\$0 copay for up to 24 one-way trip(s) to plan-approved location every year.</p> <p>Out-of-Network</p> <p>30% of the cost for transportation.</p>
Acupuncture	Not covered.	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>

This Plan is a Preferred Provider Organization (PPO) Plan

As a member of this Evercare PPO plan, you may receive covered services from physicians and other medical providers who are **not** contracted with UnitedHealthcare. You do not need a referral to receive covered services from non-network physicians and other medical providers. Visits to non-network physicians and other medical providers are covered services under this plan. However, by using contracted providers, you reduce your health care costs because the copayment and coinsurance amounts you pay to non-network providers are generally higher than the copayment and coinsurance amounts you pay to network providers for the same service. You may receive covered services from non-network medical providers anywhere in the United States.

Benefit Category	Evercare® Plan MP	
	In-Network (through a network medical provider)	Out-of-Network
Routine Eye Exam	You pay a \$0 copayment for a routine eye exam, limited to one eye exam every 2 years. Benefit is combined in-network and out-of-network.	You pay 30% coinsurance for a routine eye exam, limited to one eye exam every 2 years. Benefit is combined in-network and out-of-network.
Routine Eye Wear (Eyeglasses and Contact Lenses)	You are covered for either eyeglasses or contact lenses every two years. If you choose eyeglasses, you pay a \$0 copayment for single vision lenses, bifocal lenses or trifocal lenses and you are covered up to \$70 for eyeglass frames every two years. If you choose contact lenses, you are covered up to \$100 for contact lenses every two years. Benefit is combined in-network and out-of-network.	
Health Products Benefit (Evercare FirstLine Catalog)	As a part of your Evercare benefits, you will receive a \$20 credit quarterly (January, April, July and October) that will allow you to purchase personal healthcare items from Evercare's FirstLine Medical catalog. This catalog contains many personal healthcare items including products that provide relief for conditions such as decreased mobility and pain management. This quarterly credit may be carried over from month to month but must be used by December 31, 2009. Minimum order amounts may apply.	
Non-Medicare-Covered Medical Transportation (Non-Medicare-covered medical trips are limited to ground transportation only.)	You pay a \$0 copayment for up to 24 one way non-Medicare-covered medical trips each calendar year to or from plan approved locations such as network physicians, medical facilities and pharmacies. The total number of non-Medicare-covered medical trips is combined in-network and out-of-network.	You pay 30% coinsurance for up to 24 one way non-Medicare-covered medical trips each calendar year to or from plan approved locations such as network physicians, medical facilities and pharmacies. The total number of non-Medicare-covered medical trips is combined in-network and out-of-network.

Benefit Category	Evercare® Plan MP	Evercare® Plan MP
	In-Network (through a network medical provider)	Out-of-Network
Tobacco Cessation Program	<p>The program provides you with access to an advisor who assists you in making lifestyle behavior changes. The advisor will provide you with resources and telephonic support to achieve your goal. You have the choice to participate in the program telephonically or through print materials. If you choose to participate in the telephonic program, you will receive 3 outbound advising calls.</p> <p>You pay a \$0 copayment.</p>	

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This document is available in alternative formats. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. The plan's contract with CMS is renewed annually. Availability of coverage beyond the end of the current contract year is not guaranteed. The plan's prescription drug benefit is only available to enrollees of the Medicare Advantage with Prescription Drug plan (MA-PD). If you are already enrolled in an MA-PD plan, you must receive your Medicare Prescription Drug benefit through that plan.

