

## CVT Medicare PPO Supplemental Plans 2006 / 2007

BENEFIT	Your Medicare A & B Benefits	Medicare-1	Medicare-2
<b>MAJOR MEDICAL*</b>	<b>Deductible:</b> Part B - \$124 <b>Coinsurance:</b> Part B – 80% (Does not cover excess charges <sup>1</sup> )	<b>Deductible:</b> Does not cover Part B deductible <b>Coinsurance:</b> Pay for member's Part B coinsurance (Covers excess charges <sup>1</sup> at 80%)	<b>Deductible:</b> Does not cover Part B deductible <b>Coinsurance:</b> Pay for member's Part B coinsurance (Does not cover excess charges <sup>1</sup> )
<b>LIFETIME MAX PER PERSON</b>	None	None	None
<b>DOCTOR VISITS</b>	80% of Medicare-Approved amount	Covers member's Part B 20% coinsurance	Covers member's Part B 20% coinsurance
<b>ANNUAL PHYSICAL</b>	Not covered except one time preventive physical covered at 80%	Not covered except one time preventive physical covered at 100%	Not covered except one time preventive physical covered at 100%
<b>IMMUNIZATIONS</b>	Covers only flu, pneumococcal, and hepatitis B shots	Not Covered	Not Covered
<b>WELL WOMAN: PAP SMEAR/ MAMMOGRAM</b>	80% of Medicare-Approved amount	Covers member's Part B 20% coinsurance	Covers member's Part B 20% coinsurance
<b>OUTPATIENT X-RAY &amp; LAB</b>	80% of Medicare-Approved amount for diagnostic tests and x-rays / 100% of Medicare-Approved lab services	Covers member's Part B 20% coinsurance	Covers member's Part B 20% coinsurance
<b>PHYSICAL THERAPY</b>	80% of Medicare-Approved amount	Covers member's Part B 20% coinsurance	Covers member's Part B 20% coinsurance
<b>CHIROPRACTIC</b>	80% of Medicare-Approved amount Only to correct subluxation	Covers member's Part B 20% coinsurance	Covers member's Part B 20% coinsurance
<b>ACUPUNCTURE</b>	Not Covered	Not Covered	Not Covered
<b>FOREIGN TRAVEL EMERGENCY</b>	Not Covered	\$250 deductible then covered at 80% of the remaining emergency health care cost during first 60 days of each trip (\$50,000 Lifetime Max)	Not Covered
<b>RADIATION THERAPY, CHEMOTHERAPY &amp; SURGERY</b>	80% of Medicare-Approved amount	Covers member's Part B 20% coinsurance	Covers member's Part B 20% coinsurance
<b>DURABLE MEDICAL EQUIPMENT</b>	Varies by equipment	Covers member's Part B 20% coinsurance	Covers member's Part B 20% coinsurance

<b>Page 2</b>	<b>Your Medicare A &amp; B Benefits</b>	<b>Medicare-1</b>	<b>Medicare-2</b>
<b>HOSPITAL INPATIENT</b>	Deductible of \$952 for first 60 days Deductible of \$238 per day for 61 <sup>st</sup> through 90 <sup>th</sup> day Deductible of \$476 per day for next lifetime reserve days Not Covered after the 60 lifetime reserve days	Pays all deductible for days 1-150 Pays all costs above medical payments for additional 365 days per lifetime	Pays all deductible for days 1-150 Pays all costs above medical payments for additional 365 days per lifetime
<b>HOSPITAL EMERGENCY ROOM</b>	80% of Medicare-Approved amount; a copayment may apply	Covers member's Part B 20% coinsurance	Covers member's Part B 20% coinsurance
<b>HOME HEALTH CARE</b>	100% of Medicare-Approved amount	Eight additional weeks of at-home help after skilled care is no longer needed (Up to \$40 / visit and \$1,600 / year)	N/A (Paid 100% by Medicare)
<b>HOSPICE</b>	Paid at 100%	100% of Medicare-approved amount	N/A (Paid 100% by Medicare)
<b>SKILLED NURSING FACILITY</b>	100% of Medicare-Approved amount for the first 20 days Deductible of \$124 for 21 <sup>st</sup> through 100 <sup>th</sup> day Not covered after the 100 <sup>th</sup> day	Pays all the copays for first 100 days	Not Covered
<b>AMBULANCE-GROUND/AIR</b>	80% of Medicare-Approved amount	Covers member's Part B 20% coinsurance	Covers member's Part B 20% coinsurance
<b>MENTAL HEALTH - INPATIENT</b>	Deductible of \$952 for first 60 days Deductible of \$238 per day for 61 <sup>st</sup> through 90 <sup>th</sup> day Deductible of \$476 per day for the next 60 lifetime reserve days Not Covered after the 60 lifetime reserve days	Pays all deductible for days 1-150 Pays all costs above medical payments for additional 365 days per lifetime	Pays all deductible for days 1-150 Pays all costs above medical payments for additional 365 days per lifetime
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE PROFESSIONAL CHARGES (INPATIENT / OUTPATIENT)</b>	50% of Medicare-Approved amount	Covers member's Part B 20% coinsurance	Covers member's Part B 20% coinsurance
<b>SUBSTANCE ABUSE INPATIENT</b>	Deductible of \$952 first 60 days Deductible of \$238 per day for 61 <sup>st</sup> through 90 <sup>th</sup> day Deductible of \$476 per day for the next 60 lifetime reserve days Not Covered after the 60 lifetime reserve days	Pay nothing for first 150 days Covers costs above what Medicare would have paid for up to 365 more days of hospital stay during lifetime	Pay nothing for first 150 days Covers costs above what Medicare would have paid for up to 365 more days of hospital stay during lifetime
<b>BLOOD</b>	Medicare pays nothing for the first three pints of blood per calendar year.	Covers first three pints of blood per calendar year	Covers first three pints of blood per calendar year
<b>PRESCRIPTION DRUGS (CO-PAYMENTS)</b>	Not Covered	<u>Retail</u> \$7 Generic \$25 Prefd \$40 NonPref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Prefd \$90 NonPref (90-day supply)
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<sup>1</sup> Benefits subject to change