

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in HNE Medicare Plus (HMO). Our plan is offered by HEALTH NEW ENGLAND, INC., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call HNE Medicare Plus (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 HNE Medicare Plus (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call HNE Medicare Plus (HMO) at the telephone 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 HNE Medicare Plus (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 HNE Medicare Plus (HMO) AVAILABLE?

The service area for this plan includes: Franklin, Hampden, Hampshire Counties, MA. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN HNE Medicare Plus (HMO)?

You can join HNE Medicare Plus (HMO) 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 generally not eligible to enroll in HNE Medicare Plus (HMO) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

HNE Medicare Plus (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.hne.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 HNE Medicare Plus (HMO) nor the Original Medicare Plan will pay for these services.

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

HNE Medicare Plus (HMO) plan options with prescription drug coverage do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

HNE Medicare Plus with No Rx (HMO) does cover Medicare Part B prescription drugs. HNE Medicare Plus with No Rx (HMO) does not cover Medicare Part D prescription drugs.

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

HNE Medicare Plus (HMO) plan options with prescription drug coverage have 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.hne.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

HNE Medicare Plus (HMO) plan options with prescription drug coverage use 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.hne.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 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?

For HNE Medicare Plus (HMO) plan options with prescription drug coverage, 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 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of HNE Medicare Plus with Rx Enhanced (HMO), HNE Medicare Plus with Rx (HMO), HNE Medicare Plus with No Rx (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, Masspro 1-781-890-0011.

As a member of HNE Medicare Plus with Rx Enhanced (HMO), HNE Medicare Plus with Rx (HMO), plan options with prescription drug coverage, 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.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer to members of HNE Medicare Plus (HMO) plan options with prescription drug coverage. 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 HNE Medicare Plus (HMO) 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 HNE Medicare Plus (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.

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 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 1-877-443-3314 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-439-2370.

Please call Health New England, Inc. for more information about HNE Medicare Plus (HMO).

Visit us at www.hne.com or, call us:

Customer Service Hours:

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

Current and Prospective members should call toll-free 1-877-443-3314 for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug program. (TTY/TDD 1-800-439-2370).

Current and Prospective members should call locally 1-413-787-0010 for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug program. (TTY/TDD 1-800-439-2370).

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 Health New England, Inc. for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare
IMPORTANT INFORMATION	
<p>1 - Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</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>

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>General \$ 93 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,400 out-of-pocket limit. All plan services included.</p>	<p>General \$75 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,400 out-of-pocket limit. All plan services included.</p>	<p>General \$35 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,400 out-of-pocket limit. All plan services included.</p>
<p>In-Network You must go to network doctors, specialists, and hospitals. No referral required for network doctors, specialists, and hospitals.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals. No referral required for network doctors, specialists, and hospitals.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals. No referral required for network doctors, specialists, and hospitals.</p>

Benefit	Original Medicare
SUMMARY OF BENEFITS	
INPATIENT CARE	
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were: Days 1 - 60: \$1068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day ese amounts will change for 2010.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. 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. You must pay the inpatient hospital deductible for each benefit period. ere is no limit to the number of benefit periods you can have.</p>
<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>

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>In-Network \$500 copay for each Medicare-covered hospital stay</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>In-Network \$500 copay for each Medicare-covered hospital stay</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>In-Network \$500 copay for each Medicare-covered hospital stay</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p>
<p>In-Network \$500 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p>In-Network \$500 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p>In-Network \$500 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>

Benefit	Original Medicare
<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day These amounts will change for 2010.</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>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>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>
<p>OUTPATIENT CARE</p>	
<p>8 - Doctor Office Visits</p>	<p>20% coinsurance</p>

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 10: \$0 copay per day Days 11 - 100: \$50 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 10: \$0 copay per day Days 11 - 100: \$50 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 10: \$0 copay per day Days 11 - 100: \$50 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>
<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 copay for each in-area, network urgent care Medicare-covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 copay for each in-area, network urgent care Medicare-covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 copay for each in-area, network urgent care Medicare-covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.</p>

Benefit	Original Medicare
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>
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>
11 - Outpatient Mental Health Care	<p>45% coinsurance for most outpatient mental health services.</p>
12 - Outpatient Substance Abuse Care	<p>20% coinsurance</p>

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>In-Network \$15 copay 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>	<p>In-Network \$15 copay 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>	<p>In-Network \$15 copay 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>
<p>In-Network \$15 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network \$15 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network \$15 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered individual or group therapy visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered individual or group therapy visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered individual or group therapy visit.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered individual or group visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered individual or group visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered individual or group visits.</p>

Benefit	Original Medicare
13 - Outpatient Services/Surgery	<p>20% coinsurance for the doctor</p> <p>20% of outpatient facility charges</p>
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>20% coinsurance for the doctor</p> <p>20% of facility charge, or a set copay per emergency room visit</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>
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>General Authorization rules may apply.</p> <p>In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p>
<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</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>	<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</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>	<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</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>
<p>General \$15 copay for Medicare-covered urgently needed care visits.</p>	<p>General \$15 copay for Medicare-covered urgently needed care visits.</p>	<p>General \$15 copay for Medicare-covered urgently needed care visits.</p>

Benefit	Original Medicare
17 - Outpatient Rehabilitation Services (Occupational therapy, Physical therapy, Speech and Language therapy)	20% coinsurance
OUTPATIENT MEDICAL SERVICES AND SUPPLIES	
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>In-Network \$15 copay for Medicare-covered Occupational therapy visits. \$15 copay for Medicare-covered Physical and/or Speech/Language therapy visits.</p>	<p>In-Network \$15 copay for Medicare-covered Occupational therapy visits. \$15 copay for Medicare-covered Physical and/or Speech/Language therapy visits.</p>	<p>In-Network \$15 copay for Medicare-covered Occupational therapy visits. \$15 copay for Medicare-covered Physical and/or Speech/Language therapy visits.</p>
<p>General Authorization rules may apply.</p> <p>In-Network 15% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 15% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 15% of the cost for Medicare-covered items.</p>
<p>General Authorization rules may apply.</p> <p>In-Network 15% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 15% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 15% of the cost for Medicare-covered items.</p>

Benefit	Original Medicare
<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>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology 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>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>

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition therapy for Diabetes. \$0 copay for Diabetes supplies.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition therapy for Diabetes. \$0 copay for Diabetes supplies.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition therapy for Diabetes. \$0 copay for Diabetes supplies.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests \$0 copay for Medicare-covered X-rays. \$0 to \$100 copay for Medicare-covered diagnostic radiology services. \$0 copay for Medicare-covered therapeutic radiology services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests \$0 copay for Medicare-covered X-rays. \$0 to \$100 copay for Medicare-covered diagnostic radiology services. \$0 copay for Medicare-covered therapeutic radiology services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests \$0 copay for Medicare-covered X-rays. \$0 to \$100 copay for Medicare-covered diagnostic radiology services. \$0 copay for Medicare-covered therapeutic radiology services.</p>
<p>In-Network \$0 copay for Medicare-covered bone mass measurement</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement</p>

Benefit	Original Medicare
<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>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>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>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>

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>In-Network \$0 copay for</p> <ul style="list-style-type: none"> - Medicare-covered colorectal screenings - additional screenings <p>No limit on the number of covered colorectal screenings.</p>	<p>In-Network \$0 copay for</p> <ul style="list-style-type: none"> - Medicare-covered colorectal screenings - additional screenings <p>No limit on the number of covered colorectal screenings.</p>	<p>In-Network \$0 copay for</p> <ul style="list-style-type: none"> - Medicare-covered colorectal screenings - additional screenings <p>No limit on the number of covered colorectal screenings.</p>
<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>
<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>
<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams</p> <ul style="list-style-type: none"> - additional pap smears and pelvic exams <p>No limit on the number of covered pap smears and pelvic exams.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams</p> <ul style="list-style-type: none"> - additional pap smears and pelvic exams <p>No limit on the number of covered pap smears and pelvic exams.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams</p> <ul style="list-style-type: none"> - additional pap smears and pelvic exams <p>No limit on the number of covered pap smears and pelvic exams.</p>

Benefit	Original Medicare
<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>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>

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>In-Network \$0 copay for - Medicare-covered prostate cancer screening</p>	<p>In-Network \$0 copay for - Medicare-covered prostate cancer screening</p>	<p>In-Network \$0 copay for - Medicare-covered prostate cancer screening</p>
<p>In-Network \$0 copay for renal dialysis \$0 copay for Nutrition therapy for End-Stage Renal Disease</p>	<p>In-Network \$0 copay for renal dialysis \$0 copay for Nutrition therapy for End-Stage Renal Disease</p>	<p>In-Network \$0 copay for renal dialysis \$0 copay for Nutrition therapy for End-Stage Renal Disease</p>

Benefit	Original Medicare
29 - Prescription Drugs	<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>

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>Drugs covered under Medicare Part B General \$0 copay for Part B-covered drugs.</p> <p>Drugs covered under Medicare Part C General \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p> <p>Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.hne.com on the web. 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>Drugs covered under Medicare Part B General \$0 copay for Part B-covered drugs.</p> <p>Drugs covered under Medicare Part C General \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p> <p>Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.hne.com on the web. 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>Drugs covered under Medicare Part B General Most drugs not covered. \$0 copay for Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General This plan does not offer prescription drug coverage</p>

Benefit	Original Medicare
29 - Prescription Drugs	

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p> e 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 HNE Medicare Plus with Rx Enhanced (HMO) for certain drugs.</p> <p> e 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. 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>You pay \$0 the first time you fill a prescription for certain drugs. ese drugs will be listed as “free first fill” on the plan’s website, formulary, printed materials, and on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If you request a formulary exception for a drug and HNE Medicare Plus with Rx Enhanced (HMO) approves the exception, you will pay Non-Preferred Brand cost-sharing for that drug.</p>	<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p> e 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 HNE Medicare Plus with Rx (HMO) for certain drugs.</p> <p> e 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. 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>You pay \$0 the first time you fill a prescription for certain drugs. ese drugs will be listed as “free first fill” on the plan’s website, formulary, printed materials, and on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If you request a formulary exception for a drug and HNE Medicare Plus with Rx (HMO) approves the exception, you will pay Non-Preferred Brand cost-sharing for that drug.</p>	

Benefit	Original Medicare
29 - Prescription Drugs	

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>In-Network \$0 deductible. Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> \$10 copay for a one-month (30-day) supply of drugs in this tier \$30 copay for a three-month (90-day) supply of drugs in this tier <p>Brand</p> <ul style="list-style-type: none"> \$25 copay for a one-month (30-day) supply of drugs in this tier \$75 copay for a three-month (90-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> \$45 copay for a one-month (30-day) supply of drugs in this tier \$135 copay for a three-month (90-day) supply of drugs in this tier <p>Specialty</p> <ul style="list-style-type: none"> 25% coinsurance for a one-month (30-day) supply of drugs in this tier 	<p>In-Network \$0 deductible. Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> \$10 copay for a one-month (30-day) supply of drugs in this tier \$30 copay for a three-month (90-day) supply of drugs in this tier <p>Brand</p> <ul style="list-style-type: none"> \$35 copay for a one-month (30-day) supply of drugs in this tier \$105 copay for a three-month (90-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> \$65 copay for a one-month (30-day) supply of drugs in this tier \$195 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 (30-day) supply of drugs in this tier 	

Benefit	Original Medicare
29 - Prescription Drugs	

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>Long Term Care Pharmacy</p> <p>Generic \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Brand \$25 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$45 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Specialty 25% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order</p> <p>Generic \$20 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Brand \$50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$90 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Specialty 25% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	<p>Long Term Care Pharmacy</p> <p>Generic \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Brand \$35 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$65 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Specialty 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order</p> <p>Generic \$20 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Brand \$70 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$130 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Specialty 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	

Benefit	Original Medicare
29 - Prescription Drugs	

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>Coverage Gap e plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy Generic \$10 copay for a one-month (30-day) supply of all drugs covered in this tier \$30 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Long Term Care Pharmacy Generic \$10 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Mail Order Generic \$20 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of: A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance.</p>	<p>Coverage Gap After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of: A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance.</p>	

Benefit	Original Medicare
29 - Prescription Drugs	

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>Out-of-Network 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 HNE Medicare Plus with Rx Enhanced (HMO).</p> <p>Out-of-Network Initial Coverage 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 \$2,830:</p> <p>Generic \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Brand \$25 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty 25% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	<p>Out-of-Network 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 HNE Medicare Plus with Rx (HMO).</p> <p>Out-of-Network Initial Coverage 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 \$2,830:</p> <p>Generic \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Brand \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	

Benefit	Original Medicare
29 - Prescription Drugs	

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Generic \$10 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Brand After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by HNE Medicare Plus with Rx Enhanced (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HNE Medicare Plus with Rx Enhanced (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by HNE Medicare Plus with Rx (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HNE Medicare Plus with Rx (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	

Benefit	Original Medicare
29 - Prescription Drugs	

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>Non-Preferred Brand After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by HNE Medicare Plus with Rx Enhanced (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HNE Medicare Plus with Rx Enhanced (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by HNE Medicare Plus with Rx Enhanced (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HNE Medicare Plus with Rx Enhanced (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>		

Benefit	Original Medicare
29 - Prescription Drugs	
30 - Dental Services	Preventive dental services (such as cleaning) not covered.

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance.</p>	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance.</p>	
<p>In-Network \$0 copay for Medicare-covered dental benefits \$0 copay for the following preventive dental benefits: - oral exams - cleanings - fluoride treatments - dental x-rays Plan offers additional comprehensive dental benefits. \$150 limit for dental benefits every year</p>	<p>In-Network \$0 copay for Medicare-covered dental benefits \$0 copay for the following preventive dental benefits: - oral exams - cleanings - fluoride treatments - dental x-rays Plan offers additional comprehensive dental benefits. \$150 limit for dental benefits every year</p>	<p>In-Network \$0 copay for Medicare-covered dental benefits \$0 copay for the following preventive dental benefits: - oral exams - cleanings - fluoride treatments - dental x-rays Plan offers additional comprehensive dental benefits. \$150 limit for dental benefits every year</p>

Benefit	Original Medicare
31 - Hearing Services	<p>Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.</p>
32 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.</p>
33 - Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage 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. e coverage does not include lab tests.</p>

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>In-Network Hearing aids not covered. - \$15 copay for Medicare-covered diagnostic hearing exams - \$15 copay for up to 1 routine hearing test(s) every year</p>	<p>In-Network Hearing aids not covered. - \$15 copay for Medicare-covered diagnostic hearing exams - \$15 copay for up to 1 routine hearing test(s) every year</p>	<p>In-Network Hearing aids not covered. - \$15 copay for Medicare-covered diagnostic hearing exams - \$15 copay for up to 1 routine hearing test(s) every year</p>
<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - glasses - lenses - frames \$15 copay for exams to diagnose and treat diseases and conditions of the eye. \$15 copay for up to 1 routine eye exam(s) every two years \$100 limit for eye wear every two years.</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - glasses - lenses - frames \$15 copay for exams to diagnose and treat diseases and conditions of the eye. \$15 copay for up to 1 routine eye exam(s) every two years \$100 limit for eye wear every two years.</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - glasses - lenses - frames \$15 copay for exams to diagnose and treat diseases and conditions of the eye. \$15 copay for up to 1 routine eye exam(s) every two years \$100 limit for eye wear every two years.</p>
<p>In-Network \$15 copay for routine exams. Limited to 1 exam(s) every year. \$15 copay for Medicare-covered benefits.</p>	<p>In-Network \$15 copay for routine exams. Limited to 1 exam(s) every year. \$15 copay for Medicare-covered benefits.</p>	<p>In-Network \$15 copay for routine exams. Limited to 1 exam(s) every year. \$15 copay for Medicare-covered benefits.</p>

Benefit	Original Medicare
Health/Wellness Education	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.
Transportation (Routine)	Not covered.
Acupuncture	Not covered.

HNE Medicare Plus with Rx Enhanced (HMO)	HNE Medicare Plus with Rx (HMO)	HNE Medicare Plus with No Rx (HMO)
<p>In-Network e plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network e plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network e plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
<p>In-Network is plan does not cover routine transportation.</p>	<p>In-Network is plan does not cover routine transportation.</p>	<p>In-Network is plan does not cover routine transportation.</p>
<p>In-Network is plan does not cover Acupuncture.</p>	<p>In-Network is plan does not cover Acupuncture.</p>	<p>In-Network is plan does not cover Acupuncture.</p>



One Monarch Place · Suite 1500 · Springfield, MA 01144-1500
1-413-787-0010 · 1-877-443-3314 · TTY/TDD 1-800-439-2370 · hne.com