

QHP

Quality Health Plans

Summary of Benefits For Advantage Premium

January 1, 2009 – December 31, 2009

**Summary of Benefits
Advantage Premium**

**Introduction to the Summary of Benefits
for ADVANTAGE PREMIUM
January 1, 2009 - December 31, 2009
NORTH AND CENTRAL FLORIDA**

Thank you for your interest in Advantage Premium. Our plan is offered by QUALITY HEALTH PLANS, INC./Quality Health Plans, 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 Advantage Premium 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 Advantage Premium. 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 Advantage Premium at the telephone 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 Advantage Premium 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 ADVANTAGE PREMIUM AVAILABLE?

The service area for this plan includes: Bradford, Brevard, Charlotte, Citrus, Clay, Columbia, Duval, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Suwannee, Union, Volusia Counties, FL. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN ADVANTAGE PREMIUM?

You can join Advantage Premium 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 Advantage Premium unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Advantage Premium 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.qualityhealthplans.com. Our customer service number is listed at the end of this introduction.

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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 Advantage Premium nor the Original Medicare Plan will pay for these services.

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

Advantage Premium 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?

Advantage Premium 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://www.qualityhealthplans.com/medicareformulary.html>. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Advantage Premium 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://www.qualityhealthplans.com/medicareformulary.html>. 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 Advantage Premium, 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.

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As a member of Advantage Premium, 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. 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 Advantage Premium 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 Advantage Premium 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.

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Please call Quality Health Plans for more information about Advantage Premium.

Visit us at www.qualityhealthplans.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 (866)-747-2700 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-455-6010).

Current and Prospective members should call locally (727)-945-8400 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-455-6010).

Current and Prospective members should call toll-free (866)-747-2700 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866)-455-6010)

Current and Prospective members should call locally (727)-945-8400 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866)-455-6010)

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.

Quality Health Plans

Summary of Benefits

Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
1 - Premium and Other Important Information	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General: \$47.10 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network: \$2,500 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. Contact plan for a detailed list of non-covered services.</p>
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.).	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>

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Benefit Category	Original Medicare	Advantage Premium
Inpatient Care		
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2008 the amounts for each benefit period were: Days 1 - 60: \$1,024 deductible Days 61 - 90: \$256 per day Days 91 - 150: \$512 per lifetime reserve day These amounts will change for 2009.</p> <p>Please 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.</p> <p>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>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 3: \$50 copay per day Days 4 - 90: \$0 copay per day</p> <p>Plan covers 90 days each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

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Benefit Category	Original Medicare	Advantage Premium
4. Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care see "Inpatient Hospital Care" above.</p> <p>190 day limit in a Psychiatric Hospital.</p>	<p>In-Network</p> <p>Days 1 - 5: \$75 copay per day Days 6 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

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Benefit Category	Original Medicare	Advantage Premium
<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: Days 1 - 20: \$0 per day Days 21 - 100: \$128 per day 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. 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>General: Authorization rules may apply.</p> <p>In-Network</p> <p>For Medicare-covered SNF stays:</p> <ul style="list-style-type: none"> • Days 1 - 14: \$0 copay per day • Days 15 - 100: \$75 copay per day <p>100 days covered for each benefit period</p> <p>3-day prior hospital stay is required.</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>

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Benefit Category	Original Medicare	Advantage Premium
7. Hospice	<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>General:</p> <p>You must get care from a Medicare-certified hospice.</p>
Outpatient Care		
8. Doctor Office Visits	20% coinsurance	<p>General: See "Physical Exams" for more information.</p> <p>In-Network:</p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits</p> <p>\$20 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$5 copay for each specialist visit for Medicare-covered benefits.</p>

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Benefit Category	Original Medicare	Advantage Premium
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>General: Authorization rules may apply</p> <p>In-Network:</p> <ul style="list-style-type: none"> • \$5 copay for Medicare-covered visits. <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</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:</p> <ul style="list-style-type: none"> • \$5 copay for each Medicare-covered visit. <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11. Outpatient Mental Health Care	<p>50% coinsurance for most outpatient mental health services.</p>	<p>In-Network:</p> <ul style="list-style-type: none"> • \$25 copay for each Medicare-covered individual or group therapy visit.

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Benefit Category	Original Medicare	Advantage Premium
12. Outpatient Substance Abuse Care	20% coinsurance	<p>General: Authorization rules may apply.</p> <p>In-Network: \$25 copay for Medicare-covered individual or group visits.</p> <p>Additional facility charges may apply.</p>
13. Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	<p>General: Authorization rules may apply.</p> <p>In-Network: \$0 copay for each Medicare-covered ambulatory surgical center visit. \$150 for each Medicare-covered outpatient hospital facility visit.</p> <p>Additional facility charges may apply.</p>
14. Ambulance Services (medically necessary ambulance services)	20% coinsurance	<p>In-Network: \$100 copay for Medicare-covered ambulance benefits.</p>

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Benefit Category	Original Medicare	Advantage Premium
<p>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<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>	<p>In-Network:</p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Out of Network: Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>In and Out of Network If you are admitted to the hospital within 23-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.).</p>	<p>20% coinsurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances</p>	<p>General:</p> <p>\$20 copay for Medicare-covered urgently needed care visits.</p>

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Benefit Category	Original Medicare	Advantage Premium
17. Outpatient Rehabilitation Services, (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	<p>In-Network:</p> <p>\$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Additional facility charges apply.</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	<p>General: Authorization rules may apply.</p> <p>In-Network: 0% to 20% of the cost for Medicare-covered items.</p>
19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	<p>General: Authorization rules may apply.</p> <p>In-Network: 0% to 20% of the cost for Medicare-covered items.</p>

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Benefit Category	Original Medicare	Advantage Premium
<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</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but are not 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>General: Authorization rules may apply.</p> <p>In-Network: 0% to 20% of the cost for Diabetes self-monitoring training. 0% to 20% of the cost for Nutrition Therapy for Diabetes. 0% to 20% of the cost for Diabetes supplies.</p>
<p>21. Diagnostic Tests, X-Rays, and Lab Services</p>	<p>20% coinsurance for diagnostic tests and x-rays. \$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>General: Authorization rules may apply.</p> <p>\$0 to \$100 copay for Medicare-covered lab services. \$0 to \$100 copay for Medicare-covered diagnostic procedures and tests. \$5 copay for Medicare-covered X-rays. \$5 to \$100 copay for Medicare-covered diagnostic radiology services. 20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Additional facility charges apply.</p>

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Benefit Category	Original Medicare	Advantage Premium
Preventive Services		
22. Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	In-Network: \$0 copay for Medicare-covered bone mass measurement.
23. Colorectal Screening Exams (for people with Medicare age 50 and older).	20% coinsurance. Covered when you are high risk or when you are age 50 and older.	General: Authorization rules may apply. In Network \$0 copay for Medicare-covered colorectal screenings.
24. Immunization (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk), Pneumonia vaccine).	\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	In-Network: \$0 copay for Flu and Pneumonia vaccines. No referral needed for Flu and pneumonia vaccines 20% of the cost for Hepatitis B vaccine.

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Benefit Category	Original Medicare	Advantage Premium
25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance No referral needed 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	In-Network: \$0 copay for Medicare-covered screening mammograms.
26. Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams	In-Network: \$0 copay for Medicare-covered pap smears and pelvic exams.
27. Prostate Cancer Screening Exams (for men with Medicare, age 50 and older)	20% coinsurance for the digital rectal exam \$0 for the PSA test 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	In-Network: \$0 copay for Medicare-covered prostate cancer screening.

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Benefit Category	Original Medicare	Advantage Premium
28. End-Stage Renal Disease	20% coinsurance for renal dialysis 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease Nutrition therapy is for people who have diabetes or kidney disease (but are not 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>General: Authorization rules may apply. Out-of-area Renal Dialysis services do not require authorization.</p> <p>In-Network: 20% of the cost for in and out-of-area dialysis 0% to 20% of the cost for Nutrition Therapy for Renal Disease.</p>
29. Prescription Drugs	Most drugs not covered. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.	<p>For Drugs covered under Medicare Part B you pay:</p> <p>General: 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 20% of the cost for Part B-covered chemotherapy drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at</p>

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<p>http://www.qualityhealthplans.com/medicareformulary.html 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). Total yearly drug costs are the total drug costs paid by both you and the plan. 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. Your provider must get prior authorization from Advantage Premium for certain drugs. 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</p>

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<p>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> <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</p> <p>\$0 deductible.</p> <p>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 \$2,700</p>

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<p>Retail Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (30-day) supply of drugs in this tier - \$0 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2 - Health Management</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>Tier 3</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 5</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier

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Summary of Benefits

Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<p>Tier 6 - Specialty Medications - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy</p> <p>Tier 1 - \$0 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2 - Health Management - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3 - \$20 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4 - \$50 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5 - 25% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 6 - Specialty Medications - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p>

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Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<p>Mail Order</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (30-day) supply of drugs in this tier - \$0 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2 - Health Management</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$20 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$40 copay for a three-month (90-day) supply of drugs in this tier <p>Coverage Gap</p> <p>The plan covers All Preferred Generics, Some Brands through the coverage gap.</p> <p>You pay the following:</p>

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Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<p>Retail Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (30-day) supply of all drugs covered in this tier - \$0 copay for a three-month (90-day) supply of all drugs covered in this tier <p>Tier 2 - Health Management</p> <ul style="list-style-type: none"> - \$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>Tier 3</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of all drugs covered in this tier - \$60 copay for a three-month (90-day) supply of all drugs covered in this tier <p>Long Term Care Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (31-day) supply of all drugs <p>Tier 2 - Health Management</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of all drugs <p>Tier 3</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (31-day) supply of all drugs

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Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<p>Mail Order</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (30-day) supply of all drugs covered in this tier - \$0 copay for a three-month (90-day) supply of all drugs covered in this tier <p>Tier 2 - Health Management</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30-day) supply of all drugs covered in this tier - \$20 copay for a three-month (90-day) supply of all drugs covered in this tier <p>Tier 3</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of all drugs covered in this tier - \$40 copay for a three-month (90-day) supply of all drugs covered in this tier <p>For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>

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Summary of Benefits

Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<p>Catastrophic Coverage 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, <p>or</p> <ul style="list-style-type: none"> - 5% coinsurance. <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 Advantage Premium.</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 \$2,700:</p>

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Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<p>Out-of-Network Pharmacy</p> <p>Tier 1 - \$0 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2 - Health Management - \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3 - \$20 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4 - \$50 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5 - 25% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 6 - Specialty Medications - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap The plan covers All Preferred Generics, Some Brands through the gap.</p>

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Summary of Benefits

Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<p>You pay the following:</p> <p>Tier 1 - \$0 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Tier 2 - Health Management - \$10 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Tier 3 - \$20 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Tier 4 -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 Advantage Premium for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantage Premium so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Tier 5 -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 Advantage Premium for out-of-network purchases when you are in</p>

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Benefit Category	Original Medicare	Advantage Premium
Prescription Drugs (Continued)		<p>The coverage gap. However, you should still submit documentation to Advantage Premium so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Tier 6 - Specialty Medications -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 Advantage Premium for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantage Premium so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

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Benefit Category	Original Medicare	Advantage Premium
29. Prescription Drugs (Continued)		<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.
30. Dental Services	Preventive dental services (such as cleaning) not covered.	<p>General: Authorization rules may apply.</p> <p>In-Network:</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered dental benefits • \$0 copay for the following preventive dental benefits: <ul style="list-style-type: none"> ▪ up to 1 oral exam every year ▪ up to 1 cleaning every six months ▪ dental x-rays

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Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
31. Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>General: Authorization rules may apply.</p> <p>In-Network:</p> <ul style="list-style-type: none"> • \$0 copay for up to 1 hearing aid(s) every two years. • \$10 copay for Medicare-covered diagnostic hearing exams • \$0 copay for up to 1 routine hearing test(s) every year • \$10 copay for up to 1 hearing aid fitting evaluation(s) every two years <p>\$1,000 limit for hearing aids every two years.</p>

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Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
32. Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. 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>General: Authorization rules may apply.</p> <p>In-Network:</p> <ul style="list-style-type: none"> • \$10 copay for one pair of eyeglasses or contact lenses after each cataract surgery. • \$10 copay for exams to diagnose and treat diseases and conditions of the eye. • \$0 copay for up to 1 routine eye exam every year • \$10 copay for up to 1 pair of glasses every year • \$10 copay for up to 1 pair of contacts every year

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Benefit Category	Original Medicare	Advantage Premium
33. Physical Exams	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. The coverage does not include lab tests.	In-Network \$0 copay for routine exams. Limited to 1 exam(s) every year.
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.	General: Authorization rules may apply. In-Network: This plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nutritional Training - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Other Wellness Benefits
Transportation (Routine)	Not covered	General Authorization rules may apply. In-Network \$0 copay for up to 12 one-way trip(s) to plan-approved location every year.

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Inpatient Care & Outpatient Care

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Benefit Category	Original Medicare	Advantage Premium
Acupuncture	Not Covered	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 1 visit(s) every year.</p>

Quality Health Plans

Additional Information

- Occupational Therapy: Outpatient facility copay charges will apply if performed at a facility.
- PT and SP Services: Outpatient facility copay charges will apply if performed at a facility.
- Outpatient Diagnostic Procedures/Tests/Lab Services: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply. Clinical Lab Services \$0/basic x-rays at \$5/sonograms, ultrasounds, echo Doppler studies at \$30/CAT Scans at \$100.00, MRI's at \$100/Nuclear Medicine at \$100; \$100 for each lab/diagnostic procedure done at a participating hospital. If a diagnostic service is performed at a physicians office, then there will be an additional charge for the office visit. Therapeutic Services (Chemo/Radiation are 20% coinsurance. Renal Dialysis: 20% coinsurance. Addition facility charges will apply.
- Outpatient Diagnostic/Therapeutic Radiology Services: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply. Clinical Lab Services \$0/basic x-rays at \$5/sonograms, ultrasounds, echo Doppler studies at \$30/ CAT Scans at \$100.00, MRI's at \$100/ Nuclear Medicine at \$100 ; \$100 for each lab/diagnostic procedure done at a participating hospital. If a diagnostic service is performed at a physicians office, then there will be an additional charge for the office visit. Therapeutic Services (Chemo/Radiation) are 20% coinsurance Renal Dialysis: 20% coinsurance. Additional facility charges will apply.
- Outpatient Hospital: Outpatient facility copay charges of \$150 will apply if performed at a facility.
- ASC Services: Outpatient facility copay charges of \$50 will apply if performed at a facility.
- Outpatient Sub Abuse: Outpatient facility copay chares will apply if performed at a facility.
- Cardiac Rehab Services: Outpatient facility copay charges will apply if performed at a facility.
- Transportation: Plan will reimburse member up to \$10 per one way trip for a maximum of 12 trips and \$120 a coverage year. Please contact plan for reimbursement details.
- Acupuncture: Must stay with in Plan Network. Network is limited.
- Pharmacy: \$30 per quarter OTC benefit through plan pharmacy.
- Health and Wellness, Fitness Program: Membership provided by Forever Fit/Silver Sneakers Program.
- Immunizations: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Physical Exams: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Pap/Pelvic Exam: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Prostate Screening: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.

- Colorectal Screening: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Bone Mass Meas.: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Mammography: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Diabetes Monitoring: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Nutrition Therapy: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Preventative Dental: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Comprehensive Dental: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Eye Exams: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Eye Wear: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Hearing Exams: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.
- Hearing Aids: If in combination with a physician's office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply. Must use plan network providers.