



July 1, 2010

DEAR MEMBER:

The purpose of this memorandum is to notify you of a new benefit available to you. Effective January 1, 2010, we will cover the standard and U.S. Food and Drug Administration (FDA)-approved (HIV) rapid screening tests in the following situations:

- Annual voluntary HIV screening of Medicare beneficiaries at increased risk for HIV infection per U.S. Preventive Services Task Force (USPSTF) guidelines, including:
 - Men who have had sex with men after 1975;
 - Men and women having unprotected sex with multiple partners;
 - Past or present injection drug users;
 - Men and women who exchange sex for money or drugs, or have sex partners who do;
 - Individuals whose past or present sex partners were HIV-infected, bisexual or injection drug users;
 - Persons being treated for sexually transmitted diseases;
 - Persons with a history of blood transfusion between 1978 and 1985;
 - Persons who request an HIV test despite reporting no individual risk factors, since this group is likely to include individuals not willing to disclose high-risk behaviors.

- Voluntary HIV screening of pregnant Medicare beneficiaries when the diagnosis of pregnancy is known, during the third trimester, and at labor.

The co-payments for this service depend on your plan and are outlined below:

NEW WEST MEDICARE (PPO)		NEW WEST MEDICARE ENHANCED (PPO)		MUS MAPP (PPO)	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
\$20-40 co-pay* for each Medicare Covered Service**	\$45 co-pay for each Medicare Covered Service	\$10-20 co-pay* for each Medicare Covered Service**	\$30 co-pay for each Medicare Covered Service	\$10 co-pay*** for each Medicare Covered Service	\$30*** co-pay for each Medicare Covered Service

* Co-payment amount depends on where you receive the service

**Service is included in the one specialist co-pay per day out of pocket limit

*** Service is included in the one in or out of network co-pay per day out of pocket limit

Please put this sheet in your Evidence of Coverage (EOC) so that you can refer to in it the future should you need this service.

If you have any questions regarding this letter, please contact our Customer Service Department at 1-888-873-8049 or, for the hearing impaired, at 1-888-290-3658. We are open Monday through Friday, 8:00 a.m. to 8:00 p.m.; alternative technologies may be used for weekends, holidays and evenings. One of our representatives will be happy to assist you.

In Good Health,

New West Medicare