

**INTRODUCTION TO THE SUMMARY OF BENEFITS**  
**New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans**  
**January 1, 2010 – December 31, 2010**  
**Selected Counties Montana**



# NEW WEST MEDICARE

*... Medicare Simplified*

Thank you for your interest in the New West Medicare (PPO) plans. Our plans are offered by NEW WEST HEALTH SERVICES, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plans. 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 New West Health Services and ask for the Medicare "Evidence of Coverage (EOC)."

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## **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 the New West Medicare (PPO) plans. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call New West Health Services at the 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.

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## **HOW CAN I COMPARE MY OPTIONS?**

You can compare the New West Medicare (PPO) plans 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 plans cover 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.

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## **WHERE ARE NEW WEST MEDICARE (PPO) PLANS AVAILABLE?**

The service area for our plans includes the following counties:

Beaverhead	Big Horn	Broadwater	Carbon	Cascade
Fergus	Flathead	Gallatin	Granite	Jefferson
Lake	Lewis and Clark	Mineral	Missoula	Park
Powell	Ravalli	Sanders	Stillwater	Sweet Grass
Yellowstone				

**You must live in one of these counties to join our plans.**

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## **SUMMARY OF BENEFITS**

### **New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans**

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

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#### **WHO IS ELIGIBLE TO JOIN A NEW WEST MEDICARE (PPO) PLAN?**

You can join one of the New West Medicare (PPO) plans 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 (ESRD) are generally not eligible to enroll in a New West Medicare (PPO) plan unless they are members of our organization and have been since their dialysis began.

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#### **CAN I CHOOSE MY DOCTORS?**

The New West Medicare (PPO) plans have formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at [www.newwesthealth.com](http://www.newwesthealth.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 IS NOT IN YOUR NETWORK?**

You can go to doctors, specialists, or hospitals in or out-of-network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out-of-network. For more information, please call the customer service number at the end of this introduction.

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

New West Medicare (PPO) plans cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

The New West Medicare (PPO) plans 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.newwesthealth.com](http://www.newwesthealth.com). Our customer service number is listed at the end of this introduction.

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#### **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

The New West Medicare (PPO) plans use a formulary. A formulary is a list of drugs covered by our plan to meet patient needs. We may periodically add, remove, 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 an Abridged Formulary to you and you can see our complete formularies on our website at [www.newwesthealth.com](http://www.newwesthealth.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.

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### **HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?**

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 Office 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.
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### **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 a New West Medicare (PPO) plan, 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 Montana: Mountain Pacific Quality Health at (800) 497-8232.

As a member of a New West Medicare (PPO) plan 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. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for Montana: Mountain Pacific Quality Health at (800) 497-8232.

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## **SUMMARY OF BENEFITS**

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#### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact New West Health Services for more details.

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#### **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 New West Health Services 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.
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#### **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](http://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 the number listed at the end of this introduction to obtain a copy of the plan ratings for the New West Medicare (PPO) plans.

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### **Please contact New West Health Services for more information about New West Medicare (PPO) & New West Medicare Enhanced (PPO)**

Visit us at [www.newwesthealth.com](http://www.newwesthealth.com) or call us:

#### **Customer Service Hours**

- Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m.
- Alternative technologies may be used for evenings, weekends and holidays.

Current and Prospective members should call toll-free

**(888) 873-8049**

for questions related to the Medicare Advantage and Medicare Part D  
Prescription Drug programs. **(TTY/TDD (888) 290-3658)**

Current and Prospective members should call locally

**(406) 751-3375**

for questions related to the Medicare Advantage and Medicare Part D  
Prescription Drug programs. **(TTY/TDD (406) 751-3365)**

### **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](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

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## IMPORTANT INFORMATION

### 1) Premium and Other Important Information

Original Medicare	New West Medicare	New West Medicare Enhanced
<p>In 2010 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$155.00.</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 (over \$85,000 for singles, \$170,000 for married couples). 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>\$15 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b><u>In and Out-of-Network:</u></b> \$5,000 out-of-pocket limit. All plan services included.</p>	<p>\$65 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b><u>In and Out-of-Network:</u></b> \$3,400 out-of-pocket limit. All plan services included.</p>

### 2) Doctor and Hospital Choice

(For more information, see #15 – Emergency and #16 – Urgently Needed Care.)

Original Medicare	New West Medicare	New West Medicare Enhanced
<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>No referral required for network doctors, specialists, and hospitals.</p>	<p>No referral required for network doctors, specialists, and hospitals.</p>

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## INPATIENT CARE

### 3) Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)

Original Medicare	New West Medicare	New West Medicare Enhanced
<p>In 2010 the amounts for each benefit period are:</p> <p>Days 1-60: \$1,100 deductible</p> <p>Days 61-90: \$275 per day</p> <p>Days 91-150: \$550 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There is no limit to the number of benefit periods you can have.</p>	<p><b><u>In-Network:</u></b></p> <p>\$750 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 New West each benefit period.</p> <p><i>Except in an emergency, your doctor must tell New West that you are going to be admitted to the hospital.</i></p> <p><b><u>Out-of-Network:</u></b></p> <p>\$1,000 copay for each hospital stay.</p>	<p><b><u>In-Network:</u></b></p> <p>\$600 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 New West each benefit period.</p> <p><i>Except in an emergency, your doctor must tell New West that you are going to be admitted to the hospital.</i></p> <p><b><u>Out-of-Network:</u></b></p> <p>\$800 copay for each hospital stay.</p>

### 4) Inpatient Mental Health Care

Original Medicare	New West Medicare	New West Medicare Enhanced
<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital.</p>	<p><b><u>In-Network:</u></b></p> <p>\$750 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p><b><u>In-Network:</u></b></p> <p>\$600 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>

**SUMMARY OF BENEFITS**

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*Except in an emergency, your doctor must tell New West that you are going to be admitted to the hospital.*

**Out-of-Network:**

\$1,000 copay for each hospital stay.

*Except in an emergency, your doctor must tell New West that you are going to be admitted to the hospital.*

**Out-of-Network:**

\$800 copay for each hospital stay.

**5) Skilled Nursing Facility (SNF)** (In a Medicare-certified skilled nursing facility)

**Original Medicare**

In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are:

Days 1-20: \$0 per day

Days 21-100: \$137.50 per day

100 days for each benefit period.

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.

**New West Medicare**

**In-Network:**

For Medicare-covered SNF stays:

Days 1-20: \$0 copay per day

Days 21-100: \$125 copay per day

New West covers up to 100 days each benefit period.

No prior hospital stay is required.

**Out-of-Network:**

\$130 per SNF day

*Authorization rules may apply.*

**New West Medicare Enhanced**

**In-Network:**

For Medicare-covered SNF stays:

Days 1-20: \$0 copay per day

Days 21-100: \$75 copay per day

New West covers up to 100 days each benefit period.

No prior hospital stay is required.

**Out-of-Network:**

\$100 per SNF day

*Authorization rules may apply.*

**6) Home Health Care** (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)

**Original Medicare**

\$0 copay

**New West Medicare**

**In-Network:**

\$0 copay for Medicare-covered home health visits.

**Out-of-Network:**

\$45 copay for home health visits.

*Authorization rules may apply.*

**New West Medicare Enhanced**

**In-Network:**

\$0 copay for Medicare-covered home health visits.

**Out-of-Network:**

\$30 copay for home health visits.

*Authorization rules may apply.*

## SUMMARY OF BENEFITS

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#### 7) Hospice

Original Medicare	New West Medicare	New West Medicare Enhanced
You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	<b>General:</b> You must get care from a Medicare-certified hospice.	<b>General:</b> You must get care from a Medicare-certified hospice.

## OUTPATIENT CARE

#### 8) Doctor Office Visits (see #34 – Physical Exams for more information)

Original Medicare	New West Medicare	New West Medicare Enhanced
20% coinsurance	<b>In-Network:</b> \$20 copay for each primary care doctor visit for Medicare-covered benefits. \$40 copay for each specialist visit for Medicare-covered benefits. <b>Out-of-Network:</b> \$45 copay for each primary care doctor visit. \$45 copay for each specialist visit.	<b>In-Network:</b> \$10 copay for each primary care doctor visit for Medicare-covered benefits. \$20 copay for each specialist visit for Medicare-covered benefits. <b>Out-of-Network:</b> \$30 copay for each primary care doctor visit. \$30 copay for each specialist visit.

#### 9) Chiropractic Services

Original Medicare	New West Medicare	New West Medicare Enhanced
Routine care not covered. 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.	<b>In-Network:</b> \$40 copay for each Medicare-covered visit. 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. <b>Out-of-Network:</b> \$45 copay for chiropractic benefits.	<b>In-Network:</b> \$20 copay for each Medicare-covered visit. 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. <b>Out-of-Network:</b> \$30 copay for chiropractic benefits.

## SUMMARY OF BENEFITS

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#### 10) Podiatry Services

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##### Original Medicare

Routine care is not covered.  
20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.

##### New West Medicare

###### In-Network:

\$40 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically necessary foot care.

###### Out-of-Network:

\$45 copay for podiatry benefits.

##### New West Medicare Enhanced

###### In-Network:

\$20 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically necessary foot care.

###### Out-of-Network:

\$30 copay for podiatry benefits.

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#### 11) Outpatient Mental Health Care

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##### Original Medicare

45% coinsurance for most outpatient mental health services.

##### New West Medicare

###### In-Network:

\$40 copay for each Medicare-covered individual or group therapy visit.

###### Out-of-Network:

\$45 copay for Mental Health benefits.

\$45 copay for Mental Health benefits with a psychiatrist.

##### New West Medicare Enhanced

###### In-Network:

\$20 copay for each Medicare-covered individual or group therapy visit.

###### Out-of-Network:

\$30 copay for Mental Health benefits.

\$30 copay for Mental Health benefits with a psychiatrist.

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#### 12) Outpatient Substance Abuse Care

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##### Original Medicare

20% coinsurance

##### New West Medicare

###### In-Network:

\$40 copay for Medicare-covered individual or group visits.

###### Out-of-Network:

\$45 copay for outpatient substance abuse benefits.

##### New West Medicare Enhanced

###### In-Network:

\$20 copay for Medicare-covered individual or group visits.

###### Out-of-Network:

\$30 copay for outpatient substance abuse benefits.

## SUMMARY OF BENEFITS

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### 13) Outpatient Surgery

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Original Medicare	New West Medicare	New West Medicare Enhanced
20% coinsurance for the doctor. 20% of outpatient facility charges.	<b><u>In-Network:</u></b> \$250 copay for each Medicare-covered ambulatory surgical center visit. \$250 copay for each Medicare-covered outpatient hospital facility visit. <b><u>Out-of-Network:</u></b> \$450 copay for ambulatory surgical center benefits. \$450 copay for outpatient hospital facility benefits.	<b><u>In-Network:</u></b> \$90 copay for each Medicare-covered ambulatory surgical center visit. \$90 copay for each Medicare-covered outpatient hospital facility visit. <b><u>Out-of-Network:</u></b> \$150 copay for ambulatory surgical center benefits. \$150 copay for outpatient hospital facility benefits.

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### 14) Ambulance Service (Medically Necessary Ambulance Services)

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Original Medicare	New West Medicare	New West Medicare Enhanced
20% coinsurance	<b><u>In-Network:</u></b> \$100 copay for Medicare-covered ambulance benefits. <b><u>Out-of-Network:</u></b> \$100 copay for ambulance benefits. <i>Authorization rules may apply.</i>	<b><u>In-Network:</u></b> \$100 copay for Medicare-covered ambulance benefits. <b><u>Out-of-Network:</u></b> \$100 copay for ambulance benefits. <i>Authorization rules may apply.</i>

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### 15) Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)

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Original Medicare	New West Medicare	New West Medicare Enhanced
20% coinsurance for the doctor. 20% of facility charge or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	\$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the emergency room visit.	\$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the emergency room visit.

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**16) Urgently Needed Care** (This is NOT emergency care, and in most cases, is out of the service area.)

<b>Original Medicare</b>	<b>New West Medicare</b>	<b>New West Medicare Enhanced</b>
20% coinsurance or a set copay. NOT covered outside the U.S. except under limited circumstances.	\$45 copay for Medicare-covered urgently needed care visits.	\$30 copay for Medicare-covered urgently needed care visits.

**17) Outpatient Rehabilitation Services** (Occupational Therapy, Physical Therapy, Speech and Language Therapy)

<b>Original Medicare</b>	<b>New West Medicare</b>	<b>New West Medicare Enhanced</b>
20% coinsurance	<p><b><u>In-Network:</u></b></p> <p>\$40 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$40 copay for Medicare-covered Physical and/or Speech/ Language Therapy visits.</p> <p><b><u>Out-of-Network:</u></b></p> <p>\$45 copay for Occupational Therapy visits.</p> <p>\$45 copay Physical and/or Speech/Language Therapy visits.</p>	<p><b><u>In-Network:</u></b></p> <p>\$20 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$20 copay for Medicare-covered Physical and/or Speech/ Language Therapy visits.</p> <p><b><u>Out-of-Network:</u></b></p> <p>\$30 copay for Occupational Therapy visits.</p> <p>\$30 copay Physical and/or Speech/Language Therapy visits.</p>

**OUTPATIENT MEDICAL SERVICES & SUPPLIES**

**18) Durable Medical Equipment (DME)** (Includes wheelchairs, oxygen, etc.)

<b>Original Medicare</b>	<b>New West Medicare</b>	<b>New West Medicare Enhanced</b>
20% coinsurance	<p><b><u>In-Network:</u></b></p> <p>20% of the cost for Medicare-covered items.</p> <p><b><u>Out-of-Network:</u></b></p> <p>50% of the cost for durable medical equipment.</p> <p><i>Authorization rules may apply.</i></p>	<p><b><u>In-Network:</u></b></p> <p>20% of the cost for Medicare-covered items.</p> <p><b><u>Out-of-Network:</u></b></p> <p>50% of the cost for durable medical equipment.</p> <p><i>Authorization rules may apply.</i></p>

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#### 19) Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)

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Original Medicare	New West Medicare	New West Medicare Enhanced
20% coinsurance	<b><u>In-Network:</u></b> 20% of the cost for Medicare-covered items. <b><u>Out-of-Network:</u></b> 50% of the cost for prosthetic devices. <i>Authorization rules may apply.</i>	<b><u>In-Network:</u></b> 20% of the cost for Medicare-covered items. <b><u>Out-of-Network:</u></b> 50% of the cost for prosthetic devices. <i>Authorization rules may apply.</i>

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#### 20) Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies

(Includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training.)

Original Medicare	New West Medicare	New West Medicare Enhanced
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.	<b><u>In-Network:</u></b> \$40 copay for Diabetes self-monitoring training. \$40 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. <b><u>Out-of-Network:</u></b> \$45 copay for Diabetes self-monitoring training. \$45 copay for Nutrition Therapy for Diabetes. 50% of the cost for Diabetes supplies.	<b><u>In-Network:</u></b> \$20 copay for Diabetes self-monitoring training. \$20 copay for Nutrition Therapy for Diabetes. 10% of the cost for Diabetes supplies. <b><u>Out-of-Network:</u></b> \$30 copay for Diabetes self-monitoring training. \$30 copay for Nutrition Therapy for Diabetes. 50% of the cost for Diabetes supplies.

## SUMMARY OF BENEFITS

### New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

## 21) Diagnostic Tests, X-Rays, Lab Services, and Radiology Services

Original Medicare	New West Medicare	New West Medicare Enhanced
<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><b><u>In-Network:</u></b></p> <p>\$40 copay for Medicare-covered lab services.</p> <p>\$40 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$40 copay for Medicare-covered x-rays.</p> <p>\$100 copay for Medicare-covered diagnostic radiology services.</p> <p>\$100 copay for Medicare-covered therapeutic radiology services.</p> <p><b><u>Out-of-Network:</u></b></p> <p>\$45 copay for diagnostic procedures, tests, and lab services.</p> <p>\$45 copay for outpatient x-rays.</p> <p>\$200 copay for diagnostic radiology services.</p> <p>\$200 copay for therapeutic radiology services.</p> <p><i>Authorization rules may apply.</i></p>	<p><b><u>In-Network:</u></b></p> <p>\$20 copay for Medicare-covered lab services.</p> <p>\$20 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$20 copay for Medicare-covered x-rays.</p> <p>\$50 copay for Medicare-covered diagnostic radiology services.</p> <p>\$50 copay for Medicare-covered therapeutic radiology services.</p> <p><b><u>Out-of-Network:</u></b></p> <p>\$30 copay for diagnostic procedures, tests, and lab services.</p> <p>\$30 copay for outpatient x-rays.</p> <p>\$150 copay for diagnostic radiology services.</p> <p>\$150 copay for therapeutic radiology services.</p> <p><i>Authorization rules may apply.</i></p>

## SUMMARY OF BENEFITS

### New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

## PREVENTIVE SERVICES

### 22) Bone Mass Measurement (For people with Medicare who are at risk)

Original Medicare	New West Medicare	New West Medicare Enhanced
20% coinsurance.  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<b><u>In-Network:</u></b> \$0 copay for Medicare-covered bone mass measurement.  <b><u>Out-of-Network:</u></b> \$45 copay for Medicare-covered bone mass measurement.	<b><u>In-Network:</u></b> \$0 copay for Medicare-covered bone mass measurement.  <b><u>Out-of-Network:</u></b> \$30 copay for Medicare-covered bone mass measurement.

### 23) Colorectal Screening Exams (For people with Medicare age 50 and older)

Original Medicare	New West Medicare	New West Medicare Enhanced
20% coinsurance.  Covered when you are high risk or when you are age 50 and older.	<b><u>In-Network:</u></b> \$0 copay for Medicare-covered colorectal screenings.  <b><u>Out-of-Network:</u></b> \$45 copay for colorectal screenings.	<b><u>In-Network:</u></b> \$0 copay for Medicare-covered colorectal screenings.  <b><u>Out-of-Network:</u></b> \$30 copay for colorectal screenings.

### 24) Immunizations

(Flu vaccine, Hepatitis B vaccine-for people with Medicare who are at risk, Pneumonia vaccine)

Original Medicare	New West Medicare	New West Medicare Enhanced
\$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.	<b><u>In-Network:</u></b> \$0 copay for Flu and Pneumonia vaccines.  No referral needed for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  <b><u>Out-of-Network:</u></b> \$45 copay for immunizations.	<b><u>In-Network:</u></b> \$0 copay for Flu and Pneumonia vaccines.  No referral needed for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  <b><u>Out-of-Network:</u></b> \$30 copay for immunizations.

## SUMMARY OF BENEFITS

### New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

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#### 25) Mammograms (Annual Screening) (For women with Medicare age 40 and older)

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Original Medicare	New West Medicare	New West Medicare Enhanced
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.	<b><u>In-Network:</u></b> \$0 copay for Medicare-covered screening mammograms. <b><u>Out-of-Network:</u></b> \$45 copay for screening mammograms.	<b><u>In-Network:</u></b> \$0 copay for Medicare-covered screening mammograms. <b><u>Out-of-Network:</u></b> \$30 copay for screening mammograms.

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#### 26) Pap Smears and Pelvic Exams (For women with Medicare)

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Original Medicare	New West Medicare	New West Medicare Enhanced
\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance Pelvic Exams.	<b><u>In-Network:</u></b> \$0 copay for Medicare-covered pap smears and pelvic exams. <b><u>Out-of-Network:</u></b> \$45 copay for pap smears and pelvic exams.	<b><u>In-Network:</u></b> \$0 copay for Medicare-covered pap smears and pelvic exams. <b><u>Out-of-Network:</u></b> \$30 copay for pap smears and pelvic exams.

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#### 27) Prostate Cancer Screening Exams (For men with Medicare age 50 and older)

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Original Medicare	New West Medicare	New West Medicare Enhanced
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.	<b><u>In-Network:</u></b> \$0 copay for Medicare-covered prostate cancer screening. <b><u>Out-of-Network:</u></b> \$45 copay prostate cancer screening.	<b><u>In-Network:</u></b> \$0 copay for Medicare-covered prostate cancer screening. <b><u>Out-of-Network:</u></b> \$30 copay prostate cancer screening.

**SUMMARY OF BENEFITS**

**New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans**

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

**OTHER SERVICES**

**28) End Stage Renal Disease (ESRD)**

<b>Original Medicare</b>	<b>New West Medicare</b>	<b>New West Medicare Enhanced</b>
<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b><u>In-Network:</u></b></p> <p>20% of the cost for renal dialysis.</p> <p>\$40 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p><b><u>Out-of-Network:</u></b></p> <p>20% of the cost for renal dialysis.</p> <p>\$45 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><b><u>In-Network:</u></b></p> <p>20% of the cost for renal dialysis.</p> <p>\$20 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p><b><u>Out-of-Network:</u></b></p> <p>20% of the cost for renal dialysis.</p> <p>\$30 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

**PRESCRIPTION DRUGS**

**29) Prescription Drugs**

<b>Original Medicare</b>	<b>New West Medicare</b>	<b>New West Medicare Enhanced</b>						
<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>	<table border="1"> <thead> <tr> <th data-bbox="589 1270 1052 1360"><b>Drugs covered under Medicare Part B</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="589 1371 1052 1543"> <p><b><u>In-Network:</u></b></p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> </td> </tr> <tr> <td data-bbox="589 1554 1052 1728"> <p><b><u>Out-of-Network:</u></b></p> <p>30% of the cost for Part B drugs out-of-network.</p> </td> </tr> </tbody> </table>	<b>Drugs covered under Medicare Part B</b>	<p><b><u>In-Network:</u></b></p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p>	<p><b><u>Out-of-Network:</u></b></p> <p>30% of the cost for Part B drugs out-of-network.</p>	<table border="1"> <thead> <tr> <th data-bbox="1052 1270 1521 1360"><b>Drugs covered under Medicare Part B</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="1052 1371 1521 1543"> <p><b><u>In-Network:</u></b></p> <p>10% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> </td> </tr> <tr> <td data-bbox="1052 1554 1521 1728"> <p><b><u>Out-of-Network:</u></b></p> <p>20% of the cost for Part B drugs out-of-network.</p> </td> </tr> </tbody> </table>	<b>Drugs covered under Medicare Part B</b>	<p><b><u>In-Network:</u></b></p> <p>10% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p>	<p><b><u>Out-of-Network:</u></b></p> <p>20% of the cost for Part B drugs out-of-network.</p>
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<p><b><u>Out-of-Network:</u></b></p> <p>20% of the cost for Part B drugs out-of-network.</p>								

## SUMMARY OF BENEFITS

### New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

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## 29) Prescription Drugs – Medicare Part D Outpatient Drugs – General Guidelines

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### Original Medicare

### New West Medicare & New West Medicare Enhanced Plans

These plans use a formulary. We will send you the New West Medicare (PPO) plans' Abridged Formularies. You can also see the formularies at [www.newwesthealth.com](http://www.newwesthealth.com) on the web.

Different out-of-pocket costs may apply for people who:

- have limited incomes;
- live in long term care facilities; or
- have access to Indian/Tribal/Urban (Indian Health Service) facilities.

New West offers national in-network prescription coverage (i.e., this would include 50 states and Washington, D.C.). 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 New West service area (for instance, when you travel).

Total yearly drug costs are the total drug costs paid by both you and New West.

In some instances we may require you to first try one drug to treat your condition before we will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from New West for certain drugs.

We will pay for certain over-the-counter drugs as part of our utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Please contact the New West Medical Services Department for details.

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 our network. These drugs are listed on our website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on [Medicare.gov](http://Medicare.gov).

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.

If you request a formulary exception for a drug and New West approves the exception, you will pay Formulary Non-Preferred Brand (tier 3) cost-sharing for that drug.

**SUMMARY OF BENEFITS**

**New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans**

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

**29) Prescription Drugs – Medicare Part D Outpatient Drugs *continued***

Original Medicare	New West Medicare	New West Medicare Enhanced
	<b><u>In-Network:</u></b> \$0 deductible	<b><u>In-Network:</u></b> \$0 deductible
	<b>Initial Coverage:</b>	<b>Initial Coverage:</b>
	You pay the following until total yearly drug costs reach \$2,830:	You pay the following until total yearly drug costs reach \$2,830:
	<b>Retail Pharmacy</b>	<b>Retail Pharmacy</b>
	<p><b><i>Formulary Generic:</i></b>                      \$10 copay for a one-month (34-day) supply of drugs in this tier.                      \$30 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b><i>Formulary Preferred Brand:</i></b>                      \$35 copay for a one-month (34-day) supply of drugs in this tier.                      \$105 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b><i>Formulary Non-Preferred Brand:</i></b>                      \$70 copay for a one-month (34-day) supply of drugs in this tier.                      \$210 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b><i>Specialty:</i></b>                      33% coinsurance for a one-month (34-day) supply of drugs in this tier.                      33% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>	<p><b><i>Formulary Generic:</i></b>                      \$10 copay for a one-month (34-day) supply of drugs in this tier.                      \$30 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b><i>Formulary Preferred Brand:</i></b>                      \$30 copay for a one-month (34-day) supply of drugs in this tier.                      \$90 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b><i>Formulary Non-Preferred Brand:</i></b>                      \$60 copay for a one-month (34-day) supply of drugs in this tier.                      \$180 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b><i>Specialty:</i></b>                      33% coinsurance for a one-month (34-day) supply of drugs in this tier.                      33% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>

**SUMMARY OF BENEFITS**

**New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans**

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

**Original Medicare**

**New West Medicare**

**New West Medicare Enhanced**

<b>Long Term Care Pharmacy</b>	<b>Long Term Care Pharmacy</b>
<p><b>Formulary Generic:</b> \$10 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Formulary Preferred Brand:</b> \$35 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Formulary Non-Preferred Brand:</b> \$70 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Specialty:</b> 33% coinsurance for a one-month (34-day) supply of drugs in this tier.</p>	<p><b>Formulary Generic:</b> \$10 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Formulary Preferred Brand:</b> \$30 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Formulary Non-Preferred Brand:</b> \$60 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Specialty:</b> 33% coinsurance for a one-month (34-day) supply of drugs in this tier.</p>
<b>Mail Order</b>	<b>Mail Order</b>
<p><b>Formulary Generic:</b> \$10 copay for a one-month (34-day) supply of drugs in this tier. \$30 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Formulary Preferred Brand:</b> \$35 copay for a one-month (34-day) supply of drugs in this tier. \$105 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Formulary Non-Preferred Brand:</b> \$70 copay for a one-month (34-day) supply of drugs in this tier. \$210 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Specialty:</b> 33% coinsurance for a one-month (34-day) supply of drugs in this tier. 33% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>	<p><b>Formulary Generic:</b> \$10 copay for a one-month (34-day) supply of drugs in this tier. \$30 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Formulary Preferred Brand:</b> \$30 copay for a one-month (34-day) supply of drugs in this tier. \$90 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Formulary Non-Preferred Brand:</b> \$60 copay for a one-month (34-day) supply of drugs in this tier. \$180 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Specialty:</b> 33% coinsurance for a one-month (34-day) supply of drugs in this tier. 33% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>

**SUMMARY OF BENEFITS**

**New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans**

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

Original Medicare	New West Medicare	New West Medicare Enhanced
	<b>Coverage Gap:</b>	<b>Coverage Gap:</b>
	After your yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.	<p>New West Medicare Enhanced (PPO) covers many generics (65% - 99% of formulary generic drugs) through the coverage gap.</p> <p>You pay the following:</p>
		<b>Retail Pharmacy</b>
		<p><b>Formulary Generic:</b></p> <p>\$10 copay for a one-month (34-day) supply of drugs in this tier.</p> <p>\$30 copay for a three-month (90-day) supply of drugs in this tier.</p>
		<b>Long Term Care Pharmacy</b>
		<p><b>Formulary Generic:</b></p> <p>\$10 copay for a one-month (34-day) supply of drugs in this tier.</p>
		<b>Mail Order</b>
		<p><b>Formulary Generic:</b></p> <p>\$10 copay for a one-month (34-day) supply of drugs in this tier.</p> <p>\$30 copay for a three-month (90-day) supply of drugs 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>
	<b>Catastrophic Coverage:</b>	<b>Catastrophic Coverage:</b>
	After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:	After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:
	\$2.50 copay for generic (including brand drugs treated as generic)	\$2.50 copay for generic (including brand drugs treated as generic)
	\$6.30 copay for all other drugs	\$6.30 copay for all other drugs
	or	or
	5% coinsurance	5% coinsurance

**SUMMARY OF BENEFITS**

**New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans**

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

**Original Medicare**

**New West Medicare**

**New West Medicare Enhanced**

<b>Out-of-Network</b>	
<p>Plan drugs may be covered in special circumstances; for instance, illness while traveling outside of the New West 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.</p> <p>In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from New West Health Services.</p>	
<b>Out-of-Network Initial Coverage:</b>	<b>Out-of-Network Initial Coverage:</b>
<p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Formulary Generic:</b> \$10 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Formulary Preferred Brand:</b> \$35 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Formulary Non-Preferred Brand:</b> \$70 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Specialty:</b> 33% coinsurance for a one-month (34-day) supply of drugs in this tier.</p>	<p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Formulary Generic:</b> \$10 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Formulary Preferred Brand:</b> \$30 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Formulary Non-Preferred Brand:</b> \$60 copay for a one-month (34-day) supply of drugs in this tier.</p> <p><b>Specialty:</b> 33% coinsurance for a one-month (34-day) supply of drugs in this tier.</p>

**SUMMARY OF BENEFITS**

**New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans**

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

**Original Medicare**

**New West Medicare**

**New West Medicare Enhanced**

<b>Out-of-Network Coverage Gap:</b>	<b>Out-of-Network Coverage Gap:</b>
<p>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 New West Medicare (PPO) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to New West Medicare (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p><b>Formulary Generic:</b> \$10 copay for a one-month (34-day) supply of all drugs covered in this tier.</p> <p><b>Formulary Preferred Brand:</b> 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 New West Medicare Enhanced (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to New West Medicare Enhanced (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Formulary Non-Preferred Brand:</b> 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 New West Medicare Enhanced (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to New West Medicare Enhanced (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>
<b>Out-of-Network Catastrophic Coverage:</b>	
<p>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:</p> <p>\$2.50 copay for generic (including brand drugs treated as generic) \$6.30 copay for all other drugs or 5% coinsurance</p>	

## SUMMARY OF BENEFITS

### New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

#### Original Medicare

#### New West Medicare

#### New West Medicare Enhanced

##### *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 New West Medicare Enhanced (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to New West Medicare Enhanced (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

##### **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:

\$2.50 copay for generic (including brand drugs treated as generic)

\$6.30 copay for all other drugs

or

5% coinsurance

## SUMMARY OF BENEFITS

### New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

## ADDITIONAL BENEFITS

### 30) Dental Services

Original Medicare	New West Medicare	New West Medicare Enhanced
Preventive dental services (such as cleanings) are not covered.	<p><b><u>In-Network:</u></b> In general, preventive dental benefits (such as cleanings) are not covered.</p> <p>\$40 copay for Medicare-covered dental benefits.</p> <p><b><u>Out-of-Network:</u></b> \$45 copay for Medicare-covered comprehensive dental benefits.</p>	<p><b><u>In-Network:</u></b> \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"><li>▪ Oral exams/periodontal exams</li><li>▪ Cleanings</li><li>▪ Fluoride treatments</li><li>▪ Dental x-rays</li></ul> <p>\$20 copay for Medicare-covered dental benefits.</p> <p><b><u>Out-of-Network:</u></b> \$30 copay for Medicare-covered comprehensive dental benefits.</p> <p>\$0 copay for preventive dental benefits.</p> <p><b><u>In and Out-of-Network:</u></b> \$200 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p>

### 31) Hearing Services

Original Medicare	New West Medicare	New West Medicare Enhanced
Routine hearing exams and hearing aids not covered.	<p><b><u>In-Network:</u></b> Hearing aids not covered.</p> <p>\$40 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$40 copay for up to 1 routine hearing test every year.</p> <p><b><u>Out-of-Network:</u></b> \$45 copay for hearing exams.</p>	<p><b><u>In-Network:</u></b> Hearing aids not covered.</p> <p>\$20 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$20 copay for up to 1 routine hearing test every year.</p> <p><b><u>Out-of-Network:</u></b> \$30 copay for hearing exams.</p>

## SUMMARY OF BENEFITS

### New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

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### 32) Vision Services

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Original Medicare	New West Medicare	New West Medicare Enhanced
<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b><u>In-Network:</u></b></p> <p>\$0 copay for one pair of eyeglasses with or contact lenses after cataract surgery.</p> <p>\$40 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$40 copay for up to 1 routine eye exam every two years.</p> <p><b><u>Out-of-Network</u></b></p> <p>\$45 copay for eye exams.</p> <p>\$45 copay for eyewear.</p>	<p><b><u>In-Network:</u></b></p> <p>\$0 copay for one pair of eyeglasses with or contact lenses after cataract surgery.</p> <p>\$20 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$20 copay for up to 1 routine eye exam every year.</p> <p>\$100 limit for eyewear every year.</p> <p><b><u>Out-of-Network</u></b></p> <p>\$30 copay for eye exams.</p> <p>\$30 copay for eyewear.</p>

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### 33) Physical Exams

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Original Medicare	New West Medicare	New West Medicare Enhanced
<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one-time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><b><u>In-Network:</u></b></p> <p>\$0 copay for routine exams. Limited to one exam every year.</p> <p>\$0 copay for Medicare-covered benefits.</p> <p><b><u>Out-of-Network:</u></b></p> <p>\$45 copay for routine exams.</p>	<p><b><u>In-Network:</u></b></p> <p>\$0 copay for routine exams. Limited to one exam every year.</p> <p>\$0 copay for Medicare-covered benefits.</p> <p><b><u>Out-of-Network:</u></b></p> <p>\$30 copay for routine exams.</p>

## SUMMARY OF BENEFITS

### New West Medicare (PPO) & New West Medicare Enhanced (PPO) Plans

If you have any questions about the benefits or costs of the plans, please contact New West Health Services at (888) 873-8049 or TTY (888) 290-3658 (for the hearing impaired).

#### 34) Health and Wellness Education

Original Medicare	New West Medicare	New West Medicare Enhanced
<b>Smoking Cessation:</b> 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.	<b>Smoking Cessation:</b> <b><u>In-Network:</u></b> \$0 copay for each Medicare-covered smoking cessation counseling session. <b><u>Out-of-Network:</u></b> \$45 copay for Health and Wellness services.	<b>Smoking Cessation:</b> <b><u>In-Network:</u></b> \$0 copay for each Medicare-covered smoking cessation counseling session. <b><u>Out-of-Network:</u></b> \$30 copay for Health and Wellness services.
<b>Transportation (Routine):</b> Not covered.	<b>Transportation (Routine):</b> This plan does not cover routine transportation.	<b>Transportation (Routine):</b> This plan does not cover routine transportation.
<b>Acupuncture:</b> Not covered.	<b>Acupuncture:</b> This plan does not cover acupuncture.	<b>Acupuncture:</b> This plan does not cover acupuncture.