

Health Tradition 65Plus Platinum

NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SELECT COVERAGE FOR 2010 Please read this carefully!

Medicare Part A Services and Supplies	MEDICARE BENEFITS		YOUR MEDICARE SELECT COVERAGE	
	For each Benefit Period in 2009, Medicare pays	Effective January 1, 2010 Medicare will pay	In 2009, your coverage pays	Effective January 1, 2010 your coverage will pay
Hospitalization Inpatient Hospital Services, Semi-Private Room and Board, Misc. Hospital Services and Supplies, such as Drugs, X-Rays, Lab Tests and Operating Room	All but \$1,068 for the first 60 days per benefit period	All but \$1,100 for the first 60 days per benefit period	Initial \$1,068 deductible	Initial \$1,100 deductible
	All but \$267 for 61 st -90 th days per benefit period	All but \$275 for 61 st -90 th days per benefit period	\$267 per day	\$275 per day
	All but \$534 per day for 91 st -150 th days	All but \$550 per day for 91 st -150 th days	\$534 per day	\$550 per day
	Beyond 150 days Medicare pays nothing	Beyond 150 days Medicare pays nothing	Beyond 150 days: 100% of eligible costs	Beyond 150 days: 100% of eligible costs
Skilled Nursing Care In a facility approved by Medicare. Confinement must meet Medicare standards. You must have been in a hospital for at least three days and enter the facility within 30 days after discharge	100% of cost for first 20 days per benefit period	100% of cost for first 20 days per benefit period	\$0	\$0
	All but \$133.50 per day for 21 st -100 th days per benefit period	All but \$137.50 per day for 21 st -100 th days per benefit period	\$133.50 per day	\$137.50 per day
	Beyond 100 days – nothing per benefit period	Beyond 100 days – nothing per benefit period	\$0	\$0
Inpatient Psychiatric Care In a participating psychiatric hospital	190 days per lifetime	190 days per lifetime	175 days per lifetime after Medicare days are exhausted	175 days per lifetime after Medicare days are exhausted
Blood	All costs <i>except</i> payment of deductible (equal to costs for first 3 pints of blood) each calendar year. Part A blood deductible is reduced to the extent paid under Part B	\$0 for first 3 pints	First 3 pints of blood each calendar year	First 3 pints of blood each calendar year
		100% of additional amounts	\$0	\$0

****SEE OTHER SIDE FOR IMPORTANT INFORMATION****

Medicare Part B Services and Supplies	MEDICARE BENEFITS		YOUR MEDICARE SELECT COVERAGE	
	In 2009, Medicare pays	Effective January 1, 2010 Medicare will pay	In 2009, your coverage pays	Effective January 1, 2010 your coverage will pay
Medical Expenses Medicare-eligible expenses for physician's services, inpatient and outpatient medical services, physical and speech therapy, diagnostic tests, and durable medical equipment	80% of allowable charges (after \$135 deductible per calendar year)	80% of allowable charges (after \$155 deductible per calendar year)	Initial \$135 deductible & 20% of Medicare-approved charges* <i>if</i> you use Health Tradition providers** (or in case of hospital outpatient department services under a prospective payment system, applicable copayments)	Initial \$155 deductible and 20% of Medicare-approved charges* <i>if</i> you use Health Tradition providers** (or in case of hospital outpatient department services under a prospective payment system, applicable copayments)
Preventive Medical Care Benefits Some annual physical and preventive tests and services administered or ordered by your practitioner when not covered by Medicare	\$0	\$0	<ul style="list-style-type: none"> • Physical exam • Eye exam • Hearing exam • Immunizations 	<ul style="list-style-type: none"> • Physical exam • Eye exam • Hearing exam • Immunizations
Blood	80% of allowable charges (after \$135 deductible) except fees for first 3 pints in each calendar year	80% of allowable charges (after \$135 deductible) except fees for first 3 pints in each calendar year	First 3 pints of blood and 20% of Medicare-approved charges for additional pints of blood	First 3 pints of blood and 20% of Medicare-approved charges for additional pints of blood
Clinical Laboratory Services – Tests for Diagnostic Services	100%	100%	\$0	\$0
Home Health Care	100% of charges for visits considered medically necessary	100% of charges for visits considered medically necessary	A total of 365 visits/year including those Medicare covers	A total of 365 visits/year including those Medicare covers

* This *Health Tradition 65Plus Platinum* Medicare Select policy pays 20% of Medicare Part B approved charges for Medicare Part B eligible expenses. You will not receive a bill unless you obtain services or supplies from a physician or provider not affiliated with Health Tradition Health Plan without a plan authorized referral.

** There are limitations on the choice of providers and the geographical area served.

THESE CHARTS SUMMARIZE THE CHANGES IN YOUR MEDICARE BENEFITS AND IN YOUR MEDICARE SELECT POLICY PROVIDED BY HEALTH TRADITION HEALTH PLAN AND ONLY BRIEFLY DESCRIBE SUCH BENEFITS. FOR MORE INFORMATION ON YOUR MEDICARE BENEFITS, CONTACT YOUR SOCIAL SECURITY OFFICE OR THE CENTERS FOR MEDICARE & MEDICAID SERVICES. FOR INFORMATION ON YOUR MEDICARE SELECT POLICY, CONTACT:

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