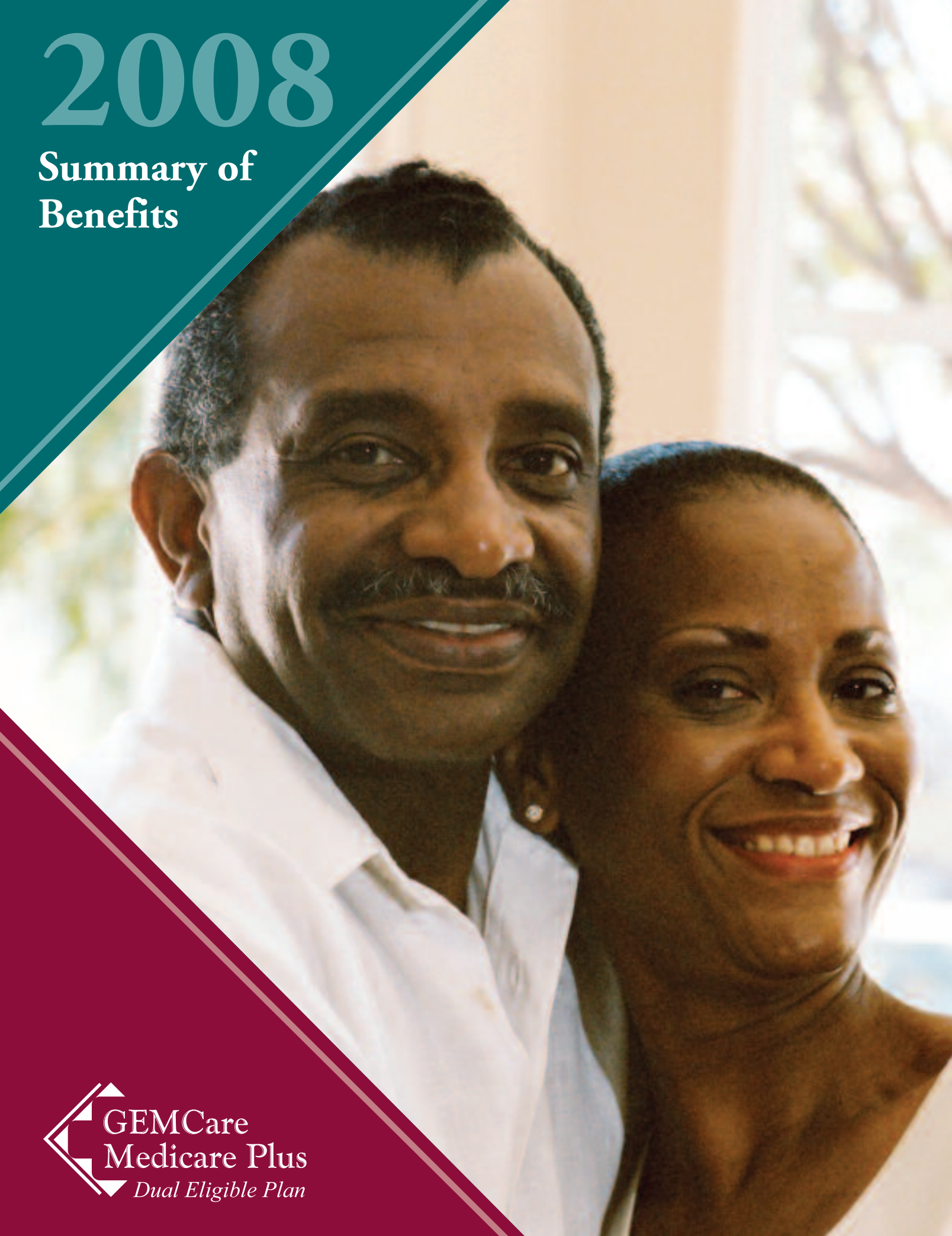


# 2008

## Summary of Benefits





# **Introduction to the Summary of Benefits for GEMCare Medicare Plus Dual Eligible Plan**

January 1, 2008 - December 31, 2008

## **Kern County**

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Thank you for your interest in GEMCare Medicare Plus Dual Eligible Plan. Our plan is offered by GEMCare Health Plan Inc., a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. Please call GEMCare Medicare Plus Dual Eligible Plan to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call GEMCare Medicare Plus 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 GEMCare Medicare Plus Dual Eligible Plan. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

Please call GEMCare Medicare Plus 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 GEMCare Medicare Plus Dual Eligible Plan 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 Original Medicare covers.

Our members receive all of the benefits that Original Medicare offers. We also offer more benefits, which may change from year to year.

### **WHERE IS GEMCARE MEDICARE PLUS DUAL ELIGIBLE PLAN AVAILABLE?**

The service area for this plan is: Kern County, CA. You must live in Kern County CA to join this plan.

### **WHO IS ELIGIBLE TO JOIN GEMCARE MEDICARE PLUS DUAL ELIGIBLE PLAN?**

You can join GEMCare Medicare Plus Dual Eligible Plan if you are entitled to Medicare Part A and enrolled in Medicare Part B, live in the service area, and have Medi-Cal. However, individuals with End Stage Renal Disease are not eligible to enroll in GEMCare Medicare Plus Dual Eligible Plan.

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

GEMCare Medicare Plus Dual Eligible Plan 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 for an up-to-date list or visit us at [www.gemcarehealthplan.com](http://www.gemcarehealthplan.com). Our customer service number is listed at the end of this introduction.

### **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither GEMCare Health Plan nor Original Medicare will pay for these services.

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

GEMCare Medicare Plus Dual Eligible Plan 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?**

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GEMCare Medicare Plus Dual Eligible Plan 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 current Pharmacy Network List or visit us at [www.gemcarehealthplan.com](http://www.gemcarehealthplan.com). Our customer service number is listed at the end of this introduction.

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

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GEMCare Medicare Plus Dual Eligible Plan uses a formulary. A formulary is a list of drugs covered by the 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 a formulary to you and you can see our complete formulary on our website at [www.gemcarehealthplan.com](http://www.gemcarehealthplan.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirement 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?**

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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 GEMCare Medicare Plus Dual Eligible Plan, 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?**

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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.

As a member of GEMCare Medicare Plus Dual Eligible 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.

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

**Customer Service Hours:**

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

Current and Prospective members should call (877) 697-2464 for questions related to GEMCare Medicare Plus Dual Eligible Plan (TTY/TDD (888) 833-9312).

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.

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

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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 GEMCare Medicare Plus Dual Eligible Plan for more details.

## SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 002

*If you have any questions about this plan's benefits or costs, please contact **GEMCare Health Plan***

Benefit Category	Original Medicare	GEMCare Medicare Plus Dual Eligible Plan
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### IMPORTANT INFORMATION

<b>1 Premium and Other Important Information</b>	You pay the Medicare Part B Premium of \$ 96.40 each month.	You pay \$1.40 each month for your plan benefits including Medicare Part D prescription drug benefits.  Because you are eligible for benefits from Medicaid (known as Medi-Cal in California), the State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. These amounts may differ based on what kind of Medicaid benefits you have. The cost sharing amounts you pay are listed below. In addition, you will have to pay the copayment amounts listed for prescription drug (Part D) coverage.
<b>2 Doctor and Hospital Choice</b> (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.  If a doctor or supplier does not accept assignment, their costs are often higher, which means you may pay more.	With the exception of emergency and urgently needed care and out-of-area renal dialysis, out-of-network services are not covered.  You must go to network doctors, specialists, and hospitals.  You need a referral to go to network hospitals and certain doctors, including specialists for certain services.

### INPATIENT CARE

<b>3 Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)	You pay for each benefit period: ③ <ul style="list-style-type: none"> <li>• Days 1-60: an initial deductible of \$1,024</li> <li>• Days 61-90: \$256 each day</li> <li>• Days 91-150: \$512 each lifetime reserve day ④</li> </ul> Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. ④	There is no copayment (\$0) for each Medicare-covered stay at a network hospital.  You are covered for 90-days each benefit period. ③  Except in an emergency, your provider must obtain authorization from GEMCare Health Plan.
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③ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

④ Lifetime reserve days can only be used once.

## SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 002

*If you have any questions about this plan's benefits or costs, please contact **GEMCare Health Plan***

Benefit Category	Original Medicare	GEMCare Medicare Plus Dual Eligible Plan
<b>INPATIENT CARE (Continued)</b>		
<b>4 Inpatient Mental Health Care</b>	You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.	You pay \$948.48 copayment for each Medicare-covered stay at a network hospital. Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your provider must obtain authorization from GEMCare Health Plan.
<b>5 Skilled Nursing Facility</b> (in a Medicare-certified skilled nursing facility)	You pay for each benefit period, ③ following at least a 3-day covered hospital stay. <ul style="list-style-type: none"> <li>• Days 1-20: \$0 each day</li> <li>• Days 21-100: \$128 for each day</li> </ul> There is a limit of 100 days for each benefit period. ③ There is no copayment (\$0) for services received at a Skilled Nursing Facility.	There is no copayment (\$0) for services received at a Skilled Nursing Facility. No prior hospital stay is required. You are covered for 100 days each benefit period. ③ Authorization rules may apply for services.
<b>6 Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no copayment for all covered home health visits.	There is no copayment (\$0) for Medicare-covered home health visits. Authorization rules may apply for services.
<b>7 Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.
<b>OUTPATIENT CARE</b>		
<b>8 Doctor Office Visits</b>	You pay 20% of Medicare-approved amounts. ①②	You pay \$0 copayment for each primary care doctor visit for Medicare-covered services. You pay \$0 copayment for each specialist visit for Medicare-covered services. Authorization rules may apply for services.

① Each year, you pay a total of one \$135 deductible.

② If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

③ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

## SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 002

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Benefit Category	Original Medicare	GEMCare Medicare Plus Dual Eligible Plan
<b>OUTPATIENT CARE (Continued)</b>		
<b>9 Chiropractic Services</b>	You pay 20% of Medicare-approved amounts for manual manipulation of the spine to correct subluxation, provided by a chiropractor or other qualified provider. <b>①②</b> Routine care is not covered.	You pay \$0 copayment for each Medicare-covered visit (manual manipulation of the spine to correct subluxation). You pay \$0 copayment for up to 12 routine visits every year. Authorization rules may apply for services.
<b>10 Podiatry Services</b>	You pay 20% of Medicare-approved amounts for medically necessary foot care, including care for medical conditions affecting the lower limbs. <b>①②</b> Routine care is not covered.	You pay \$0 copayment for each Medicare-covered visit (medically necessary foot care). You pay \$0 copayment for up to 12 routine visits every year. Authorization rules may apply for services.
<b>11 Outpatient Mental Health Care</b>	You pay 50% of Medicare-approved amounts for most outpatient mental health services. <b>①②</b>	You pay \$0 copayment for each Medicare-covered individual/group therapy visit. Authorization rules may apply for services.
<b>12 Outpatient Substance Abuse Care</b>	You pay 20% of Medicare-approved amounts. <b>①②</b>	You pay \$0 copayment for each Medicare-covered individual/group visit. Authorization rules may apply for services.
<b>13 Outpatient Services/Surgery</b>	You pay 20% of Medicare-approved amounts for the doctor. <b>①②</b> You pay 20% of outpatient facility charges. <b>①②</b>	You pay \$0 copayment for each Medicare-covered visit to an ambulatory surgical center. You pay \$0 copayment for each Medicare-covered visit to an outpatient hospital facility. Authorization rules may apply for services.
<b>14 Ambulance Services</b> (medically necessary ambulance services)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. <b>①②</b>	You pay \$0 copayment for Medicare-covered ambulance services. Authorization rules may apply for services.

**①** Each year, you pay a total of one \$135 deductible.

**②** If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

## SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 002

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Benefit Category	Original Medicare	GEMCare Medicare Plus Dual Eligible Plan
<b>OUTPATIENT CARE (Continued)</b>		
<b>15 Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay 20% of the facility charge or applicable copayment for each emergency room visit; you do not pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. ❶❷  You pay 20% of doctor charges. ❶❷  NOT covered outside the U.S. except under limited circumstances.	You pay \$50 copayment for each Medicare-covered emergency room visit. Worldwide coverage.  If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.
<b>16 Urgently Needed Care</b> (This is NOT emergency care and, in most cases, is out of the service area.)	You pay 20% of Medicare-approved amounts or applicable copayment. ❶❷  NOT covered outside the U.S. except under limited circumstances.	You pay \$0 copayment for each Medicare-covered urgently needed care visit. Worldwide coverage.
<b>17 Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	You pay 20% of Medicare-approved amounts. ❶❷	You pay \$0 copayment for each Medicare-covered Occupational Therapy visit.  You pay \$0 copayment for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.  Authorization rules may apply for services.
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18 Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. ❶❷	You pay 20% of the cost for each Medicare-covered item.  Authorization rules may apply for services.
<b>19 Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. ❶❷	You pay 20% of the cost for each Medicare-covered item.  Authorization rules may apply for services.
<b>20 Diabetes Self-Monitoring Training and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	You pay 20% of Medicare-approved amounts. ❶❷	There is no copayment (\$0) for diabetes self-monitoring training.  There is no copayment (\$0) for nutrition therapy for diabetes.  There is no copayment (\$0) for diabetes supplies.  Authorization rules may apply for services.

❶ Each year, you pay a total of one \$135 deductible.

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## SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 002

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Benefit Category	Original Medicare	GEMCare Medicare Plus Dual Eligible Plan
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES (Continued)</b>		
<b>21 Diagnostic Tests, X-Rays, and Lab Services</b>	<p>You pay 20% of Medicare-approved amounts for diagnostic tests and x-rays. ❶❷</p> <p>There is no copayment for Medicare-approved 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>There is no copayment (\$0) for the following Medicare-covered service(s):</p> <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> <li>- X-rays</li> <li>- diagnostic radiology services</li> <li>- radiation therapy services</li> </ul> <p>Authorization rules may apply for services.</p>
<b>PREVENTIVE SERVICES</b>		
<b>22 Bone Mass Measurement</b> (for people with Medicare who are at risk)	<p>You pay 20% of Medicare-approved amounts. ❶❷</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>You pay \$0 copayment for each Medicare-covered bone mass measurement.</p> <p>Authorization rules may apply for services.</p>
<b>23 Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	<p>You pay 20% of Medicare-approved amounts. ❶❷</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>You pay \$0 copayment for each Medicare-covered colorectal screening exam.</p> <p>Authorization rules may apply for services.</p>
<b>24 Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	<p>There is no copayment for the Pneumonia and Flu vaccines.</p> <p>You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. ❶❷</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>	<p>There is no copayment (\$0) for the Pneumonia and Flu vaccines.</p> <p>No referral necessary for Medicare-covered influenza and pneumonia vaccines.</p> <p>There is no copayment (\$0) for the Hepatitis B vaccine.</p> <p>Authorization rules may apply for services.</p>

❶ Each year, you pay a total of one \$135 deductible.

❷ If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

## SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 002

*If you have any questions about this plan's benefits or costs, please contact **GEMCare Health Plan***

Benefit Category	Original Medicare	GEMCare Medicare Plus Dual Eligible Plan
<b>PREVENTIVE SERVICES (Continued)</b>		
<b>25 Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)	You pay 20% of Medicare-approved amounts. <b>②</b> No referral necessary for Medicare-covered screenings. 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.	There is no copayment (\$0) for Medicare-covered screening mammograms. Authorization rules may apply for services.
<b>26 Pap Smears and Pelvic Exams</b> (for women with Medicare)	There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. <b>②</b> You pay 20% of Medicare-approved amounts for Pelvic Exams. <b>①②</b>	You pay \$0 copayment for Medicare-covered pap smears and pelvic exams.
<b>27 Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts for the digital rectal exam. <b>①②</b> There is no copayment for the PSA test. You pay 20% of Medicare-approved amounts for other related services. <b>①②</b> Covered once a year for all men with Medicare over age 50. <b>①②</b>	You pay \$0 copayment for each Medicare-covered prostate cancer screening.
<b>28 End-Stage Renal Disease (ESRD)</b>	You pay 20% of Medicare-approved amounts for dialysis. <b>①②</b>	You pay \$0 copayment for in and out-of-area dialysis. You pay \$0 for nutrition therapy for renal disease. Authorization rules may apply for services. Out-of-area renal dialysis services do not require authorization.

**①** Each year, you pay a total of one \$135 deductible.

**②** If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

## SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 002

*If you have any questions about this plan's benefits or costs, please contact **GEMCare Health Plan***

Benefit Category	Original Medicare	GEMCare Medicare Plus Dual Eligible Plan
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### PREVENTIVE SERVICES (Continued)

#### 29 Prescription Drugs

You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug Plan.

This plan uses a formulary. A formulary is a list of drugs covered by your 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 a formulary to you and you can see our complete formulary on our website at [www.gemcarehealthplan.com](http://www.gemcarehealthplan.com).

#### Drugs covered under Medicare Part B

You pay \$0 copayment for Part-B covered drugs.

You pay \$0 copayment for Part B-covered chemotherapy drugs.

#### Drugs covered under Medicare Part D

##### General

The plan offers national in-network coverage. This means that you will pay the same amount for our 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.

Some drugs have quantity limits.

Your provider must get authorization from GEMCare Medicare Plus Dual Eligible Plan for certain drugs.

If a drug costs less than the normal copayment amount, you will pay the copayment for that drug.

##### In-Network

Depending on your income level, you pay \$0 to \$56 yearly deductible.

#### Initial Coverage

Depending on your income level, you pay either \$0 to \$2.25 copayment, or 15% coinsurance for generic drugs (including brand name drugs treated as generic). You pay either \$0 to \$5.60 copayment, or 15% coinsurance for all other drugs.

You can get drugs the following ways:

##### Retail Pharmacy

- one-month (30-day) supply of drugs
- three-month (90-day) supply of drugs

##### Long-Term Care Pharmacy

- one-month (31-day) supply of drugs

## SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 002

*If you have any questions about this plan's benefits or costs, please contact **GEMCare Health Plan***

Benefit Category	Original Medicare	GEMCare Medicare Plus Dual Eligible Plan
<b>PREVENTIVE SERVICES (Continued)</b>		
<b>Prescription Drugs (Continued)</b>		<p><b>Mail Order</b> - three-month (90) supply of drugs</p> <p><b>Out-of-Network</b> 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 pay more than the copayment if you get drugs at an out-of-network pharmacy.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay \$0 co-payment for prescription drugs.</p> <p><b>Over-the-Counter Benefit</b> You can obtain certain Over-the-Counter medications and supplies by mail. You can obtain up to \$60 in products per quarter. Contact Member Services for additional details.</p>
<b>30 Dental Services</b>	Preventive dental services (such as cleaning) are not covered.	In general, preventive dental benefits (such as cleaning) are not covered. You pay \$0 copayment for each Medicare-covered dental benefits.
<b>31 Hearing Services</b>	Routine hearing exams and hearing aids not covered. You pay 20% of Medicare-approved amounts for diagnostic hearing exams. ①②	In general, you pay 100% for routine hearing exams and hearing aids. You pay \$0 copayment for each Medicare-covered hearing exam (diagnostic hearing exams). Authorization rules may apply for services.

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## SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 002

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Benefit Category	Original Medicare	GEMCare Medicare Plus Dual Eligible Plan
<b>PREVENTIVE SERVICES (Continued)</b>		
<b>32 Vision Services</b>	<p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. ❶❷</p> <p>Routine eye exams and glasses are not covered.</p> <p>Medicare pays for one pair of glasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b></p> <p>You pay:</p> <ul style="list-style-type: none"> <li>- \$0 copayment for exams to diagnose and treat diseases and conditions of the eye</li> <li>- \$0 copayment for one pair of eyeglasses or contact lenses after each cataract surgery</li> </ul> <p>Non-Medicare-covered eye exams and glasses are not covered.</p>
<b>33 Physical Exams</b>	<p>When you get Medicare Part B, you can get a one-time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests. You pay 20% of Medicare-approved amounts for the physical exam. ❶❷</p>	<p><b>In-Network</b></p> <p>You pay \$0 copayment for routine exams, limited to one exam every year.</p>
<b>34 Health/Wellness Education</b>	<p>Medicare does not cover health/wellness education.</p>	<p>There is no copayment for health/wellness education benefits, including written health education materials such as newsletters and brochures.</p>

❶ Each year, you pay a total of one \$135 deductible.

❷ If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.



**GEMCare Medicare Plus**  
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