



Summary Of Benefits

2011

Introduction to the Summary of Benefits for GEMCare Medicare Plus (HMO)

January 1, 2011 - December 31, 2011

Kern County

Thank you for your interest in GEMCare Medicare Plus (HMO). Our plan is offered by GEMCARE HEALTH PLAN INC./GEMCARE Health Plan, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call GEMCare Medicare Plus (HMO) 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 (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call GEMCare Medicare Plus (HMO) at the telephone 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.

HOW CAN I COMPARE MY OPTIONS?

You can compare GEMCare Medicare Plus (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

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

WHERE IS GEMCARE MEDICARE PLUS (HMO) AVAILABLE?

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

WHO IS ELIGIBLE TO JOIN GEMCARE MEDICARE PLUS (HMO)?

You can join GEMCare Medicare Plus (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in GEMCare Medicare Plus (HMO) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

GEMCare Medicare Plus (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.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 except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

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

GEMCare Medicare Plus (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not

pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.gemcarehealthplan.com. Our customer service number is listed at the end of this introduction.

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

GEMCare Medicare Plus (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

GEMCare Medicare Plus (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.gemcarehealthplan.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.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare 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 and see

www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

- The Social Security Administration 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.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of GEMCare Medicare Plus (HMO), 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 your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of GEMCare Medicare Plus (HMO), 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 your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we 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 (HMO) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact GEMCare Medicare Plus (HMO) 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.

WHERE CAN I FIND INFORMATION ON 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 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 to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call GEMCARE Health Plan for more information about GEMCare Medicare Plus (HMO).

Please call GEMCare Health Plan at (877) 6 7-2464 for more information about this plan.

Visit us at 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 toll-free (877)-697-2464 for questions related to the Medicare Advantage Program. (TTY/TDD (888)-833-9312).

Current and Prospective members should call locally (661)-716-8800 for questions related to the Medicare Advantage Program. (TTY/TDD (888)-833-9312).

Current and Prospective members should call toll-free (877)-697-2464 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (888)-833-9312)

Current and Prospective members should call locally (661)-716-8800 for questions related to the Medicare Part D Prescription Drug program. (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 on the web.

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

If you have any questions about this plan's benefits or costs, please contact GEMCARE Health Plan for details.

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|----------|-------------------|---------------------------|
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IMPORTANT INFORMATION

1 Premium and Other Important Information

In 2010 the monthly Part B Premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.

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

Most people will pay the standard monthly Part B premium. However, 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 Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

General

\$0 monthly plan premium in addition to your monthly Medicare Part B premium.

Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633- 4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

This plan covers all Medicare-covered preventive services with zero cost sharing.

In Network

\$3,350 out-of-pocket limit.

This limit includes only Medicare-covered services.

2 Doctor and Hospital Choice

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

You may go to any doctor, specialist or hospital that accepts Medicare.

In Network

You must go to network doctors, specialists, and hospitals.

Referral required for network hospitals and specialists (for certain benefits).

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|--|--|---|
| INPATIENT CARE | | |
| <p>3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p> | <p>In 2010 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> • Days 1 - 60: \$1100 deductible • Days 61 - 90: \$275 per day • Days 91 - 150: \$550 per lifetime reserve day <p>These amounts will change for 2011. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. 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. There is no limit to the number of benefit periods you can have.</p> | <p>In Network Plan covers 90 days each benefit period. For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1 - 5: \$200 copay per day • Days 6 - 90: \$0 copay per day <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |
| <p>4 Inpatient Mental Health Care</p> | <p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital.</p> | <p>In Network You get up to 190 days in a Psychiatric Hospital in a lifetime. \$948.48 copay for each Medicare-covered hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|---|--|--|
| INPATIENT CARE (Continued) | | |
| <p>5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p> | <p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> • Days 1 - 20: \$0 each day • Days 21 - 100: \$137.50 per day <p>These amounts will change for 2011.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> | <p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period No prior hospital stay is required. For SNF stays:</p> <ul style="list-style-type: none"> • Days 1 - 14: \$0 copay per day • Days 15 - 100: \$75 copay per day |
| <p>6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p> | <p>\$0 copay</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered home health visit.</p> |
| <p>7 Hospice</p> | <p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p> | <p>General You must get care from a Medicare-certified hospice.</p> |
| <p>8 Doctor Office Visits</p> | <p>20% coinsurance</p> | <p>General See "Welcome to Medicare; and Annual Wellness Visit", for more information. Authorization rules may apply.</p> <p>In-Network \$5 copay for each primary care doctor visit for Medicare-covered benefits. \$10 copay for each in-area, network urgent care Medicare-covered visit. \$10 copay for each specialist visit for Medicare-covered benefits.</p> |

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| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|---|---|---|
| OUTPATIENT CARE | | |
| 9 Chiropractic Services | 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. | <p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for each Medicare-covered visit. \$10 copay for up to 12 routine visit(s) every year 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.</p> |
| 10 Podiatry Services | Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. | <p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for each Medicare-covered visit. \$10 copay for up to 12 routine visit(s) every year Medicare-covered podiatry benefits are for medically- necessary foot care.</p> |
| 11 Outpatient Mental Health Care | 45% coinsurance for most outpatient mental health services. | <p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for each Medicare-covered individual or group therapy visit.</p> |
| 12 Outpatient Substance Abuse Care | 20% coinsurance | <p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for Medicare-covered individual or group visits.</p> |
| 13 Outpatient Services/Surgery | 20% coinsurance for the doctor Specified copayment for outpatient hospital facility charges. Copay cannot exceed than Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility charges | <p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit. \$100 copay for each Medicare-covered outpatient hospital facility visit.</p> |

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|--|---|--|
| OUTPATIENT CARE (Continued) | | |
| 14 Ambulance Services (medically necessary ambulance services) | 20% coinsurance | General Authorization rules may apply. In-Network \$175 copay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare -covered ambulance benefits. |
| 15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.) | 20% coinsurance for the doctor. Specified copayment for outpatient hospital emergency room (ER) facility charge. ER Copay cannot exceed Part A inpatient hospital deductible. 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. | General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit. |
| 16 Urgently Needed Care (This is NOT emergency care and, in most cases, is out of the service area.) | 20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances. | General \$10 copay for Medicare-covered urgently needed care visits. |
| 17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more) | 20% coinsurance | General Authorization rules may apply. In-Network \$10 copay for Medicare-covered Occupational Therapy visits. \$10 copay for Medicare-covered Physical and/or Speech and Language Therapy visits. \$0 copay for Medicare-covered Cardiac Rehab services. |
| OUTPATIENT MEDICAL SERVICES AND SUPPLIES | | |
| 18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.) | 20% coinsurance | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. |

Please call GEMCare Health Plan at (877) 6 7-2464 for more information about this plan.

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|--|---|---|
| OUTPATIENT MEDICAL SERVICES AND SUPPLIES (Continued) | | |
| 19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.) | 20% coinsurance | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. |
| 20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, self- management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes) | 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. | General Authorization rules may apply. In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies. |
| 21 Diagnostic Tests, X-Rays, Lab Services, and Radiology services | 20% coinsurance for diagnostic tests and x- rays \$0 copay for Medicare-covered lab services 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. | General Authorization rules may apply. In-Network \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests 0% of the cost for Medicare-covered X-rays. 0% of the cost for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered therapeutic radiology services. |
| PREVENTIVE SERVICES | | |
| 22 Bone Mass Measurement (for people with Medicare who are at risk) | No coinsurance, copayment or deductible Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. | General Authorization rules may apply. In-Network \$0 copay for Medicare-covered bone mass measurement |
| 23 Colorectal Screening Exams (for people with Medicare age 50 and older) | No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy. Covered when you are high risk or when you are age 50 and older. | General Authorization rules may apply. In-Network \$0 copay for Medicare-covered colorectal screenings. |

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|---|--|--|
| PREVENTIVE SERVICES (Continued) | | |
| 24 Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine) | \$0 copay for Flu, Pneumonia, and Hepatitis B vaccines. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. | General Authorization rules may apply. In-Network \$0 copay for Flu and Pneumonia vaccines. No referral needed for Flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. |
| 25 Mammograms (Annual Screening) (for women with Medicare age 40 and older) | No coinsurance, copayment or deductible. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39. | In-Network \$0 copay for Medicare-covered screening mammograms. |
| 26 Pap Smears and Pelvic Exams (for women with Medicare) | No coinsurance, copayment, or deductible for Pap smears. No coinsurance, copayment, or deductible for Pelvic and clinical breast exams. Covered once every 2 years. Covered once a year for women with Medicare at high risk. | In-Network \$0 copay for Medicare-covered pap smears and pelvic exams |
| 27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older) | 20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50. | In-Network \$0 copay for Medicare-covered prostate cancer screening. |

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|--|---|--|
| PREVENTIVE SERVICES (Continued) | | |
| 28 End-Stage Renal Disease (ESRD) | <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>General Authorization rules may apply.</p> <p>In-Network \$0 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease</p> |
| 29 Prescription Drugs | <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> | <p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.gemcarehealthplan.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from GEMCare Medicare Plus (HMO) for certain drugs.</p> |

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

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PREVENTIVE SERVICES (Continued)

Prescription Drugs (Continued)

The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan 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 that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on 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.

You pay \$0 the first time you fill a prescription for certain drugs. These drugs will be listed as "free first fill" on the plan's website, formulary, printed materials, and on the Medicare Prescription Drug Plan Finder on Medicare.gov.

If you request a formulary exception for a drug and GEMCare Medicare Plus (HMO) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost sharing for that drug.

In-Network
\$0 deductible.

Initial Coverage

You pay the following until total yearly drug costs reach \$2,840:

Retail Pharmacy

Tier 1: Preferred Generic Drugs

- \$4 copay for a one-month (30-day) supply of drugs in this tier
- \$12 copay for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Tier 2: Generic Drugs

- \$12 copay for a one-month (30-day) supply of drugs in this tier
- \$36 copay for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Tier 3: Non-Preferred Generic and Preferred Brand Drugs

- \$35 copay for a one-month (30-day) supply of drugs in this tier
- \$105 copay for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Please call GEMCare Health Plan at (877) 6 7-2464 for more information about this plan.

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|----------|-------------------|---------------------------|

PREVENTIVE SERVICES (Continued)

Prescription Drugs (Continued)

Tier 4: Non-Preferred Brand Drugs

- \$75 copay for a one-month (30-day) supply of drugs in this tier
- \$225 copay for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Tier 5: Injectable Drugs

- 33% coinsurance for a one-month (30-day) supply of drugs in this tier
- 33% coinsurance for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Tier 6: Specialty Tier Drugs

- 33% coinsurance for a one-month (30-day) supply of drugs in this tier
- 33% coinsurance for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Long Term Care Pharmacy

Tier 1: Preferred Generic Drugs

- \$4 copay for a one-month (31-day) supply of drugs in this tier

Tier 2: Generic Drugs

- \$12 copay for a one-month (31-day) supply of drugs in this tier

Tier 3: Non-Preferred Generic and Preferred Brand Drugs

- \$35 copay for a one-month (31-day) supply of drugs in this tier

Tier 4: Non-preferred Brand Drugs

- \$75 copay for a one-month (31-day) supply of drugs in this tier

Tier 5: Injectable Drugs

- 33% coinsurance for a one-month (31-day) supply of drugs in this tier

Tier 6: Specialty Tier Drugs

- 33% coinsurance for a one-month (31-day) supply of drugs in this tier

Mail Order

Tier 1: Preferred Generic Drugs

- \$12 copay for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|----------|-------------------|---------------------------|
|----------|-------------------|---------------------------|

PREVENTIVE SERVICES (Continued)

Prescription Drugs (Continued)

Tier 2: Generic Drugs

- \$36 copay for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Tier 3: Non-Preferred Generic and Preferred Brand Drugs

- \$105 copay for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Tier 4: Non-preferred Brand Drugs

- \$225 copay for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Tier 5: Injectable Drugs

- 33% coinsurance for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Tier 6: Specialty Tier Drugs

- 33% coinsurance for a three-month (90-day) supply of drugs in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Additional Coverage Gap

The plan covers some formulary generics (10-64% of the formulary generic drugs) through the coverage gap.

You pay the following:

Retail Pharmacy

Tier 1: Preferred Generic Drugs

- \$4 copay for a one-month (30-day) supply of all drugs covered in this tier
- \$12 copay for a three-month (90-day) supply of all drugs covered in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

Long Term Care Pharmacy

Tier 1: Preferred Generic Drugs

- \$4 copay for a one-month (31-day) supply of all drugs covered in this tier

Mail Order

Tier 1: Preferred Generic Drugs

- \$12 copay for a three-month (90-day) supply of all drugs covered in this tier

Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|----------|-------------------|---------------------------|
|----------|-------------------|---------------------------|

PREVENTIVE SERVICES (Continued)

Prescription Drugs (Continued)

After your total yearly drug costs reach \$2,840, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 93% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550.

atastrophic overage

After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of:

- A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or
- 5% coinsurance.

Out-of-Network

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from GEMCare Medicare Plus (HMO).

Out-of-Network Initial Coverage

You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:

Tier 1: Preferred Generic Drugs

- \$4 copay for a one-month (30-day) supply of drugs in this tier

Tier 2: Generic Drugs

- \$12 copay for a one-month (30-day) supply of drugs in this tier

Tier 3: Non-Preferred Generic and Preferred Brand Drugs

- \$35 copay for a one-month (30-day) supply of drugs in this tier

Tier 4: Non-Preferred Brand Drugs

- \$75 copay for a one-month (30-day) supply of drugs in this tier

Tier 5: Injectable Drugs

- 33% coinsurance for a one-month (30-day) supply of drugs in this tier

Tier 6: Specialty Tier Drugs

- 33% coinsurance for a one-month (30-day) supply of drugs in this tier

You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.

**SUMMARY OF BENEFITS
FOR CONTRACT H5609, PLAN 001**

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|----------|-------------------|---------------------------|
|----------|-------------------|---------------------------|

PREVENTIVE SERVICES (Continued)

**Prescription Drugs
(Continued)**

Additional Out-of-Network coverage Gap

You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:

Tier 1: Preferred Generic Drugs

- \$4 copay for a one-month (30-day) supply of all drugs covered in this tier

Tier 2: Generic Drugs

You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.

You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.

Tier 3: Non-Preferred Generic and Preferred Brand Drugs

You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.

You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.

Tier 4: Non-Preferred Brand Drugs

You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.

You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.

Tier 5: Injectable Drugs

You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.

You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.

Tier 6: Specialty Tier Drugs

You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.

You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.

You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|---|--|--|
| PREVENTIVE SERVICES (Continued) | | |
| Prescription Drugs (Continued) | | 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 your cost share, which is the greater of: <ul style="list-style-type: none"> - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance. You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. |
| 30 Dental Services | Preventive dental services (such as cleaning) not covered. | In-Network \$0 copay for Medicare-covered dental benefits. In general, preventive dental benefits (such as cleaning) not covered. |
| 31 Hearing Services | Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. | General Authorization rules may apply. In-Network Hearing aids not covered. <ul style="list-style-type: none"> - \$10 copay for Medicare-covered diagnostic hearing exams - \$10 copay for up to 1 routine hearing test(s) every year |
| 32 Vision Services | 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk. | General Authorization rules may apply. In-Network \$0 copay for <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years - \$0 to \$10 copay for exams to diagnose and treat diseases and conditions of the eye. - \$20 copay for routine eye exams \$75 plan coverage limit for eye wear every two years. |

SUMMARY OF BENEFITS FOR CONTRACT H5609, PLAN 001

| Benefits | Original Medicare | GEMCare Medicare Plus HMO |
|--|---|--|
| PREVENTIVE SERVICES (Continued) | | |
| 33 Welcome to Medicare; and Annual Wellness Visit | <p>When you join Medicare Part B, then you are eligible as follows.</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p> | <p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 copay for Medicare-covered benefits.</p> |
| 34 Health/Wellness Education | <p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> | <p>In-Network</p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>\$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> |
| Transportation (Routine) | <p>Not covered.</p> | <p>In-Network</p> <p>This plan does not cover routine transportation.</p> |
| Acupuncture | <p>Not covered.</p> | <p>In-Network</p> <p>This plan does not cover Acupuncture.</p> |

Section 3

This portion of the summary of benefits will outline in more detail how routine items (not covered under original Medicare) will work. If you have additional questions, you should contact GEMCare Health Plan's Members Services at: 1-877-697-2464 (toll free), 661-716-8800 (local) or 1-888-833-9312 (TTY).

CHIROPRACTIC BENEFITS:

GEMCare Medicare Plus (HMO) offers a routine chiropractic benefit. This benefit is in addition to the Medicare covered chiropractic benefits. For a list of routine chiropractic providers, please see the provider directory.

What is medically necessary chiropractic care?

Medically necessary chiropractic services are those services or supplies that are needed for the diagnosis or treatment of your medical condition, meet the standards of good medical practice, and are not mainly for the convenience of you or your doctor. Medically necessary chiropractic services are referred by your primary care physician to the medical group for authorization.

What is "routine chiropractic care?"

Routine chiropractic care is for services that are not medically necessary for the treatment of a clinical condition or problem. Routine services are provided at the request of the patient and are not referred by a primary or specialty care physician.

What is covered under "routine chiropractic care?"

Twelve (12) routine chiropractic visits per calendar year will be covered. There will be a \$10 co-payment for each routine visit.

How do you access "routine chiropractic care?"

GEMCare Health Plan contracts with a network of chiropractors for "routine" care services. An authorization is not needed from the medical group for routine chiropractic care.

What is not covered under "routine chiropractic care?"

The following services are not covered under the routine chiropractic benefit, but may be covered under your medical benefits with a referral from your primary care physician:

1. Medically necessary chiropractic services;
2. Any treatment for a condition deemed medically necessary, arising out of a work injury, or covered by medical or liability insurance;
3. Routine x-rays; and
4. Diagnostic scanning and testing, MRI, CT scan, or other scanning tests.

What services are never covered under "routine chiropractic care?"

1. Thermography;
2. Acupuncture;
3. Services related to any kind of rehabilitation;
4. Hypnotherapy, behavioral training, sleep therapy, weight loss programs, educational programs, non-medical self-help or self-care programs, or exercise training;
5. Air conditioners, air purifiers, therapeutic mattress supplies, any therapeutic devices and appliances;
6. Vitamins, minerals, supplements or similar products; and
7. Anesthesia, manipulation under anesthesia, hospitalization, or other related services.

PODIATRY BENEFITS:

GEMCare Medicare Plus (HMO) offers a routine podiatry benefit. This benefit is in addition to the Medicare covered podiatry benefits.

What is “routine podiatry care?”

Routine podiatry foot care is defined as any treatment for corns, calluses, nail trimming, warts, and hygienic measures of the foot. These services are not normally covered by Medicare. GEMCare Health Plan offers this care to patients with specified medical conditions in an effort to prevent disability and discomfort of our members..

Are there any limitations to “routine foot care?”

Routine podiatry/foot care is limited to members with the specified conditions listed below. A maximum of 12 podiatry visits per calendar year is allowed. There is a \$10 copayment for each visit.

How do you access “routine foot care?”

Routine podiatry/foot care for those members with specified conditions is coordinated and arranged by your primary care physician (PCP). If your PCP does not perform routine podiatry services, a referral must be submitted for you to obtain services under this benefit.

How do I know if “routine foot care” for specified conditions applies to me?

Referral to a podiatrist for “routine” foot care is allowed only if you have one or more of the following conditions and it is documented in your medical record:

1. Neuropathy of the legs causing numbness, tingling, lack of feeling, or pain in the foot;
2. Vascular disease of the legs causing blockage with poor circulation and blood supply to the legs and feet;
3. Documented “sugar” diabetes;
4. “Bad vein” circulation (chronic phlebitis) with episodes of leg pain, swelling and inflammation;

5. Foot ulcers, wounds, or infections that are slow to heal; and,
6. Any other disorder that prevents you from being able to take care of your feet (such as crippling arthritis or blindness). This allows services to be provided to members who cannot give themselves routine foot care.

What if the conditions noted above do not apply to me?

Foot care for all other conditions and problems of the foot that are not considered routine yet are necessary should be referred to podiatry by your primary care physician as a “medically necessary” service. This means the condition requires diagnosis and treatment by a specialist, meets the standards of good medical practice, and is not provided for the convenience of you or your doctor.



GEMCare Medicare Plus HMO

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