

Summary of Benefits

Fidelis Medicare Advantage Flex Plan (HMO-POS), Fidelis Medicare Advantage (HMO-POS), Fidelis Medicare Advantage without RX (HMO-POS) and

Fidelis Medicare Advantage Part B Reduction (HMO-POS)

CMS Contract # H3328

January 1, 2010 – December 31, 2010

Albany, Bronx, Columbia, Dutchess, Greene, Herkimer, Kings, Montgomery, Nassau*, New York, Oneida, Onondaga, Orange*, Oswego, Queens, Rensselaer, Richmond, Rockland*, Schenectady, Suffolk*, Ulster, and Westchester* counties

*** Fidelis Medicare Advantage (HMO-POS) and Fidelis Medicare Advantage Part B Reduction (HMO-POS) are not available in these counties.**

Thank you for your interest in Fidelis Medicare Advantage Plans (HMO-POS). Our plans are offered by Fidelis Care, a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS). 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 Fidelis Care and ask for the "Evidence of Coverage" for Fidelis Medicare Advantage Flex Plan (HMO-POS), Fidelis Medicare Advantage (HMO-POS), Fidelis Medicare Advantage Part B Reduction (HMO-POS) and Fidelis Medicare Advantage without Rx (HMO-POS).

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 Fidelis Care 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 join or leave a plan only at certain times. Please call Fidelis Care at the 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 Fidelis Care 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 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 ARE FIDELIS CARE PLANS AVAILABLE?

The service area for this plan includes: Albany, Bronx, Columbia, Dutchess, Greene, Herkimer, Kings, Montgomery, Nassau*, New York, Oneida, Onondaga, Orange*, Oswego, Queens, Rensselaer, Richmond, Rockland*, Schenectady, Suffolk*, Ulster, and Westchester* Counties, NY. You must live in one of these areas to join the plan.

* Fidelis Medicare Advantage (HMO-POS) and Fidelis Medicare Advantage Part B Reduction (HMO-POS) are not available in these counties.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Member Service for more information.

WHO IS ELIGIBLE TO JOIN FIDELIS CARE PLANS?

You can join Fidelis Care 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 are generally not eligible to enroll in Fidelis Care Plans unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Fidelis Care has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, 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 for an up-to-date list or visit us at www.fideliscare.org.

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?

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.

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 Fidelis Care, 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, Island Peer Review Organization (IPRO), by calling 1-800-446-2447 for hospital service appeals or 1-888-696-9561 for all other services.

As a member of Fidelis Care 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, Island Peer Review Organization (IPRO), by calling 1-800-446-2447 for hospital service appeals or 1-888-696-9561 for all other services.

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

Fidelis Care Plans do cover Medicare Part B prescription drugs. Fidelis Medicare Advantage without Rx (HMO-POS) does NOT cover Medicare Part D prescription drugs. Fidelis Medicare Advantage Flex Plan (HMO-POS), Fidelis Medicare Advantage (HMO-POS), and Fidelis Medicare Advantage Part B Reduction (HMO-POS) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

Outpatient prescription drugs that may be covered under Medicare Part B include, but are not limited to, the following types of drugs. Contact Fidelis Care 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 alpha 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.

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 at 1-800-247-1447 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-695-8544.

Please Call Fidelis Care for more information about our plans.

Visit us at www.fideliscare.org or call us:

Customer Service Hours:

For help or information, please call Member Services from 8:00 a.m. to 8:00 p.m. seven days a week, November 15th through March 1st. From March 2nd to November 14th, Member Services will be available from 8:00 a.m. to 8:00 p.m. Monday through Friday.

Current members should call 1-800-247-1447. (TTY/TDD 1-800-695-8544)

Prospective members should call 1-800-860-8707. (TTY/TDD 1-800-558-1125)

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.

Section 2 – Summary of Benefits for Fidelis Medicare Advantage Flex Plan (HMO-POS), Fidelis Medicare Advantage (HMO-POS) and Fidelis Medicare Advantage Without Rx (HMO-POS) for Year 2010

Benefit Category	Original Medicare	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare Advantage (HMO-POS) (Plan 012)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
IMPORTANT INFORMATION				
1. Premium and Other Important Information	<p>In 2009, the monthly Part B premium was \$96.40 and will change for 2010. The yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor/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. Starting January 1, 2010, some will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010). For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.</p>	<p>General \$33.30 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network</p> <p>\$3,400 out-of-pocket limit. This limit includes only Medicare-covered services.</p> <p>Out-of-Network</p> <p>\$6,800 out-of-pocket limit. This limit includes only Medicare-covered services.</p> <p>In and Out-of-Network \$550 limit every year for Non-Medicare-covered benefits. Contact the plan for services that apply.</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network</p> <p>\$3,400 out-of-pocket limit. This limit includes only Medicare-covered services.</p> <p>Out-of-Network</p> <p>\$6,800 out-of-pocket limit. This limit includes only Medicare-covered services.</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network</p> <p>\$3,400 out-of-pocket limit. This limit includes only Medicare-covered services.</p> <p>Out-of-Network</p> <p>\$6,800 out-of-pocket limit. This limit includes only Medicare-covered services.</p>

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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 Referral required for network specialists (for certain benefits).	In-Network Referral required for network specialists (for certain benefits).	In-Network Referral required for network specialists (for certain benefits).
Summary of Benefits				
Inpatient Care				
3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In 2009 the amounts for each benefit period: Days 1 - 60: \$1,068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day These amounts will change for 2010. Please 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	In-Network \$450 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network \$700 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network \$1,100 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

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	<p>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>			

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4. Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day limit in a psychiatric hospital.	In-Network For Medicare-covered hospital stays: Days 1 – 10: \$75 copay per day Days 11 - 90: \$0 copay per day You get up to 190 days in a psychiatric hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network \$700 copay for each Medicare-covered hospital stay. You get up to 190 days in a psychiatric hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network \$1,100 copay for each Medicare-covered hospital stay. You get up to 190 days in a psychiatric hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

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<p>5. Skilled Nursing Facility (SNF)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1- 20: \$0 per day Days 21-100: \$133.50 per day</p> <p>These amounts will change for 2010.</p> <p>100 days for each benefit period.</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 For SNF stays: Days 1 – 40: \$50 copay per day Days 41 – 100: \$0 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 – 40: \$75 copay per day Days 41 – 100: \$0 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 – 40: \$75 copay per day Days 41 – 100: \$0 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>

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6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits.

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7. Hospice	<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</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice.</p>

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OUTPATIENT CARE				
8. Doctor Office Visits	20% coinsurance	<p>General See "Physical Exams" for more information.</p> <p>In-Network</p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for the cost of each in-area network urgent care Medicare-covered visit.</p> <p>\$0 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See "Physical Exams" for more information.</p> <p>In-Network</p> <p>\$3 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$3 copay for each in-area network urgent care Medicare-covered visit.</p> <p>\$3 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See "Physical Exams" for more information.</p> <p>In-Network</p> <p>\$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p>

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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 provider.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered visits. 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.	General Authorization rules may apply. In-Network \$3 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.	General Authorization rules may apply. In-Network \$35 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.
10. Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered podiatry visits. Medicare-covered podiatry benefits are for medically-necessary foot care.	General Authorization rules may apply. In-Network \$3 copay for each Medicare-covered podiatry visit. Medicare-covered podiatry benefits are for medically-necessary	General Authorization rules may apply. In-Network \$35 copay for each Medicare-covered podiatry visit. Medicare-covered podiatry benefits are for medically-necessary

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			foot care.	foot care.
11. Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered Mental Health visits.	General Authorization rules may apply. In-Network \$3 copay for each Medicare-covered individual or group therapy visit.	General Authorization rules may apply. In-Network \$35 copay for each Medicare-covered individual or group therapy visit.
12. Outpatient Substance Abuse Care	20% coinsurance.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered visits.	General Authorization rules may apply. In-Network \$3 copay for Medicare-covered individual or group visits.	General Authorization rules may apply. In-Network \$35 copay for Medicare-covered individual or group visits.
13. Outpatient Services/Surgery	20% coinsurance for the doctor. 20% of outpatient facility charges.	General Authorization rules may apply. In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered	General Authorization rules may apply. In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered	General Authorization rules may apply. In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered

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		outpatient hospital facility visit.	outpatient hospital facility visit.	outpatient hospital facility visit.
14. Ambulance Services (Medically necessary ambulance services)	20% coinsurance	General Authorization rules may apply. In-Network \$50 copay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.	General Authorization rules may apply. In-Network \$130 copay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.	General Authorization rules may apply. In-Network \$130 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. 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.	General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.	General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.	General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.

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<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area).</p>	<p>20% coinsurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$0 copay for Medicare-covered urgent-care visits.</p>	<p>General</p> <p>\$3 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>	<p>General</p> <p>\$35 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>
<p>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy).</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered occupational therapy visits.</p> <p>\$0 copay for Medicare-covered physical and/or speech/language therapy visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$3 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$3 copay for Medicare-covered physical and/or speech/language therapy visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$35 copay for Medicare-covered occupational therapy visits.</p> <p>\$35 copay for Medicare-covered physical and/or speech/language therapy visits.</p>

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OUTPATIENT MEDICAL SERVICES AND SUPPLIES				
18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	General Authorization rules may apply. In-Network 10% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.
19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	General Authorization rules may apply. In-Network 10% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.

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<p>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training).</p>	<p>20% coinsurance</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 dietician 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</p> <p>\$0 copay for diabetes self-monitoring training.</p> <p>\$0 copay for nutrition therapy for diabetes.</p> <p>\$0 copay for diabetes supplies.</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for diabetes self-monitoring training.</p> <p>\$0 copay for nutrition therapy for diabetes.</p> <p>\$0 copay for diabetes supplies.</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for diabetes self-monitoring training.</p> <p>\$0 copay for nutrition therapy for diabetes.</p> <p>\$0 of the cost for diabetes supplies.</p>

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<p>21. Diagnostic Tests, X-Rays, Lab Services and Radiology Services</p>	<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>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services - diagnostic procedures and tests <p>0% of the cost for Medicare-covered X-rays.</p> <p>0% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% of the cost for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% of the cost for Medicare-covered lab services</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p>

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PREVENTIVE SERVICES				
22. Bone Mass Measurement (for people with Medicare who are at risk).	20% coinsurance 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.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered bone mass measurement.	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)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings.	In-Network \$0 copay for Medicare-covered colorectal screenings.	In-Network \$0 copay for Medicare-covered colorectal screenings.
24. Immunizations (Flu, Hepatitis B - for people with Medicare who are at risk, and Pneumonia vaccines)	\$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.	In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines.	In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines.	In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines.

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25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)	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.	In-Network \$0 copay for Medicare-covered screening mammograms.	In-Network \$0 copay for Medicare-covered screening mammograms.	In-Network \$0 copay for Medicare-covered screening mammograms.
26. Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for pelvic exams.	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams. Up to 1 additional pap smear and pelvic exam every year.	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams. Up to 1 additional pap smear and pelvic exam every year.	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams. Up to 1 additional pap smear and pelvic exam every year.
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.	In-Network \$0 copay for Medicare-covered prostate cancer screening.	In-Network \$0 copay for Medicare-covered prostate cancer screening.

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28. ESRD	<p>20% coinsurance for 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 dietician 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</p> <p>20% of the cost for renal dialysis.</p> <p>\$0 copay for nutrition therapy for End-Stage Renal Disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for renal dialysis.</p> <p>\$0 copay for nutrition therapy for End-Stage Renal Disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for renal dialysis.</p> <p>\$0 copay for nutrition therapy for End-Stage Renal Disease.</p>

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29. Prescription Drugs	<p>Most drugs not covered under Original Medicare.</p> <p>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</p> <p>20% to 30% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>20% to 30% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>Most drugs not covered.</p> <p>20% to 30% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p>
Drugs covered under Medicare Part D (Prescription Drug Benefit)		<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary on the web www.fideliscare.org.</p>	<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary on the web at www.fideliscare.org.</p>	<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan does not offer prescription drug coverage.</p>

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		<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 (this would include 50 states and DC). This means that you will pay the same cost-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>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 (this would include 50 states and DC). This means that you will pay the same cost-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>	

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		<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 Fidelis Medicare Advantage Flex Plan (HMO-POS) for certain drugs.</p> <p>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 your network. These drugs are listed on the plan's website, formulary, and printed materials, as</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 Fidelis Medicare Advantage (HMO-POS) for certain drugs.</p> <p>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 your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare</p>	

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Deductible		<p>well as on the Medicare Prescription Drug Plan Finder on Medicare.gov</p> <p>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.</p> <p>If you request a formulary exception in this plan and Fidelis Care approves the exception, you will pay Preferred Brand cost sharing for that drug.</p> <p>In-Network</p> <p>\$310 yearly deductible</p>	<p>Prescription Drug Plan Finder on Medicare.gov.</p> <p>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.</p> <p>If you request a formulary exception in this plan and Fidelis Care approves the exception, you will pay Preferred Brand cost sharing for that drug.</p> <p>In-Network</p> <p>\$310 deductible on all drugs except Generic drugs.</p>	

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Long Term Care Pharmacy		<p>Non-Preferred Brand \$55 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$165 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Specialty 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>25% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Long Term Care Pharmacy</p> <p>Generic \$6 copay for a one-month (34-day) supply of drugs in this tier.</p>	<p>Non-Preferred Brand 60% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>60% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Specialty 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>25% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Long Term Care Pharmacy</p> <p>Generic \$4 copay for a one-month (34-day) supply of drugs in this tier.</p>	

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Mail Order Pharmacy		<p>Preferred Brand \$35 copay for a one-month (34-day) supply of drugs in this tier.</p> <p>Non-Preferred Brand \$55 copay for a one-month (34-day) supply of drugs in this tier.</p> <p>Specialty 25% coinsurance for a one-month (34-day) supply of drugs in this tier.</p> <p>Mail Order Pharmacy</p> <p>Generic \$18 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Preferred Brand \$105 copay for a three-month (90-day) supply of drugs in this tier.</p>	<p>Preferred Brand 40% coinsurance for a one-month (34-day) supply of drugs in this tier.</p> <p>Non-Preferred Brand 60% coinsurance for a one-month (34-day) supply of drugs in this tier .</p> <p>Specialty 25% coinsurance for a one-month (34-day) supply of drugs in this tier.</p> <p>Mail Order Pharmacy</p> <p>Generic \$8 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Preferred Brand 30% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>	

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Coverage Gap		<p>Non-Preferred Brand \$165 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Specialty 25% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Coverage Gap After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>Non-Preferred Brand 50% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Specialty 25% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Coverage Gap The plan covers all generics (100% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy Generic \$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.</p>	

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Catastrophic Coverage		Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:	<p>Long Term Care Pharmacy Generic</p> <p>\$4 copay for a one-month (34-day) supply of drugs in this tier.</p> <p>Mail Order Pharmacy Generic</p> <p>\$8 copay for a three-month (90-day) supply of all drugs covered 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> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p>	

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Out of Network		<p>\$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or 5% coinsurance.</p> <p>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 Fidelis Medicare Advantage Flex (HMO-POS).</p>	<p>\$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or 5% coinsurance.</p> <p>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 Fidelis Medicare Advantage (HMO-POS).</p>	

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		<p>Out-of-Network Initial Coverage</p> <p>After you pay your yearly deductible, 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>Generic \$6 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Preferred Brand \$35 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred Brand \$55 copay for a one-month (30-day) supply of drugs in this tier.</p>	<p>Out-of-Network Initial Coverage</p> <p>After you pay your yearly deductible, 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>Generic \$4 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Preferred Brand 40% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred Brand 60% coinsurance for a one-month (30-day) supply of drugs in this tier.</p>	

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		<p>Specialty 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Out-of-Network Coverage Gap 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 Fidelis Medicare Advantage Flex (HMO-POS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fidelis Medicare Advantage Flex (HMO-POS) so we can add the amounts you spent out-</p>	<p>Specialty 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>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:</p> <p>Generic \$4 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand 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</p>	

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		<p>of-network to your total out-of-pocket costs for the year.</p>	<p>will not be reimbursed by Fidelis Medicare Advantage (HMO-POS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fidelis Medicare Advantage (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Non-Preferred Brand</p> <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 Fidelis Medicare Advantage (HMO-POS) for out-of-network purchases when you are in the coverage gap.</p>	

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			<p>However, you should still submit documentation to Fidelis Medicare Advantage (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty</p> <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 Fidelis Medicare Advantage (HMO-POS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fidelis Medicare Advantage (HMO-POS) so we can add the amounts you spent out-</p>	

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		<p>Out-of-Network Catastrophic Coverage</p> <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) and \$6.30 copay for all other drugs or 5% coinsurance.</p>	<p>of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage</p> <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) and \$6.30 copay for all other drugs or 5% coinsurance.</p>	

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30. Dental Services	Preventive dental services (such as cleaning) not covered.	In-Network \$0 copay for Medicare-covered dental benefits. \$0 copay for the following preventive dental benefits: - oral exams - cleanings - fluoride treatments - dental x-rays Plan offers additional comprehensive dental benefits.	In-Network In general, preventive dental benefits (such as cleaning) not covered. \$3 copay for Medicare-covered dental benefits	In-Network In general, preventive dental benefits (such as cleaning) not covered. \$35 copay for Medicare-covered dental benefits.
31. Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	In-Network \$0 copay for Medicare-covered diagnostic hearing exams - up to 1 routine hearing test every year \$0 copay for hearing aids	In-Network In general, routine hearing exams and hearing aids not covered. \$3 copay for Medicare-covered diagnostic hearing exams	In-Network In general, routine hearing exams and hearing aids not covered. \$35 copay for Medicare-covered diagnostic hearing exams

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32. Vision Services	<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>In-Network</p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye.</p> <p>- Up to 1 routine eye exam every year</p> <p>\$0 copay for</p> <p>- one pair of eyeglasses or contact lenses after each cataract surgery</p> <p>- glasses</p> <p>- contacts</p> <p>- lenses</p> <p>- frames</p>	<p>In-Network</p> <p>Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$3 copay for exams to diagnose and treat diseases and conditions of the eye.</p>	<p>In-Network</p> <p>Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p>

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33. Physical Exams	<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>In-Network</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p>	<p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p>	<p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p>
Health/Wellness Education	<p>Smoking Cessation:</p> <p>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>General</p> <p>Please visit our plan website to see our list of covered over-the-counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for sing this benefit.</p> <p>In-Network</p> <p>This plan covers the following health/wellness education benefits:</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare Advantage (HMO-POS) (Plan 012)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
		<ul style="list-style-type: none"> - written health education materials, including newsletters - nutritional training - health club membership/fitness classes \$0 copay for each Medicare-covered smoking cessation session.		
Transportation (Routine)	Not covered.	In-Network \$0 copay for each round-trip to plan-approved location.	In-Network This plan does not cover routine transportation.	In-Network This plan does not cover routine transportation.
Acupuncture	Not covered.	In-Network \$0 copay	In-Network This plan does not cover acupuncture.	In-Network This plan does not cover acupuncture.
Point of Service	You may go to any doctor, specialist, or hospital that accepts Medicare.	Out-of-Network Point of Service coverage is available for the following benefits: <ul style="list-style-type: none"> - inpatient hospital care - inpatient mental health care 	Out-of-Network Point of Service coverage is available for the following benefits: <ul style="list-style-type: none"> - inpatient hospital care - inpatient mental health care 	Out-of-Network Point of Service coverage is available for the following benefits: <ul style="list-style-type: none"> - inpatient hospital care - inpatient mental health care

Benefit Category	Original Medicare	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare Advantage (HMO-POS) (Plan 012)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
		<ul style="list-style-type: none"> - skilled nursing facility (SNF) - home health care - doctor office visits - chiropractic services - podiatry services - outpatient mental health care - outpatient substance abuse care - outpatient services/surgery - ambulance services - outpatient rehabilitation services - durable medical equipment - prosthetic devices - diabetes self-monitoring training, nutrition therapy, and supplies - diagnostic tests, x-rays, lab services, and radiology services - bone mass measurement - colorectal screening exam - immunizations 	<ul style="list-style-type: none"> - skilled nursing facility (SNF) - home health care - doctor office visits - chiropractic services - podiatry services - outpatient mental health care - outpatient substance abuse care - outpatient services/surgery - ambulance services - outpatient rehabilitation services - durable medical equipment - prosthetic devices - diabetes self-monitoring training, nutrition therapy, and supplies - diagnostic tests, x-rays, lab services, and radiology services - bone mass measurement - colorectal screening exam - immunizations 	<ul style="list-style-type: none"> - skilled nursing facility (SNF) - home health care - doctor office visits - chiropractic services - podiatry services - outpatient mental health care - outpatient substance abuse care - outpatient services/surgery - ambulance services - outpatient rehabilitation services - durable medical equipment - prosthetic devices - diabetes self-monitoring training, nutrition therapy, and supplies - diagnostic tests, x-rays, lab services, and radiology services - bone mass measurement - colorectal screening exam - immunizations

Benefit Category	Original Medicare	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare Advantage (HMO-POS) (Plan 012)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
		<ul style="list-style-type: none"> - mammograms (annual screenings) - pap smears and pelvic exams - prostate cancer screening exams - physical exams - transportation - comprehensive outpatient rehabilitation facility (CORF) - partial hospitalization - other health care professional services - diagnostic radiological services - therapeutic radiological services - outpatient x-rays - cardiac rehabilitation services - outpatient blood - nutrition therapy for diabetes and renal disease <p>\$6,800 out-of-pocket limit every year for POS benefits.</p>	<ul style="list-style-type: none"> - mammograms (annual screenings) - pap smears and pelvic exams - prostate cancer screening exams - physical exams - transportation - comprehensive outpatient rehabilitation facility (CORF) - partial hospitalization - other health care professional services - diagnostic radiological services - therapeutic radiological services - outpatient x-rays - cardiac rehabilitation services - outpatient blood - nutrition therapy for diabetes and renal disease <p>\$6,800 out-of-pocket limit every year for POS benefits.</p>	<ul style="list-style-type: none"> - mammograms (annual screenings) - pap smears and pelvic exams - prostate cancer screening exams - physical exams - transportation - comprehensive outpatient rehabilitation facility (CORF) - partial hospitalization - other health care professional services - diagnostic radiological services - therapeutic radiological services - outpatient x-rays - cardiac rehabilitation services - outpatient blood - nutrition therapy for diabetes and renal disease <p>\$6,800 out-of-pocket limit every year for POS benefits.</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare Advantage (HMO-POS) (Plan 012)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
		<p>\$900 copay per hospital stay.</p> <p>For Inpatient Psychiatric Hospital stays:</p> <p>Days 1-10: \$150 copay per day Days 11-90: \$0 copay per day</p> <p>For each SNF stay:</p> <p>Days 1-40 \$100 copay per SNF day</p> <p>Days 41 and beyond: \$0 copay per SNF day</p>	<p>\$1,400 copay per hospital stay.</p> <p>\$1,400 per Inpatient Psychiatric Hospital stays:</p> <p>For each SNF stay:</p> <p>Days 1-40 \$150 copay per SNF day</p> <p>Days 41 and beyond: \$0 copay per SNF day</p>	<p>\$2,200 copay per hospital stay.</p> <p>\$2,200 per Inpatient Psychiatric Hospital stays:</p> <p>For each SNF stay:</p> <p>Days 1-40 \$150 copay per SNF day</p> <p>Days 41 and beyond: \$0 copay per SNF day</p>

Section 2 – Summary of Benefits for Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) for Year 2010

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
IMPORTANT INFORMATION		
<p>1. Premium and Other Important Information</p>	<p>In 2009, the monthly Part B premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</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. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010). 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>\$0 monthly plan premium in addition to your monthly Medicare Part B premium. You will receive a \$40 per month reduction in your Part B premium.</p> <p>In-Network \$3,400 out-of-pocket limit. This limit includes only Medicare-covered services.</p> <p>Out-of-Network \$6,800 out-of-pocket limit. This limit includes only Medicare-covered services.</p>
<p>2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16).</p>	<p>You may go to any doctor, specialist, or hospital that accepts Medicare.</p>	<p>In-Network Referral required for network specialists (for certain benefits).</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
Summary of Benefits		
Inpatient Care		
3. Inpatient Hospital Care	<p>In 2009 the amounts for each benefit period: Days 1 - 60: \$1,068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day These amounts will change for 2010. Please 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</p> <p>\$1,100 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 the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan you are going to be admitted to the hospital.</p>
4. Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day limit in a psychiatric hospital.</p>	<p>In-Network</p> <p>\$1,100 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a psychiatric hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
<p>5. Skilled Nursing Facility (SNF)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1- 20: \$0 per day Days 21-100: \$133.50 per day</p> <p>These amounts will change for 2010.</p> <p>100 days for each benefit period.</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</p> <p>For SNF stays:</p> <p>Days 1 – 40: \$75 copay per day Days 41 – 100: \$0 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required</p>
<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</p> <p>\$0 copay for Medicare-covered home health visits.</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
7. Hospice	<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</p> <p>You must get care from a Medicare-certified hospice.</p>
OUTPATIENT CARE		
8. Doctor Office Visits	20% coinsurance	<p>General</p> <p>See "Physical Exams," for more information.</p> <p>In-Network</p> <p>\$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 copay for each in-area network urgent care Medicare-covered visit.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p>
9. Chiropractic Services	<p>Routine care not covered.</p> <p>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 provider.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$35 copay for each Medicare-covered visit.</p> <p>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>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
10. Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	General Authorization rules may apply. In-Network \$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11. Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	General Authorization rules may apply. In-Network \$35 copay for each Medicare-covered individual or group therapy visit.
12. Outpatient Substance Abuse Care	20% coinsurance	General Authorization rules may apply. In-Network \$35 copay for Medicare-covered individual or group visits.
13. Outpatient Services/Surgery	20% coinsurance for the doctor. 20% of outpatient facility charges	General Authorization rules may apply. In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit.

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
<p>14. Ambulance Services (Medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$130 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>
<p>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care).</p>	<p>20% coinsurance for the doctor.</p> <p>20% of facility charge, or a set copay per emergency room visit.</p> <p>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.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area).</p>	<p>20% coinsurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$35 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent care visit.</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
17. Outpatient Rehabilitation Services (occupational therapy, physical therapy, speech and language therapy)	20% coinsurance	General Authorization rules may apply. In-Network \$35 copay for Medicare-covered occupational therapy visits. \$35 copay for Medicare-covered physical and/or speech/language therapy visits.
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.
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.

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
<p>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance.</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 dietician 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</p> <p>\$0 copay for diabetes self-monitoring training.</p> <p>\$0 copay for nutrition therapy for diabetes.</p> <p>\$0 for diabetes supplies.</p>
<p>21. Diagnostic Tests, X-Rays, Lab Services and Radiology Services</p>	<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>General Authorization rules may apply.</p> <p>In-Network</p> <p>0% of the cost for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
PREVENTIVE SERVICES		
22. Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance 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)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings.
24. Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	\$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.	In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines.
25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)	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.	In-Network \$0 copay for Medicare-covered screening mammograms.

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
26. Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams.	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams Up to 1 additional pap smear and pelvic exam every year.
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.
28. ESRD	20% coinsurance for dialysis 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease. 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 dietician or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	General Authorization rules may apply. In-Network 20% of the cost for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
29. Prescription Drugs	<p>Most drugs not covered under Original Medicare.</p> <p>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 General</p> <p>20% to 30% 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>(Prescription Drug Benefit)</p>		<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.fideliscare.org 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 (this would include 50 states and DC). This means that you will pay the same cost-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>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
Deductible		<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 Fidelis Medicare Advantage Part B Reduction (HMO-POS) for certain drugs.</p> <p>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 your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov</p> <p>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.</p> <p>If you request a tier exception in this plan and Fidelis Care approves the exception, you will pay Preferred Brand cost sharing for that drug.</p> <p>In-Network</p> <p>\$310 yearly deductible.</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
<p data-bbox="191 540 386 573">Coverage Gap</p> <p data-bbox="191 699 369 768">Catastrophic Coverage</p> <p data-bbox="191 984 407 1016">Out of Network</p>		<p data-bbox="1182 237 1478 269">Non-Preferred Brand</p> <p data-bbox="1182 302 1919 370">\$190 copay for a three-month (90-day) supply of drugs in this tier.</p> <p data-bbox="1182 407 1308 440">Specialty</p> <p data-bbox="1182 443 1881 511">25% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p data-bbox="1182 540 1377 573">Coverage Gap</p> <p data-bbox="1182 576 1898 680">After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p data-bbox="1182 688 1497 721">Catastrophic Coverage</p> <p data-bbox="1182 724 1902 792">After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <p data-bbox="1182 833 1913 937">\$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or 5% coinsurance.</p> <p data-bbox="1182 980 1402 1013">Out-of-Network</p> <p data-bbox="1182 1016 1940 1341">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 Fidelis Medicare Advantage Part B Reduction (HMO-POS).</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
		<p>Out-of-Network Initial Coverage</p> <p>After you pay your yearly deductible, 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>Generic \$5 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Preferred Brand \$45 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred Brand \$95 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Specialty 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Out-of-Network Coverage Gap</p> <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 Fidelis Medicare Advantage Part B Reduction (HMO-POS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
		<p>Fidelis Medicare Advantage Part B Reduction (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage</p> <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) and \$6.30 copay for all other drugs or 5% coinsurance.</p>
30. Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$35 copay for Medicare-covered dental benefits.</p>
31. Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$35 copay for Medicare-covered diagnostic hearing exams.</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
32. Vision Services	<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>In-Network Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p>
33. Physical Exams	<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>In-Network</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p>
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>In-Network</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
Transportation (Routine)	<p>Not covered.</p>	<p>In-Network This plan does not cover routine transportation.</p>
Acupuncture	<p>Not covered.</p>	<p>In-Network This plan does not cover acupuncture.</p>

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
Point of Service	You may go to any doctor, specialist, or hospital that accepts Medicare.	<p>Out-of-Network</p> <p>Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> - inpatient hospital care - inpatient mental health care - skilled nursing facility (SNF) - home health care - doctor office visits - chiropractic services - podiatry services - outpatient mental health care - outpatient substance abuse care - outpatient services/surgery - ambulance services - outpatient rehabilitation services - durable medical equipment - prosthetic devices - diabetes self-monitoring training, nutrition therapy, and supplies - diagnostic tests, x-rays, lab services, and radiology services - bone mass measurement - colorectal screening exam - immunizations - mammograms (annual screenings) - pap smears and pelvic exams - prostate cancer screening exams - physical exams - transportation

Benefit Category	Original Medicare	Fidelis Medicare Advantage Part B Reduction Plan (HMO-POS) (Plan 014)
		<ul style="list-style-type: none"> - comprehensive outpatient rehabilitation facility (CORF) - partial hospitalization - other health care professional services - diagnostic radiological services - therapeutic radiological services - outpatient x-rays - cardiac rehabilitation services - outpatient blood - nutrition therapy for diabetes and renal disease <p>\$6,800 out-of-pocket limit every year for POS benefits.</p> <p>Hospital stays: \$2,200 copay per hospital stay.</p> <p>Inpatient Psychiatric Hospital stays: \$2,200 copay per inpatient psychiatric hospital stay.</p> <p>For each SNF stay: Days 1-40 \$150 copay per SNF day. Days 41 and beyond: \$0 copay per SNF day.</p>

Section 3 – Additional Notes to the Summary of Benefits for Fidelis Medicare Advantage Plans for Year 2010

Additional Benefits (What Original Medicare Does Not Cover)

With Fidelis Medicare Advantage Flex (HMO-POS), plans, you get all the benefits covered by Original Medicare plus more. Our Flex benefit provides you with some additional services that Medicare or Medicaid do not normally cover.

There is no copay for the Flex benefits listed below; however, you must pay for the item up front and submit a copy of the receipt and the Flex Reimbursement Form to us for reimbursement. If you have purchased an approved item, we will send you a check for the cost, up to the maximum per calendar year as listed below. This maximum is a combined amount for all of the benefits listed. Flex items must be purchased in 2010. Any unused Flex amount does not carry over from year-to-year. A list of the approved Flex benefits is included in your pre-enrollment packet. Certain limitations apply. Call Member Services for additional details.

The general categories for which you can receive reimbursement under the Flex benefit are:

Over-the-counter items	Preventive and comprehensive dental services
Prescription eyewear	Hearing aids
Health club/fitness center	Acupuncture
Weight loss programs	Smoking cessation
Durable medical equipment	Medical services transportation

Fidelis Medicare Advantage Flex (HMO): \$550 maximum per calendar year

The Flex Benefit is not available to enrollees of Fidelis Medicare Advantage without Rx (HMO-POS), Fidelis Medicare Advantage (HMO-POS) and Fidelis Medicare Advantage Part B Reduction (HMO-POS).

Out-of-Network Services

As a member of Fidelis Medicare Advantage Flex, Fidelis Medicare Advantage, Fidelis Medicare Advantage without RX or Fidelis Medicare Advantage Part B Reduction, you have the ability to see out-of-network provider to obtain services, although you may pay a higher copay or coinsurance to have services rendered by that provider. The services you receive must be Medicare covered services. The chart below displays your costs when you see a non-network provider:

2010 Copays/Coinsurance for Services Rendered by Non-Network Providers

Benefit	Fidelis Medicare Advantage Flex Plan 003)	Fidelis Medicare Advantage (Plan 012)	Fidelis Medicare Advantage without RX (Plan 001)	Fidelis Medicare Advantage Part B Reduction (Plan 014)
Inpatient Hospital Care	\$900 per admit	\$1,400 per admit	\$2,200 per admit	\$2,200 per admit
Inpatient Mental Health	\$150 per day (days 1-10)	\$1,400 per admit	\$2,200 per admit	\$2,200 per admit
Skilled Nursing Facility	\$50 per day (days 1-40)	\$150 per day (days 1-40)	\$150 per day (days 1-40)	\$150 per day (days 1-40)
Home Health	\$0	\$0	\$0	\$0
Hospice	Covered by Medicare	Covered by Medicare	Covered by Medicare	Covered by Medicare
Doctors Office Visit – PCP	\$10 per visit	\$13 per visit	\$30 per visit	\$35 per visit
Doctors Office Visit – Specialist	\$30 per visit	\$33 per visit	\$55 per visit	\$55 per visit
Chiropractic Services	\$30 per visit	\$33 per visit	\$55 per visit	\$55 per visit
Podiatry Services	\$30 per visit	\$33 per visit	\$55 per visit	\$55 per visit
Outpatient Mental Health Care	\$30 per visit	\$33 per visit	\$55 per visit	\$55 per visit
Outpatient Substance Abuse Services	\$30 per visit	\$33 per visit	\$55 per visit	\$55 per visit
Outpatient Surgery – Hospital	20% per service	30% per service	30% per service	30% per service
Outpatient Surgery – Ambulatory Surgical Center	20% per service	30% per service	30% per service	30% per service
Ambulance Services	\$50 per trip	\$130 per trip	\$130 per trip	\$130 per trip
Emergency Care	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit
Urgent Care Services	\$55 per visit	\$33 per visit	\$55 per visit	\$55 per visit
Outpatient Rehabilitation Services	\$30 per visit	\$33 per visit	\$55 per visit	\$55 per visit
Durable Medical Equipment	20% per item	30% per item	30% per item	30% per item
Prosthetic Devices	20% per item	30% per item	30% per item	30% per item
Diabetic Self Monitoring	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Nutrition Therapy	\$30 per visit	\$33 per visit	\$55 per visit	\$55 per visit
Diabetic Supplies	20% per item	30% per item	30% per item	30% per item
Laboratory Services	\$0 per service	\$0 per service	\$0 per service	\$0 per service

Diagnostic Tests and Procedures	20% per service	30% per service	30% per service	30% per service
X-Ray Services	20% per service	30% per service	30% per service	30% per service
Diagnostic Radiology	20% per service	30% per service	30% per service	30% per service
Therapeutic Radiology Services	20% per service	30% per service	30% per service	30% per service
Bone Mass Measurement	\$0 per service	\$0 per service	\$0 per service	\$0 per service
Colorectal Screening	\$0 per service	\$0 per service	\$0 per service	\$0 per service
Immunizations – Flu	\$0 per service	\$0 per service	\$0 per service	\$0 per service
Immunizations – Pneumonia	\$0 per service	\$0 per service	\$0 per service	\$0 per service
Immunizations – Hepatitis B	\$0 per service	\$0 per service	\$0 per service	\$0 per service
Mammograms	20% per service	30% per service	30% per service	30% per service
Pap Smears	\$0 per service	\$0 per service	\$0 per service	\$0 per service
Pelvic Exams	\$0 per service	\$0 per service	\$0 per service	\$0 per service
Prostate Cancer Screening	\$0 per service	\$0 per service	\$0 per service	\$0 per service
ESRD	20% per service	20% per service	20% per service	20% per service
Part B Prescription Drugs	30% per service	30% per service	30% per service	30% per service
Hearing Exams	\$30 per visit	\$33 per visit	\$55 per visit	\$55 per visit
Vision Exams	\$30 per visit	\$33 per visit	\$55 per visit	\$55 per visit
Physical Exams	\$30 per visit	\$13 per visit	\$30 per visit	\$35 per visit

Obtaining Services

If you become a member of Fidelis Medicare Advantage Flex (HMO-POS), Fidelis Medicare Advantage without Rx (HMO-POS), Fidelis Medicare Advantage (HMO-POS) and Fidelis Medicare Advantage Part B Reduction (HMO-POS), show your Fidelis Identification Card to any provider who is treating you. Your provider will make sure that your claims are sent to us.

Under our Medicare plans, you decide whether to use an in-network provider or an out-of-network provider. Generally, if you use in-network providers, the amount you pay in copays or coinsurance will be lower. However, if you decide to use an out-of-network provider, you ask your provider to bill Fidelis directly using the information below:

Providers: Call 1-888-FIDELIS (1-888-343-3547) Monday through Friday from 8:30 AM to 5:00 PM to get further information on benefits and copays or use the web at www.fideliscare.org. Bill us directly by submitting through WebMD (Payer ID 11315) or Post-N-Track or by sending paper hospital, medical or ancillary claims to the following address:

Fidelis Medicare Advantage
P.O. Box 170
Amherst, NY 14226-0170

Pharmacists: Call Caremark at 1-800-345-5413 for questions regarding RX claims. Submit any RX paper claims to the following address:

Caremark/SilverScript
Medicare Part D Paper Claims
PO Box 52066, Phoenix, AZ 85072-2066

Excluded from coverage are such services as cosmetic surgery, custodial care, family planning services, non-medically necessary services, etc. For a complete listing of exclusions and non-covered services, or for more information on covered benefits, please call Member Services.

Online Enrollment Center

If you are interested in enrolling in any Fidelis Medicare Advantage Plan, you may either schedule an appointment with a Fidelis Care Sales representative and fill out a paper application, or enroll through the Internet at the Centers for Medicare and Medicaid Services Online Enrollment Center. The website address is www.medicare.gov. You can also enroll using the Fidelis web site at <http://www.fideliscare.org> and click on "Click Here to Enroll." For more information, please call Fidelis Care at the number on the back of this booklet.