



ACCREDITED
HEALTH PLAN

2011 Medicare^{Rx}
Prescription Drug Coverage ^{Rx}

Summary of BENEFITS

Resumen de Beneficios

PUP EXTRA (HMO SNP) (021)

Hillsborough, Lake, Orange, Osceola, Pasco,
Pinellas, Polk, Seminole Counties, FL

H5696_PUP532 CMS Approved 11052010

PUP 
Physicians United PlanTM

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

For PUP Extra (HMO SNP)

January 1, 2011 - December 31, 2011

ORLANDO METRO AREA AND TAMPA METRO AREA

Thank you for your interest in PUP Extra (HMO SNP). Our plan is offered by Physicians United Plan, Inc. (PUP) a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call PUP Extra (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call PUP Extra (HMO SNP) 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 PUP Extra (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call PUP Extra (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare PUP Extra (HMO SNP) 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 PUP EXTRA (HMO SNP) AVAILABLE?

The service area for this plan includes the following counties: Hillsborough, Lake, Orange, Osceola, Pasco, Pinellas, Polk, Seminole Counties, FL. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN PUP EXTRA (HMO SNP)?

You can join PUP Extra (HMO SNP) 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 generally are not eligible to enroll in PUP Extra (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

PUP Extra (HMO SNP) 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.pupcorp.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?

PUP Extra (HMO SNP) 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.pupcorp.com. Our customer service number is listed at the end of this introduction.

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

PUP Extra (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

PUP Extra (HMO SNP) 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.pupcorp.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 and 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 PUP Extra (HMO SNP), 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 PUP Extra (HMO SNP), 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 PUP Extra (HMO SNP) 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 PUP Extra (HMO SNP) 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 PUP for more information about PUP Extra (HMO SNP).

Visit us at www.pupcorp.com or, call us:

Customer Service Hours:

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

Current members should call toll-free 1-866-571-0693 for questions related to the **Medicare Advantage Program and Medicare Part D Prescription Drug Program**. (TTY/TDD 1-800-955-8771)

Current members should call locally 1-866-571-0693 for questions related to the **Medicare Advantage Program and Medicare Part D Prescription Drug Program**. (TTY/TDD 1-800-955-8771)

Prospective members should call toll-free 1-888-827-5787 for questions related to the **Medicare Advantage Program and Medicare Part D Prescription Drug Program**. (TTY/TDD 1-800-955-8771)

Prospective members should call locally 1-888-827-5787 for questions related to the **Medicare Advantage Program and Medicare Part D Prescription Drug Program**. (TTY/TDD 1-800-955-8771)

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.

This document may be available in a different format or language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un formato o idioma diferente.
Para obtener información adicional, llame al servicio al cliente en el número de teléfono que aparece arriba.

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

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

SECTION II - SUMMARY OF BENEFITS

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|---|---|--|
| IMPORTANT INFORMATION | | |
| <p>1 - Premium and Other Important Information</p> | <p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2010 the monthly Part B Premium was \$0 or \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$0 or \$155 and may change for 2011.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> | <p>General</p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$13.50 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.*</p> <p>In-Network</p> <p>\$700 out-of-pocket limit.</p> <p>All plan services included.</p> |
| <p>2 - Doctor and Hospital Choice (For more information, see <i>Emergency Care - #15</i> and <i>Urgently Needed Care - #16.</i>)</p> | <p>You may go to any doctor, specialist or hospital that accepts Medicare.</p> | <p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> |

SUMMARY OF BENEFITS

INPATIENT CARE

3 - Inpatient Hospital Care
(includes Substance Abuse and Rehabilitation Services)

In 2010 the amounts for each benefit period were **\$0** or:
 Days 1 - 60: **\$1100** deductible*
 Days 61 - 90: **\$275** per day*
 Days 91 - 150: **\$550** per lifetime reserve day*

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. There is no limit to the number of benefit periods you can have.

In-Network

No limit to the number of days covered by the plan each benefit period.

\$0 co-pay

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

4 - Inpatient Mental Health Care

Same deductible and co-pay as inpatient hospital care (see "Inpatient Hospital Care" above).

190 day lifetime limit in a Psychiatric Hospital.

In-Network

You get up to 190 days in a Psychiatric Hospital in a lifetime.

\$0 co-pay

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

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|--|---|---|
| <p>5 - Skilled Nursing Facility (SNF) <i>(in a Medicare-certified skilled nursing facility)</i></p> | <p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$137.50 per day*</p> <p>These amounts will change for 2011.</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. 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</p> <p>No prior hospital stay is required.</p> <p>\$0 co-pay for SNF services</p> |
| <p>6 - Home Health Care <i>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i></p> | <p>\$0 co-pay.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered home health visits.*</p> |
| <p>7 - Hospice</p> | <p>You pay part of the cost for outpatient drugs and you may pay part of the cost for 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> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|----------------------------------|---|--|
| OUTPATIENT CARE | | |
| 8 - Doctor Office Visits | 0% or 20% coinsurance | <p>General See “Welcome to Medicare; and Annual Wellness Visit”, for more information.</p> <p>Authorization rules may apply.</p> <p>In-Network \$0 co-pay for each primary care doctor visit for Medicare-covered benefits.*</p> <p>\$0 co-pay for the cost of each in-area, network urgent care Medicare-covered visit.*</p> <p>\$0 co-pay for each specialist doctor visit for Medicare-covered benefits.*</p> |
| 9 - Chiropractic Services | <p>Routine care not covered</p> <p>0% or 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> | <p>In-Network \$0 co-pay for Medicare-covered chiropractic visits.*</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> |
| 10 - Podiatry Services | <p>Routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> | <p>In-Network \$0 co-pay for Medicare-covered podiatry benefits.*</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|---|--|--|
| 11 - Outpatient Mental Health Care | 0% or 45% coinsurance for most outpatient mental health services. | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered Mental Health visits.*</p> |
| 12 - Outpatient Substance Abuse Care | 0% or 20% coinsurance | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered visits.*</p> |
| 13 - Outpatient Services/Surgery | <p>0% or 20% coinsurance for the doctor</p> <p>Specified co-payment for outpatient hospital facility charges. Co-pay cannot exceed Part A inpatient hospital deductible.</p> <p>0% or 20% coinsurance for ambulatory surgical center facility charges.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for each Medicare-covered ambulatory surgical center visit.*</p> <p>\$0 co-pay for each Medicare-covered outpatient hospital facility visit.*</p> |
| 14 - Ambulance Services <i>(medically necessary ambulance services)</i> | 0% or 20% coinsurance | <p>General Authorization rules may apply.</p> <p>In-Network \$0 or \$25 co-pay for Medicare-covered ambulance benefits.*</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|---|--|---|
| <p>15 - Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i></p> | <p>0% or 20% coinsurance for the doctor</p> <p>Specified co-payment for outpatient hospital emergency room (ER) facility charge.</p> <p>ER Co-pay cannot exceed Part A inpatient hospital deductible.</p> <p>You don't have to pay the emergency room co-pay 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 \$0 or \$25 co-pay for Medicare-covered emergency room visits.*</p> <p>\$10,000 plan coverage limit for emergency services outside the U.S. every year.</p> |
| <p>16 - Urgently Needed Care <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i></p> | <p>0% or 20% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p> | <p>General \$0 co-pay for Medicare-covered urgent-care visits.*</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|---|------------------------------|---|
| 17 - Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</i> | 0% or 20% coinsurance | General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered Occupational Therapy visits.* \$0 co-pay for Medicare-covered Physical and/or Speech and Language Therapy visits.* \$0 co-pay for Medicare-covered Cardiac Rehab services.* |
| OUTPATIENT MEDICAL SERVICES AND SUPPLIES | | |
| 18 - Durable Medical Equipment <i>(includes wheelchairs, oxygen, etc.)</i> | 0% or 20% coinsurance | General Authorization rules may apply. In-Network 0% or 20% of the cost for Medicare-covered items.* |
| 19 - Prosthetic Devices <i>(includes braces, artificial limbs and eyes, etc.)</i> | 0% or 20% coinsurance | General Authorization rules may apply. In-Network 0% or 20% of the cost for Medicare-covered items.* |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|--|---|--|
| <p>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)</p> | <p>0% or 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 dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p> | <p>In-Network \$0 co-pay for Diabetes self-monitoring training.*</p> <p>\$0 co-pay for Nutrition Therapy for Diabetes.*</p> <p>0% or 0% to 20% of the cost for Diabetes supplies.*</p> |
| <p>21 - Diagnostic Tests, X-rays, Lab Services, and Radiology Services</p> | <p>0% or 20% coinsurance for diagnostic tests and X-rays</p> <p>\$0 co-pay 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 co-pay for Medicare-covered:</p> <ul style="list-style-type: none"> • lab services* • diagnostic procedures and tests* • X-rays* • diagnostic radiology services (not including X-rays)* • therapeutic radiology services* |
| PREVENTIVE SERVICES | | |
| <p>22 - Bone Mass Measurement (for people with Medicare who are at risk)</p> | <p>No coinsurance, co-payment or deductible.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p> | <p>In-Network \$0 co-pay for Medicare-covered bone mass measurement.*</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|--|--|---|
| <p>23 - Colorectal Screening Exams <i>(for people with Medicare age 50 and older)</i></p> | <p>No coinsurance, co-payment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.</p> <p>Covered when you are high risk or when you are age 50 and older.</p> | <p>In-Network \$0 co-pay for Medicare-covered colorectal screenings.*</p> |
| <p>24 - Immunizations <i>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</i></p> | <p>\$0 co-pay for Flu, Pneumonia and Hepatitis B vaccines.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p> | <p>In-Network \$0 co-pay for Flu and Pneumonia vaccines.</p> <p>\$0 co-pay for Hepatitis B vaccine.*</p> <p>No referral needed for Flu and pneumonia vaccines.</p> |
| <p>25 - Mammograms <i>(Annual Screening) (for women with Medicare age 40 and older)</i></p> | <p>No coinsurance, co-payment or deductible</p> <p>No referral needed.</p> <p>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.</p> | <p>In-Network \$0 co-pay for Medicare-covered screening mammograms.*</p> |
| <p>26 - Pap Smears and Pelvic Exams <i>(for women with Medicare)</i></p> | <p>No coinsurance, co-payment or deductible for Pap smears.</p> <p>No coinsurance, co-payment or deductible for Pelvic and clinical breast exams.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> | <p>In-Network \$0 co-pay for Medicare-covered pap smears and pelvic exams*</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|--|---|--|
| <p>27 - Prostate Cancer Screening Exams <i>(for men with Medicare age 50 and older)</i></p> | <p>0% or 20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 0% or 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p> | <p>In-Network \$0 co-pay for Medicare-covered prostate cancer screening.*</p> |
| <p>28 - End-Stage Renal Disease</p> | <p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 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% or 20% of the cost for renal dialysis*</p> <p>\$0 co-pay for Nutrition Therapy for End-Stage Renal Disease.*</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|---------------------------------------|--|--|
| <p>29 - Prescription Drugs</p> | <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 \$0 yearly deductible for Part B-covered drugs.*</p> <p>0% or 20% co-pay of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p>Home Infusion Drugs, Supplies and Services</p> <p>General \$0 co-pay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these 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.pupcorp.com on the web. 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> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|---|-------------------|--|
| <p><i>(Continued)</i></p> <p>29 - Prescription Drugs</p> | | <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</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 PUP Extra (HMO SNP) 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 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.</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>In-Network You pay a \$0 yearly deductible.</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|---|-------------------|---|
| <p><i>(Continued)</i></p> <p>29 - Prescription Drugs</p> | | <p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 co-pay or • A \$1.10 co-pay or • A \$2.50 co-pay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • A \$0 co-pay or • A \$3.30 co-pay or • A \$6.30 co-pay. <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply • three-month (90-day) supply <p>Long Term Care Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (31-day) supply <p>Mail Order You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • three-month (90-day) supply <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 co-pay.</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|---|-------------------|---|
| <p><i>(Continued)</i></p> <p>29 - Prescription Drugs</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 PUP Extra (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> • one-month (30-day) supply <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by PUP Extra (HMO SNP) up to the full cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 co-pay or • A \$1.10 co-pay or • A \$2.50 co-pay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 co-pay or • A \$3.30 co-pay or • A \$6.30 co-pay. <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|------------------------------|--|--|
| 30 - Dental Services | Preventive dental services (such as cleaning) not covered. | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered dental benefits.*</p> <p>\$0 co-pay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • up to 1 oral exam(s) every six months • up to 1 cleaning(s) every six months • up to 1 fluoride treatment(s) every year • up to 1 dental X-ray(s) every year |
| 31 - Hearing Services | Routine hearing exams and hearing aids not covered. 0% or 20% coinsurance for diagnostic hearing exams. | <p>In-Network \$0 co-pay for Medicare-covered diagnostic hearing exams*</p> <p>\$0 co-pay for</p> <ul style="list-style-type: none"> • up to 1 routine hearing test(s) every year • up to 1 fitting-evaluation(s) for a hearing aid every year <p>\$0 co-pay for up to 1 hearing aid(s) every two years.</p> <p>\$500 plan coverage limit for hearing aids every two years.</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|---|--|---|
| <p>32 - Vision Services</p> | <p>0% or 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 \$0 co-pay for diagnosis and treatment for diseases and conditions of the eye* <ul style="list-style-type: none"> • and up to 1 routine eye exam(s) every year \$0 co-pay 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 year • up to 1 pair(s) of contacts every year \$100 plan coverage limit for eyewear every year.</p> |
| <p>33 - Welcome to Medicare; and Annual Wellness Visit</p> | <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, co-payment 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 \$0 co-pay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 co-pay for the required Medicare-covered initial preventive physical exam and annual wellness visits.*</p> |

| BENEFIT | ORIGINAL MEDICARE | PUP EXTRA (HMO SNP) |
|---|--|--|
| 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 0% or 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 The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Health Club Membership/Fitness Classes • Nursing Hotline <p>\$0 co-pay for each Medicare-covered smoking cessation counseling session.*</p> <p>\$0 co-pay 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 <i>(Routine)</i> | Not covered. | <p>In-Network \$0 copay for up to 2 one-way trip(s) to plan approved location.</p> |
| Acupuncture | Not covered. | <p>In-Network This plan does not cover Acupuncture.</p> |

SECTION IV - COMPREHENSIVE WRITTEN STATEMENT FOR PROSPECTIVE ENROLLEES - SPECIAL NEEDS PLAN (SNP) MEDICAID BENEFITS COMPARISON

The following chart shows the benefits you are entitled to under Title XIX – Medicaid, the co-pays Medicaid requires and the coverage provided by the PUP Extra (HMO) plan.

Summary of Benefits for Contract H5696, Plan 021

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|--|--|---|
| IMPORTANT INFORMATION | | |
| 1 - Premium and Other Important Information | Member must maintain Medicaid eligibility. | <p>General</p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$13.50 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> |
| 2 - Doctor and Hospital Choice <i>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</i> | Based upon your income, you may have a patient responsibility amount determined by the Department of Children and Families. | <p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p> |
| 3 - Inpatient Hospital Care <i>(Includes Substance Abuse and Rehabilitation Services)</i> | <p>\$3 co-pay, unless you are exempt.</p> <p>Adults age 21 and older are limited to 45 days per Florida state fiscal year (July 1 through June 30). There is no limit on the number of days that Medicaid can reimburse for beneficiaries 20 years of age or younger.</p> | <p>In-Network</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>\$0 co-pay</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 | MEDICAID | PUP EXTRA (HMO SNP) |
|--|--|--|
| PREVENTIVE SERVICES | | |
| 4 - Inpatient Mental Health Care | <p>\$0 co-pay.</p> <p>Adults age 21 and older are limited to 45 days per Florida state fiscal year (July 1 through June 30, including mental health.) There is no limit on the number of days that Medicaid can reimburse for beneficiaries 20 years of age or younger.</p> <p>Prior authorization may be required.</p> | <p>In-Network You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>\$0 co-pay</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |
| 5 - Skilled Nursing Facility <i>(In a Medicare-certified skilled nursing facility)</i> | <p>Authorization rules may apply.</p> <p>Must meet Medicaid Institutional Care Program (ICP) eligibility requirements. The CARES unit of the Department of Children and Families defines eligibility and level of care.</p> <p>Nursing facility services may include swing bed services in a rural acute care hospital and skilled nursing services in a hospital based skilled in a rural facility. Hospital-based skilled nursing services cannot exceed 30 days (unless CARES authorizes a 15-day extension)</p> <p>Based upon your income, you may have a patient responsibility amount determined by the Department of Children and Families.</p> | <p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>\$0 co-pay for SNF services</p> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|---|--|--|
| 6 - Home Health Care <i>(Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)</i> | \$2 co-pay, unless you are exempt. | General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered home health visits.* |
| 7 - Hospice | Once you elect to receive hospice care, Medicaid will not reimburse for other Medicaid services that treat the terminal condition. Medicaid can reimburse for services that are required for conditions that are totally unrelated to the terminal condition. | General You must get care from a Medicare-certified hospice. |

OUTPATIENT CARE

| | | |
|---|--|---|
| 8 - Doctor Office Visits – PCP/Specialists | \$2 co-pay per day (including Nurse Practitioner or Physician Assistant). Rural Health Clinic (RHC) - \$3 co-pay per provider, per day. Federally Qualified Health Center (FQHC) - \$3 co-pay, per clinic, per day. County Health Department (CHD) - \$0 co-pay, one encounter per day. | General See "Physical Exams," for more information. Authorization rules may apply. In-Network \$0 co-pay for each primary care doctor visit for Medicare-covered benefits.* \$0 co-pay for each in-area, network urgent care Medicare-covered visit.* \$0 co-pay for each specialist visit for Medicare-covered benefits.* |
|---|--|---|

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|---|---|---|
| 9 - Chiropractic Services | <p>\$1 co-pay, per provider, per day, unless you are exempt.</p> <p>Visits are limited to a total of 24 medically necessary and appropriate visits during a calendar year. Medicaid does not reimburse massage or heat treatments.</p> | <p>In-Network \$0 co-pay for Medicare-covered chiropractic visits.*</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> |
| 10 - Podiatry Services | <p>\$2 co-pay, per provider, per day, unless you are exempt.</p> <p>Medicaid reimburses for routine foot care if you are under a physician's care for a metabolic disease, have conditions of circulatory impairment, or have conditions of desensitization of the legs or feet.</p> | <p>In-Network \$0 co-pay for Medicare-covered podiatry benefits.*</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p> |
| 11 - Outpatient Mental Health - Individual | <p>Provided under Community Behavioral Health.</p> <p>\$2 co-pay, per provider, per day, unless you are exempt.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered Mental Health visits.*</p> |
| 12 - Outpatient Substance Abuse Care | <p>Provided under Community Behavioral Health.</p> <p>\$2 co-pay, per provider, per day, unless you are exempt.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered visits.*</p> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|--|--|--|
| 13 - OP Services / Surgery | <p>\$0 co-pay when performed in an Ambulatory Surgery Center.</p> <p>\$3 co-pay, unless exempt.</p> <p>Medicaid reimbursement for outpatient hospital services is limited to \$1,500, per Florida state fiscal year (July 1 through June 30) if you are age 21 and older. No limit for children 20 years of age or younger.</p> <p>Exceptions to the limitation are made for surgical procedures performed in an outpatient setting, chemotherapy services and dialysis services.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for each Medicare-covered ambulatory surgical center visit.*</p> <p>\$0 co-pay for each Medicare-covered outpatient hospital facility visit.*</p> |
| 14 - Ambulance Services <i>(Medically necessary ambulance services)</i> | <p>\$0 co-pay.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 or \$25 co-pay for Medicare-covered ambulance benefits.*</p> |
| 15 - Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i> | <p>5% coinsurance up to the first \$300 of Medicaid payment for each visit in the Emergency Room for non-emergency services, not to exceed \$15.</p> | <p>General \$0 or \$25 co-pay for Medicare-covered emergency room visits.*</p> <p>\$10,000 plan coverage limit for emergency services outside the U.S. every year.</p> |
| 16 - Urgently Needed Care <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i> | <p>N/A</p> | <p>General \$0 co-pay for Medicare-covered urgent-care visits.*</p> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|---|---|--|
| <p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p> | <p>\$0 co-pay.</p> <p>Medicaid reimburses for medically necessary occupational therapy, physical therapy, speech/language pathology or respiratory therapy services for all Medicaid beneficiaries 20 years of age or younger.</p> <p>For members 21 years of age or older, occupational therapy, physical therapy, speech/language pathology or respiratory therapy services are covered under the outpatient hospital benefits.</p> <p>Medicaid reimburses speech-language pathology services for the provision of augmentative and assistive communication systems regardless of age.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered Occupational Therapy visits.*</p> <p>\$0 co-pay for Medicare-covered Physical and/or Speech and Language Therapy visits.*</p> <p>\$0 co-pay for Medicare-covered Cardiac Rehab services.*</p> |
| OUTPATIENT CARE | | |
| <p>18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)</p> | <p>\$0 co-pay.</p> <p>Some DME services and medical supplies are reimbursable only for beneficiaries 20 years of age or younger.</p> <p>Custom wheelchairs must be prior-authorized.</p> | <p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered items.*</p> |
| <p>19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)</p> | <p>\$0 co-pay.</p> <p>Some DME services and medical supplies are reimbursable only for beneficiaries 20 years of age or younger.</p> | <p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered items.*</p> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|--|--|---|
| <p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies <i>(includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/ glaucoma test, and foot exam/therapeutic soft shoes)</i></p> | <p>\$0 co-pay.</p> | <p>In-Network \$0 co-pay for Diabetes self-monitoring training.* \$0 co-pay for Nutrition Therapy for Diabetes.* 0% or 0% to 20% of the cost for Diabetes supplies.*</p> |
| <p>21 - Diagnostic Tests, X-rays, Lab Services, and Radiology Services</p> | <p>\$0 co-pay. Except \$1 co-pay for portable X-rays and independent lab services, unless exempt. Depends on where service is provided: see Outpatient Services and Doctor Services PCP/Specialist.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered:</p> <ul style="list-style-type: none"> • lab services* • diagnostic procedures and tests* • X-rays* • diagnostic radiology services (not including Xrays)* • therapeutic radiology services* |
| <p>22 - Bone Mass Measurement <i>(For people with Medicare who are at risk)</i></p> | <p>Depends on where service is provided: see Outpatient Services and Doctor Services PCP/Specialist.</p> | <p>In-Network \$0 co-pay for Medicare-covered bone mass measurement.*</p> |
| <p>23 - Colorectal Screening Exams <i>(For people with Medicare age 50 and older)</i></p> | <p>Depends on where service is provided: see Outpatient Services and Doctor Services PCP/Specialist.</p> | <p>In-Network \$0 co-pay for Medicare-covered colorectal screenings.*</p> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|--|---|--|
| 24 - Immunizations <i>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</i> | Depends on where service is provided: see Outpatient Services and Doctor Services PCP/Specialist. | In-Network \$0 co-pay for Flu and Pneumonia vaccines. \$0 co-pay for Hepatitis B vaccine.* No referral needed for Flu and pneumonia vaccines. |
| 25 - Mammograms (Annual Screening) <i>(For women with Medicare age 40 and older)</i> | Depends on where service is provided: see Outpatient Services and Doctor Services PCP/Specialist. | In-Network \$0 co-pay for Medicare-covered screening mammograms.* |
| 26 - Pap Smears and Pelvic Exams <i>(For women with Medicare)</i> | Depends on where service is provided: see Outpatient Services and Doctor Services PCP/Specialist. | In-Network \$0 co-pay for Medicare-covered pap smears and pelvic exams* |
| 27 - Prostate Cancer Screening Exams <i>(For men with Medicare age 50 and older)</i> | Depends on where service is provided: see Outpatient Services and Doctor Services PCP/Specialist. | In-Network \$0 co-pay for Medicare-covered prostate cancer screening.* |
| 28 – End Stage Renal Disease | Depends on where service is provided: see Outpatient Services and Doctor Services PCP/Specialist. | General Authorization rules may apply. In-Network 0% or 20% of the cost for renal dialysis* \$0 co-pay for Nutrition Therapy for End-Stage Renal Disease.* |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|---------------------------------------|--|--|
| <p>29 - Prescription Drugs</p> | <p>Drugs covered under Medicare Part B</p> <p>Medicaid reimburses the 20% Medicare deductible or up to the Medicaid allowable for the following Medicare Part B drugs for you if you are a dual eligible: Immunosuppressive drugs, Hemophilia drugs, Oral Cancer drugs and Oral Anti-Emetics drugs.</p> <p>Prior authorization is required for certain drugs covered under Medicaid:</p> <p>Actiq®, albumin, Aranesp®, Botox®, Cytogam®, Fuzeon®, growth hormone for adults with growth hormone deficiency, immune globulins, Leukine®, Neupogen®, Neurontin®, Neulasta®, Neutrexin®, Orfandin®, Oxycontin®, Panretin®, Proleukin®, Provigil®, Procrit®, Serostim®, Targretin® gel and capsules, Regranex® in long-term care facilities, Vfend®, Valycte®, Xenical®, Venofer®, and adult human growth hormone for HIV/AIDS. Prior authorization is required for all prescribed drugs that are not on the Prescription Drug List (PDL). Anti-retrovirals for HIV/AIDS are exempt from PDL restrictions.</p> <p>Medicaid processes all prescription claims through Drug Utilization Review (DUR) and will not reimburse for prescriptions that are refilled too often or too soon, that duplicate other prescriptions, or that result in excessively high dosages.</p> | <p>Drugs covered under Medicare Part B</p> <p>General \$0 yearly deductible for Part B-covered drugs.*</p> <p>0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|--|--|---|
| <p>29 - Prescription Drugs <i>(continued)</i></p> | <p>Drugs covered under Medicare Part D Medicaid reimburses for the following drugs that are excluded by Medicare Part D if you are a dual eligible: Iron preparations, aspirin, arthritis strength Tylenol in select package sizes, o-t-c topical vaginal anti-fungals, quiafenesin as a single agent calcium products as phosphate binders for renal dialysis patients, benzodiazepines, barbiturates, prescription strength folic acid as a single entity, and prescription strength vitamin/mineral supplements for dialysis patients.</p> <p>All other drugs \$0 co-pay.</p> | <p>Home Infusion Drugs, Supplies and Services</p> <p>General \$0 co-pay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these 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.pupcorp.com on the web. 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 you, the plan, and Medicare.</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> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|--|----------|--|
| <p>29 - Prescription Drugs <i>(continued)</i></p> | | <p>Your provider must get prior authorization from PUP Extra (HMO SNP) 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 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.</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>In-Network You pay a \$0 yearly deductible.</p> <p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 co-pay or • A \$1.10 co-pay or • A \$2.50 co-pay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • A \$0 co-pay or • A \$3.30 co-pay or • A \$6.30 co-pay. |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|--|----------|--|
| <p>29 - Prescription Drugs <i>(continued)</i></p> | | <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply • three-month (90-day) supply <p>Long Term Care Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (31-day) supply <p>Mail Order You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • three-month (90-day) supply <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 co-pay.</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 PUP Extra (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> • one-month (30-day) supply |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|--|----------|--|
| <p>29 - Prescription Drugs <i>(continued)</i></p> | | <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by PUP Extra (HMO SNP) up to the full cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 co-pay or • A \$1.10 co-pay or • A \$2.50 co-pay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 co-pay or • A \$3.30 co-pay or • A \$6.30 co-pay. <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|------------------------------|---|---|
| 30 - Dental Services | <p>If you are 21 or older: 5% coinsurance for all procedures related to dentures, unless exempt.</p> <p>Coverage is limited to full and removable partial dentures and medically necessary emergency.</p> <p>Dental procedures to allivate pain or infection.</p> <p>Prior authorization required for partial dentures.</p> <p>If you are 20 or younger \$0 co-pay for covered dental services.</p> <p>Prior authorization required for orthodontic services and for partial dentures.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered dental benefits.*</p> <p>\$0 co-pay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • up to 1 oral exam(s) every six months • up to 1 cleaning(s) every six months • up to 1 fluoride treatment(s) every year • up to 1 dental X-ray(s) every year |
| 31 - Hearing Services | <p>\$0 co-pay.</p> <ul style="list-style-type: none"> • Medicaid reimbursement for hearing services has the following limitations: • Evaluations are limited to one every three years from the date of service; • Date of service for hearing aids is the date the hearing aid is ordered • Hearing aids are limited to one per ear every 3 years • Cochlear implants are limited to one in either ear, but not both. Cochlear implants must be prior authorized • Medicaid does not reimburse for routine maintenance, batteries, cord or wire replacement, or cleaning • Medicaid does not reimburse for repairs until after the manufacturer's warranty has expired. | <p>In-Network \$0 co-pay for Medicare-covered diagnostic hearing exams*</p> <p>\$0 co-pay for</p> <ul style="list-style-type: none"> • up to 1 routine hearing test(s) every year • up to 1 fitting-evaluation(s) for a hearing aid every year <p>\$0 co-pay for up to 1 hearing aid(s) every two years.</p> <p>\$500 plan coverage limit for hearing aids every two years.</p> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|--|--|---|
| 32 - Vision Services | <p>\$2 co-pay, per provider, per day, unless exempt.</p> <p>Medicaid reimbursable services include eyeglasses (1 pair of frames every 2 years and 1 pair of lenses every year) based on medical necessity, eyeglass repairs as required, prosthetic eyes, and medically necessary contact lenses.</p> | <p>In-Network \$0 co-pay for diagnosis and treatment for diseases and conditions of the eye* <ul style="list-style-type: none"> • and up to 1 routine eye exam(s) every year \$0 co-pay 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 year • up to 1 pair(s) of contacts every year \$100 plan coverage limit for eyewear every year.</p> |
| 33 - Welcome to Medicare; and Annual Wellness Visit | <p>Depends on where service is provided: see Doctor Services PCP/Specialist.</p> | <p>In-Network \$0 co-pay for routine exams. Limited to 1 exam(s) every year. \$0 co-pay for the required Medicare-covered initial preventive physical exam and annual wellness visits.*</p> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|---------------------------------------|--|--|
| 34 - Health/Wellness Education | N/A | <p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Health Club Membership/Fitness Classes • Nursing Hotline <p>\$0 co-pay for each Medicare-covered smoking cessation counseling session.*</p> <p>\$0 co-pay 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>\$1 co-pay for each one-way trip, unless you are exempt. Round trips require two co-payments.</p> <p>Non-Emergency Medical Transportation (NEMT) services are available only to eligible beneficiaries who cannot obtain transportation through any other means (such as family, friends or community resources). NEMT services are scheduled through the Community Transportation Coordinator (CTC) in each county under contract with the Commission for the Transportation Disadvantaged.</p> | <p>In-Network \$0 copay for up to 2 one-way trip(s) to plan approved location.</p> |
| Acupuncture | N/A | <p>In-Network This plan does not cover Acupuncture.</p> |

| BENEFIT CATEGORY | MEDICAID | PUP EXTRA (HMO SNP) |
|--|--|---|
| Transplant Services - Organ and Bone Marrow | <p>\$0 co-pay.</p> <p>If you are age 21 and older, covered transplants are: pancreas, intestine/multivisceral, kidney, cornea, liver, lung, heart and bone marrow transplants when medically necessary and appropriate;</p> <p>If you are age 20 or younger, covered transplants are: transplants determined medically necessary and appropriate.</p> <p>Medicaid reimbursement for transplant service has the following limitations:</p> <ul style="list-style-type: none"> • Out-of-state transplant referrals for organ and bone marrow transplants must be requested by a Medicaid designated transplant center. The prior authorization must be forwarded to the Medicaid office for review; • Out-of-state evaluations and transplants are not covered if the services are available in the state of Florida. <p>Adult heart, liver and lung transplants, and pediatric lung transplants require prior authorization.</p> <p>Medicaid does not reimburse transplant procedures that are deemed investigational or those not yet proven clinically effective as determined in consultation with the Organ Transplant Advisory Council.</p> | <p>\$0 co-pay</p> <p>Medicare-covered transplants: heart, lung, kidney, pancreas, intestine, and liver transplant, bone marrow and cornea.</p> |

Source: Florida Medicaid Summary of Services Fiscal Year 09/10 published by the Florida Agency for Healthcare Administration.



Toll-Free: 1-888-827-5787

TTY/TDD: 1-800-955-8771

8:00 am - 8:00 pm, Mon - Sun

www.UaskPUP.com

A health plan with a Medicare contract.

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ACCREDITED
HEALTH PLAN



Additional Information about **2011** Covered Benefits

PUP is a health plan with a Medicare contract. Individuals must have both Part A and Part B to enroll. You must receive all routine care from plan providers. The benefit information provided herein is a brief summary, but not a comprehensive description of benefits. For more information, please contact the plan. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or Your Medicaid Office. In general, beneficiaries must use network pharmacies to access their prescription drug benefit, except in non-routine circumstances, and quantity limitations and restrictions may apply. This plan is available to anyone who meets the Skilled Nursing Facility (SNF) level of care and resides in a nursing home. Premiums, co-pays, co-insurance and deductibles may vary based on the level of Extra Help that you may receive.

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PUP EXTRA (HMO SNP) (021)

Hillsborough, Lake, Orange, Osceola, Pasco, Pinellas,
Polk, Seminole Counties, FL

PUP 
Physicians United Plan™

| BENEFIT | PUP EXTRA (HMO) (021) |
|-------------------------------------|---|
| Emergency Care | Worldwide Coverage: If you receive emergency care outside the country, we will pay up to the amount we would have paid if you had been in our service area. |
| Transportation Services | You pay \$0 for up to 2 one-way trips per month. You must call the plan in advance to arrange for pick-up. Please contact the plan for details. |
| Diabetes Monitoring Supplies | You may pay less than 20% at certain plan participating vendors. Please contact the plan for details. |
| Eyewear | Eyewear is limited to a pre-determined selection from a participating provider. Contact plan for details. |
| Notes | <p>Out-of-pocket limit: The out-of-pocket limit does not apply to any co-pays you pay for drugs covered under Medicare Part D. You will continue to pay co-pays, if any, for drugs covered under Medicare Part D after you reach the out-of-pocket limit.</p> |