

University Medicare Supplement (UMS) Summary of Benefits 2007
In order to be enrolled in University Medicare Supplement (UMS), you MUST continue to be enrolled in Medicare Parts A & B.

Description	2007 University Medicare Supplement (UMS) All coverage is based on Medicare Guidelines.
Individual Deductible	\$0
Individual Out-Of-Pocket Maximum	None
Individual Lifetime Benefit Maximum	Unlimited
INPATIENT SERVICES	
Inpatient Hospital Services: (Per Benefit Period)	
Days 1-60	100% covered
Days 61-90	100% covered
Days 91-150	100% covered
Days 151 and on	100% covered
Inpatient Mental Health Care	Same as Inpatient Hospital Services benefit (co-pays and coinsurance do not apply to OOP maximum). After 190 days in a lifetime have been used, benefits are paid at 90%, no deductible.
Inpatient Substance Abuse Care	Same as Inpatient Hospital Services benefit (co-pays do not apply to OOP maximum).
Skilled Nursing Facility: (Per Benefit Period)	
Days 1-20	100% covered
Days 21 – 100	100% covered
Days 101 and on	Member pays 100%
Home Health Care	100% covered
Hospice Facility/Home Hospice	You must receive care from a Medicare-certified hospice.
OUTPATIENT SERVICES	
Physician Office Visits	\$10 co-payment
Chiropractic Services:	
Routine	No Coverage
Medicare approved	\$10 co-payment

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OUTPATIENT SERVICES	
Podiatry Services: Routine Medicare approved	No Coverage \$10 co-payment
Outpatient Mental Health Care: Visits 1- 25 per year Visits 26 and on per year	\$25 co-payment \$25 co-payment
Outpatient Substance Abuse Care: Visits 1- 35 per year Visits 36 and on per year	\$25 co-payment \$25 co-payment
Outpatient Surgery/Services	100% covered
Ambulance Services	100% covered
Emergency Care Services	\$50 co-payment Co-payment waived if emergency room visit is accompanied by an inpatient admission. World-wide coverage
Urgent Care Services	\$50 co-payment Co-payment waived if urgent care visit is accompanied by an inpatient admission. World-wide coverage
Outpatient Rehabilitation Services: (Physical, Speech/Language and Occupational Therapy)	\$10 co-payment
OUTPATIENT MEDICAL SERVICES AND SUPPLIES	
Durable Medical Equipment/ Prosthetic Devices	100% covered
Diabetic Self-Management Training and Supplies	100% covered
Diagnostic Testing, Lab Services and X-Rays	100% covered

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PREVENTIVE SERVICES	
Bone Mass Measurement	100% covered
Colorectal Screening Exams	100% covered
Immunizations:	
Flu	100% covered
Pneumonia	100% covered
Hepatitis B	100% covered
Mammograms (annual screening)	100% covered
PAP Smears	100% covered
Pelvic Exams	100% covered
Prostate Cancer Screening Exams:	
Lab Services	100% covered
Other Related Services	100% covered
ADDITIONAL BENEFITS	
Dental Services	100% covered (for Dental Injury treatment only)
Hearing Services:	
Diagnostic Hearing Exams	\$10 co-payment
Routine Hearing Exams	No Coverage
Hearing Aids	No Coverage
Vision Services:	
Glasses/contacts after cataract surgery	\$150 allowance
Glaucoma screenings (at risk)	\$10 co-payment
Diagnosis/treatment of eye diseases	\$10 co-payment
Routine eye exams	No coverage

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Physical Exams (excludes lab tests)	\$10 co-payment (limited to 1 per year)
Routine Transportation	No Coverage
Acupuncture	No Coverage
Wigs (following radiation therapy or chemotherapy)	No Coverage
PRESCRIPTION DRUG COVERAGE	
Deductible	\$0
Mandatory Generic	Yes
<u>Retail</u> (30-day supply) Medications	
Tier 1: Generic	\$10 co-pay
Tier 2: Formulary Preferred Brand	\$15 co-pay
Tier 3: Formulary Non-Preferred Brand	\$20 co-pay
<u>Maintenance</u> (90-day supply) Medications available through Caremark Mail Order or University Health Services (MPDP)	
Tier 1: Generic	\$10
Tier 2: Formulary Preferred Brand	\$15
Tier 3: Formulary Non-Preferred Brand	\$20
Specialty Drugs (available through Caremark Specialty Pharmacy)	\$50
Annual Maximum	Unlimited
Out-of-Pocket Maximum	\$3,850

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

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.

University Medicare Supplement (UMS) is offered through the following Coventry Health Care, Inc. subsidiary that contracts with the Centers for Medicare and Medicaid Services (CMS), a federal agency that administers Medicare: First Health Life & Health Insurance Company.

IMPORTANT – In order to receive benefits under this plan, you must present your UMS card to all pharmacists and healthcare providers.

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Mail Order – Same copay for a 90-day supply!

University Medicare Supplement (UMS) includes a mail-order benefit through Caremark, our pharmacy vendor. The mail-order program allows you to order a 90-day supply of your prescription maintenance medications, and the prescriptions are delivered right to your front door, saving you a trip to the pharmacy. Plus, copayment amounts for mail-order prescriptions are calculated at the same co-payment even though you receive a 3-month supply – that's three months for the price of one! If you have several drugs that are eligible for the mail-order program, your savings will grow even more.

Select Over-the-Counter Medications – at no cost to you!

In order to save you money, University Medicare Supplement (UMS) offers several over-the-counter medications to you at no cost. **You will need to have a prescription from your doctor** to receive these drugs at the \$0 copay; with the prescription, just stop in at your favorite in-network pharmacy and take the medication to the pharmacy counter. Show the pharmacist your University Medicare Supplement (UMS) ID card, and you will receive the following medications at no cost to you (**\$0 copay**):

- Prilosec OTC, 20mg tabs
- Loratadine 10mg tabs
- Loratadine-D 12 hour tabs
- Loratadine-D 24 hour tabs
- Loratadine 5mg/5ml syrup

Formulary

The University Medicare Supplement (UMS) plan uses a drug formulary. A formulary is a list of preferred or recommended drugs that have been selected by our physicians and pharmacists based upon the safety, effect and cost of those drugs. The formulary is a comprehensive list of medications used by physicians to guide their medication prescribing decisions. The formulary includes FDA-approved brand name and generic drugs.

Part D Excluded Drugs

The following drugs are excluded Part D drugs that are covered under University Medicare Supplement (UMS) with a **\$0 copay**:

Alprazolam 0.25mg Tablets	Alprazolam 0.5mg Tablets	Alprazolam 1mg Tablets
Alprazolam 2mg Tablets	Clonazepam 0.5mg Tablets	Clonazepam 1 mg Tablets
Clonazepam 2mg Tablets	Folic Acid 1mg Tablets	Levitra 10mg Tablets
Levitra 2.5mg Tablets	Levitra 20mg Tablets	Levitra 5mg Tablets
Lorazepam 0.5mg Tablets	Lorazepam 1mg Tablets	Lorazepam 2mg Tablets
Phenobarbital 100mg (#100) Tablets	Phenobarbital 100mg (#1000 Tablets)	Phenobarbital 15mg Tablets
Phenobarbital 16.2 mg Tablets	Phenobarbital 30mg Tablets	Temazepam 15mg Tablets
Phenobarbital 32.4mg Tablets	Phenobarbital 60mg Tablets	Temazepam 30mg Tablets
Phenobarbital 64.8mg Tablets	Phenobarbital 97.2mg (#100) Tablets	Temazepam 7.5mg Tablets
Phenobarbital 97.2mg (1000) Tablets		