

*Southwestern Pennsylvania*

# Summary of Benefits

*January 1, 2006 through December 31, 2006*



*A Medicare Advantage HMO  
from Keystone Health Plan West*

*Highmark Blue Cross Blue Shield and  
Keystone Health Plan West are Independent Licensees  
of the Blue Cross and Blue Shield Association*

**KHPW05-062 Fv (09/05)  
Contract Number H3957**

## SECTION ONE:

### Introduction to the Summary of Benefits for SecurityBlue Value, SecurityBlue ValueRx, SecurityBlue Standard and SecurityBlue Deluxe Southwestern PA January 1, 2006 through December 31, 2006

Thank you for your interest in SecurityBlue Value, SecurityBlue ValueRx, SecurityBlue Standard, and SecurityBlue Deluxe Southwestern PA. Our plan is offered by Keystone Health Plan West, Inc., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover, every limitation, or every exclusion. To get a complete list of our benefits, please call SecurityBlue Value, SecurityBlue ValueRx, SecurityBlue Standard, or SecurityBlue Deluxe Southwestern PA 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 SecurityBlue Value, SecurityBlue ValueRx, SecurityBlue Standard, or SecurityBlue Deluxe Southwestern PA. 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 SecurityBlue Value, SecurityBlue ValueRx, SecurityBlue Standard, or SecurityBlue Deluxe Southwestern PA at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

#### HOW CAN I COMPARE MY OPTIONS?

You can compare SecurityBlue Value, SecurityBlue ValueRx, SecurityBlue Standard, SecurityBlue Deluxe Southwestern PA 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 plans cover and what the Original Medicare Plan covers.



A Medicare Advantage HMO  
from Keystone Health Plan West

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 SECURITYBLUE VALUE, SECURITYBLUE VALUERX, SECURITYBLUE STANDARD, AND SECURITYBLUE DELUXE SOUTHWESTERN PA AVAILABLE?

The service area for these plans includes: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland Counties, PA. You must live in one of these places to join the plan. If you are in prison, you can't join this plan.

#### CAN I CHOOSE MY DOCTORS?

SecurityBlue Value, SecurityBlue ValueRx, SecurityBlue Standard, and SecurityBlue Deluxe Southwestern PA have formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current *Provider Directory* for an up-to-date list. Our number is listed at the end of this introduction.

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

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

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

SecurityBlue Value, SecurityBlue ValueRx, SecurityBlue Standard, and SecurityBlue Deluxe Southwestern PA have formed a network of pharmacies. You can use any pharmacy in our network. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List. Our number is listed at the end of this introduction.

## WHAT HAPPENS IF I GO TO A PHARMACY THAT'S NOT IN YOUR NETWORK?

If you go to a pharmacy that's not in our network, you might have to pay more for your prescriptions. You also might have to follow special rules before getting your prescription in order for the prescription to be covered under our plan. For more information, call the telephone number at the end of this introduction.

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

SecurityBlue Value Southwestern PA does cover Medicare Part B prescription drugs. SecurityBlue Value Southwestern PA does NOT cover Medicare Part D prescription drugs.

SecurityBlue ValueRx, SecurityBlue Standard, and SecurityBlue Deluxe Southwestern PA do cover both Medicare Part B prescription drugs and Part D prescription drugs.

## DOES MY PLAN HAVE A PRESCRIPTION DRUG FORMULARY?

SecurityBlue ValueRx, SecurityBlue Standard, and SecurityBlue Deluxe Southwestern PA use a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing, before the change is made. Contact SecurityBlue ValueRx, SecurityBlue Standard, and SecurityBlue Deluxe Southwestern PA for details.

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

A Medication Therapy Management (MTM) Program is a benefit that your plan may offer. You may be identified to participate in a program designed for your specific health and pharmacy needs. It is recommended that you take full advantage of this covered benefit if you are selected. Contact SecurityBlue ValueRx, SecurityBlue Standard, and SecurityBlue Deluxe Southwestern PA for more details.

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

The following outpatient prescription drugs may be covered under Medicare Part B. This may include, but

is not limited to, the following types of drugs. Contact SecurityBlue Value, SecurityBlue ValueRx, SecurityBlue Standard, and SecurityBlue Deluxe Southwestern PA for more details.

- **Some Antigenes:** 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.**

Please call Keystone Health Plan West, Inc. for more information about this plan.

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

Current members should call 1-800-935-2583 (TTY/TDD #: 1-800-988-0668), Monday through Friday, 8:00 a.m. - 4:30 p.m. Prospective members should call 1-800-576-6343 (TTY/TDD #: 1-800-862-0709), Monday through Friday, 9:00 a.m. - 9:00 p.m.

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours-a-day, 7 days-a-week. Or visit [www.medicare.gov](http://www.medicare.gov) on the Web.

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

**SECTION TWO:**  
**Summary of Benefits**  
**Southwestern PA**



<b>Benefit Category</b>	<b>Original Medicare</b>	<b>SecurityBlue Value Southwestern PA</b>	<b>SecurityBlue ValueRx Southwestern PA</b>	<b>SecurityBlue Standard Southwestern PA</b>	<b>SecurityBlue Deluxe Southwestern PA</b>
<b>IMPORTANT INFORMATION</b>					
<b>Premium and Other Important Information</b>	You pay the Medicare Part B premium of \$88.50 each month.	There is no additional premium beyond the Medicare Part B premium of \$88.50 each month.	You pay \$6.77 each month for your plan benefits and \$18.23 for your Medicare Part D prescription benefits. You also continue to pay the Medicare Part B premium of \$88.50 each month.	You pay \$26.77 each month for your plan benefits and \$18.23 for your Medicare Part D prescription benefits. You also continue to pay the Medicare Part B premium of \$88.50 each month.	You pay \$58.64 each month for your plan benefits and \$37.36 for your Medicare Part D prescription benefits. You also continue to pay the Medicare Part B premium of \$88.50 each month.
<b>Doctor and Hospital Choice</b> (For more information, see Emergency and Urgently Needed Care.)	You may go to any doctor, specialist or hospital that accepts Medicare.	You must go to network doctors, specialists, and hospitals.  You do NOT need a referral to go to network doctors, specialists, and hospitals.  A separate doctor office visit copayment may apply for certain services.	You must go to network doctors, specialists, and hospitals.  You do NOT need a referral to go to network doctors, specialists, and hospitals.  A separate doctor office visit copayment may apply for certain services.	You must go to network doctors, specialists, and hospitals.  You do NOT need a referral to go to network doctors, specialists, and hospitals.  A separate doctor office visit copayment may apply for certain services.	You must go to network doctors, specialists, and hospitals.  You do NOT need a referral to go to network doctors, specialists, and hospitals.  A separate doctor office visit copayment may apply for certain services.
<b>INPATIENT CARE</b>					
<b>Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)	You pay for each benefit period: <b>1</b>  Days 1-60: an initial deductible of \$952.  Days 61-90: \$238 each day.  Days 91-150: \$476 each lifetime reserve day. <b>2</b>	You pay \$250 for each Medicare-covered stay at a network hospital.  There is no copayment for additional days received at a network hospital.  There is a \$500 maximum out-of-pocket limit every year.	You pay \$250 for each Medicare-covered stay at a network hospital.  There is no copayment for additional days received at a network hospital.  There is a \$500 maximum out-of-pocket limit every year.	There is no copayment for Inpatient Hospital Services received at a network hospital.  You are covered for unlimited days each benefit period. <b>1</b>  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.	There is no copayment for Inpatient Hospital Services received at a network hospital.  You are covered for unlimited days each benefit period. <b>1</b>  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.

	Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. <b>2</b>	You are covered for unlimited days each benefit period. <b>1</b>  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.	You are covered for unlimited days each benefit period. <b>1</b>  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.		
<b>Inpatient Mental Health Care</b>	You pay the same deductible and copayments as Inpatient Hospital Care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.	You pay \$250 for each Medicare-covered stay at a network hospital.  The maximum out-of-pocket limit is covered under Inpatient Hospital Care.  Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.	You pay \$250 for each Medicare-covered stay at a network hospital.  The maximum out-of-pocket limit is covered under Inpatient Hospital Care.  Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.	There is no copayment for services received at a network hospital.  Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.	There is no copayment for services received at a network hospital.  Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.
<b>Skilled Nursing Facility</b> (in a Medicare-certified skilled nursing facility)	You pay for each benefit period <b>1</b> , following at least a 3-day covered hospital stay:  Days 1-20: \$0 for each day.	You pay: • \$0 each day for days 1-20.  • \$25 each day for days 21-40.	You pay: • \$0 each day for days 1-20.  • \$25 each day for days 21-40.	There is no copayment for services received at a Skilled Nursing Facility.  No prior hospital stay is required.	There is no copayment for services received at a Skilled Nursing Facility.  No prior hospital stay is required.

**If you have any questions about this plan's benefits or costs, please contact Keystone Health Plan West, Inc. at 1-800-935-2583 (for current members) and 1-800-576-6343 (for prospective members).**

**1** A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

**2** Lifetime reserve days can only be used once.

**SECTION TWO:**  
**Summary of Benefits**  
**Southwestern PA**



<i>Benefit Category</i>	<i>Original Medicare</i>	<i>SecurityBlue Value Southwestern PA</i>	<i>SecurityBlue ValueRx Southwestern PA</i>	<i>SecurityBlue Standard Southwestern PA</i>	<i>SecurityBlue Deluxe Southwestern PA</i>
<b>INPATIENT CARE</b>					
<b>Skilled Nursing Facility</b> (continued)	Days 21-100: \$119 for each day.  There is a limit of 100 days for each benefit period. <b>1</b>	<ul style="list-style-type: none"> <li>• \$0 each day for days 41-100 for a stay at a Skilled Nursing Facility.</li> </ul> There is a \$500 maximum out-of-pocket limit every year.  No prior hospital stay is required.  You are covered for 100 days each benefit period. <b>1</b>  Authorization rules may apply for services. Contact plan for details.	<ul style="list-style-type: none"> <li>• \$0 each day for days 41-100 for a stay at a Skilled Nursing Facility.</li> </ul> There is a \$500 maximum out-of-pocket limit every year.  No prior hospital stay is required.  You are covered for 100 days each benefit period. <b>1</b>  Authorization rules may apply for services. Contact plan for details.	You are covered for 100 days each benefit period. <b>1</b>  Authorization rules may apply for services. Contact plan for details.	You are covered for 100 days each benefit period. <b>1</b>  Authorization rules may apply for services. Contact plan for details.
<b>Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no copayment for all covered home health visits.	There is no copayment for Medicare-covered home health visits.  Authorization rules may apply for services. Contact plan for details.	There is no copayment for Medicare-covered home health visits.  Authorization rules may apply for services. Contact plan for details.	There is no copayment for Medicare-covered home health visits.  Authorization rules may apply for services. Contact plan for details.	There is no copayment for Medicare-covered home health visits.  Authorization rules may apply for services. Contact plan for details.
<b>Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must receive care from a Medicare-certified Hospice.	You must receive care from a Medicare-certified Hospice.	You must receive care from a Medicare-certified Hospice.	You must receive care from a Medicare-certified Hospice.	You must receive care from a Medicare-certified Hospice.
<b>OUTPATIENT CARE</b>					
<b>Doctor Office Visits</b>	You pay 20% of Medicare-	You pay \$10 for each	You pay \$10 for each	You pay \$10 for each	You pay \$10 for each



	approved amounts. <b>3, 4</b>	primary care Doctor Office Visit for Medicare-covered services.  You pay \$20 for each specialist visit for Medicare-covered services.  See Physical Exams for more information.	primary care Doctor Office Visit for Medicare-covered services.  You pay \$20 for each specialist visit for Medicare-covered services.  See Physical Exams for more information.	primary care Doctor Office Visit for Medicare-covered services.  You pay \$20 for each specialist visit for Medicare-covered services.  See Physical Exams for more information.	primary care Doctor Office Visit for Medicare-covered services.  You pay \$20 for each specialist visit for Medicare-covered services.  See Physical Exams for more information.
<b>Chiropractic Services</b>	You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.  You pay 100% for routine care.  You pay 20% of Medicare-approved amounts. <b>3, 4</b>	You pay \$10 to \$20 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).  See page 20 for additional information about Chiropractic Services.	You pay \$10 to \$20 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).  See page 20 for additional information about Chiropractic Services.	You pay \$10 to \$20 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).  See page 20 for additional information about Chiropractic Services.	You pay: • \$10 to \$20 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation). • \$10 to \$20 for each routine visit up to 6 visits every year.  See page 20 for additional information about Chiropractic Services.
<b>Podiatry Services</b>	You pay 20% of Medicare-approved amounts. <b>3, 4</b>  You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.  You pay 100% for routine care.	You pay \$10 to \$20 for each Medicare-covered visit (medically necessary foot care).  See page 20 for additional information about Podiatry Services.	You pay \$10 to \$20 for each Medicare-covered visit (medically necessary foot care).  See page 20 for additional information about Podiatry Services.	You pay \$10 to \$20 for each Medicare-covered visit (medically necessary foot care).  See page 20 for additional information about Podiatry Services.	You pay: • \$10 to \$20 for each Medicare-covered visit (medically necessary foot care). • \$10 to \$20 for each routine visit up to 8 visits every year.  See page 20 for additional information about Podiatry Services.

**If you have any questions about this plan's benefits or costs, please contact Keystone Health Plan West, Inc.  
at 1-800-935-2583 (for current members) and 1-800-576-6343 (for prospective members).**

**1** *A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.*

**3** *Each year, you pay a total of one \$124 deductible.*

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

**SECTION TWO:**  
**Summary of Benefits**  
**Southwestern PA**



<b>Benefit Category</b>	<b>Original Medicare</b>	<b>SecurityBlue Value Southwestern PA</b>	<b>SecurityBlue ValueRx Southwestern PA</b>	<b>SecurityBlue Standard Southwestern PA</b>	<b>SecurityBlue Deluxe Southwestern PA</b>
<b>OUTPATIENT CARE</b>					
<b>Outpatient Mental Health Care</b>	You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. <b>3, 4</b>	For Medicare-covered Mental Health Services, you pay \$20 for each individual/group therapy visit.  Authorization rules may apply for services. Contact plan for details.	For Medicare-covered Mental Health Services, you pay \$20 for each individual/group therapy visit.  Authorization rules may apply for services. Contact plan for details.	For Medicare-covered Mental Health Services, you pay \$20 for each individual/group therapy visit.  Authorization rules may apply for services. Contact plan for details.	For Medicare-covered Mental Health Services, you pay \$20 for each individual/group therapy visit.  Authorization rules may apply for services. Contact plan for details.
<b>Outpatient Substance Abuse Care</b>	You pay 20% of Medicare-approved amounts. <b>3, 4</b>	For Medicare-covered services, you pay \$20 for each individual/group visit.  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.	For Medicare-covered services, you pay \$20 for each individual/group visit.  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.	For Medicare-covered services, you pay \$20 for each individual/group visit.  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.	For Medicare-covered services, you pay \$20 for each individual/group visit.  Except in an emergency, your provider must obtain authorization from Keystone Health Plan West, Inc.
<b>Outpatient Services/Surgery</b>	You pay 20% of Medicare-approved amounts for the doctor. <b>3, 4</b>  You pay 20% of outpatient facility charges. <b>3, 4</b>	You pay \$50 for each Medicare-covered visit to an ambulatory surgical center.  You pay \$50 for each Medicare-covered visit to an outpatient hospital facility.  Authorization rules may apply for services. Contact plan for details.  See page 20 for additional information about Outpatient Services/Surgery.	You pay \$50 for each Medicare-covered visit to an ambulatory surgical center.  You pay \$50 for each Medicare-covered visit to an outpatient hospital facility.  Authorization rules may apply for services. Contact plan for details.  See page 20 for additional information about Outpatient Services/Surgery.	There is no copayment for each Medicare-covered visit to an ambulatory surgical center.  There is no copayment for each Medicare-covered visit to an outpatient hospital facility.  Authorization rules may apply for services. Contact plan for details.  See page 20 for additional information about Outpatient Services/Surgery.	There is no copayment for each Medicare-covered visit to an ambulatory surgical center.  There is no copayment for each Medicare-covered visit to an outpatient hospital facility.  Authorization rules may apply for services. Contact plan for details.  See page 20 for additional information about Outpatient Services/Surgery.



<p><b>Ambulance Services</b> (medically necessary ambulance services)</p>	<p>You pay 20% of Medicare-approved amounts or applicable fee schedule charge. <b>3, 4</b></p>	<p>You pay \$25 for Medicare-covered Ambulance Services.</p> <p>See page 20 for additional information about Ambulance Services.</p>	<p>You pay \$25 for Medicare-covered Ambulance Services.</p> <p>See page 20 for additional information about Ambulance Services.</p>	<p>You pay \$25 for Medicare-covered Ambulance Services.</p> <p>See page 20 for additional information about Ambulance Services.</p>	<p>You pay \$25 for Medicare-covered Ambulance Services.</p> <p>See page 20 for additional information about Ambulance Services.</p>
<p><b>Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>You pay 20% of the facility charge or applicable copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. <b>3, 4</b></p> <p>You pay 20% of doctor charges. <b>3, 4</b></p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 3 days for the same condition.</p> <p>Worldwide coverage.</p> <p>See page 20 for additional information about Emergency Care.</p>	<p>You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 3 days for the same condition.</p> <p>Worldwide coverage.</p> <p>See page 20 for additional information about Emergency Care.</p>	<p>You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 3 days for the same condition.</p> <p>Worldwide coverage.</p> <p>See page 20 for additional information about Emergency Care.</p>	<p>You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 3 days for the same condition.</p> <p>Worldwide coverage.</p> <p>See page 20 for additional information about Emergency Care.</p>
<p><b>Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>You pay 20% of Medicare-approved amounts or applicable copayment. <b>3, 4</b></p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>You pay \$20 to \$50 for each Medicare-covered Urgently Needed Care visit.</p> <p>Worldwide coverage.</p> <p>See page 20 for additional information about Urgently Needed Care.</p>	<p>You pay \$20 to \$50 for each Medicare-covered Urgently Needed Care visit.</p> <p>Worldwide coverage.</p> <p>See page 20 for additional information about Urgently Needed Care.</p>	<p>You pay \$20 to \$50 for each Medicare-covered Urgently Needed Care visit.</p> <p>Worldwide coverage.</p> <p>See page 20 for additional information about Urgently Needed Care.</p>	<p>You pay \$20 to \$50 for each Medicare-covered Urgently Needed Care visit.</p> <p>Worldwide coverage.</p> <p>See page 20 for additional information about Urgently Needed Care.</p>

**If you have any questions about this plan's benefits or costs, please contact Keystone Health Plan West, Inc. at 1-800-935-2583 (for current members) and 1-800-576-6343 (for prospective members).**

**3 Each year, you pay a total of one \$124 deductible.**

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

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**Summary of Benefits**  
**Southwestern PA**



<b>Benefit Category</b>	<b>Original Medicare</b>	<b>SecurityBlue Value Southwestern PA</b>	<b>SecurityBlue ValueRx Southwestern PA</b>	<b>SecurityBlue Standard Southwestern PA</b>	<b>SecurityBlue Deluxe Southwestern PA</b>
<b>OUTPATIENT CARE</b>					
<b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	You pay 20% of Medicare-approved amounts. <b>3, 4</b>	You pay \$20 for each Medicare-covered Occupational Therapy visit.  You pay \$20 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.  Authorization rules may apply for services. Contact plan for details.	You pay \$20 for each Medicare-covered Occupational Therapy visit.  You pay \$20 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.  Authorization rules may apply for services. Contact plan for details.	You pay \$20 for each Medicare-covered Occupational Therapy visit.  You pay \$20 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.  Authorization rules may apply for services. Contact plan for details.	You pay \$20 for each Medicare-covered Occupational Therapy visit.  You pay \$20 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.  Authorization rules may apply for services. Contact plan for details.
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>					
<b>Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. <b>3, 4</b>	You pay 15% of the cost for each Medicare-covered item.  Authorization rules may apply for services. Contact plan for details.  See page 20 for additional information about Durable Medical Equipment.	You pay 15% of the cost for each Medicare-covered item.  Authorization rules may apply for services. Contact plan for details.  See page 20 for additional information about Durable Medical Equipment.	You pay 15% of the cost for each Medicare-covered item.  Authorization rules may apply for services. Contact plan for details.  See page 20 for additional information about Durable Medical Equipment.	You pay 15% of the cost for each Medicare-covered item.  Authorization rules may apply for services. Contact plan for details.  See page 20 for additional information about Durable Medical Equipment.
<b>Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. <b>3, 4</b>	You pay 15% of the cost for each Medicare-covered item.  See page 20 for additional information about Prosthetic Devices.	You pay 15% of the cost for each Medicare-covered item.  See page 20 for additional information about Prosthetic Devices.	You pay 15% of the cost for each Medicare-covered item.  See page 20 for additional information about Prosthetic Devices.	You pay 15% of the cost for each Medicare-covered item.  See page 20 for additional information about Prosthetic Devices.

<b>Diabetes Self-Monitoring Training and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	You pay 20% of Medicare-approved amounts. <b>3, 4</b>	There is no copayment for Diabetes Self-Monitoring Training.  You pay 15% of the cost for each Medicare-covered Diabetes Supply item.  See page 20 for additional information about Diabetes Self-Monitoring Training and Supplies.	There is no copayment for Diabetes Self-Monitoring Training.  You pay 15% of the cost for each Medicare-covered Diabetes Supply item.  See page 20 for additional information about Diabetes Self-Monitoring Training and Supplies.	There is no copayment for Diabetes Self-Monitoring Training.  You pay 15% of the cost for each Medicare-covered Diabetes Supply item.  See page 20 for additional information about Diabetes Self-Monitoring Training and Supplies.	There is no copayment for Diabetes Self-Monitoring Training.  You pay 15% of the cost for each Medicare-covered Diabetes Supply item.  See page 20 for additional information about Diabetes Self-Monitoring Training and Supplies.
<b>Diagnostic Tests, X-Rays, and Lab Services</b>	You pay 20% of Medicare-approved amounts, except for approved lab services. <b>3, 4</b>  There is no copayment for Medicare-approved lab services.	You pay: <ul style="list-style-type: none"> <li>• \$20 to \$50 for each Medicare-covered clinical/diagnostic lab service.</li> <li>• \$0 for each Medicare-covered radiation therapy service.</li> <li>• \$20 to \$50 for each Medicare-covered X-ray visit.</li> </ul>	You pay: <ul style="list-style-type: none"> <li>• \$20 to \$50 for each Medicare-covered clinical/diagnostic lab service.</li> <li>• \$0 for each Medicare-covered radiation therapy service.</li> <li>• \$20 to \$50 for each Medicare-covered X-ray visit.</li> </ul>	There is no copayment for the following Medicare-covered services: <ul style="list-style-type: none"> <li>• Clinical/diagnostic lab services</li> <li>• Radiation therapy</li> <li>• X-ray visits</li> </ul>	There is no copayment for the following Medicare-covered services: <ul style="list-style-type: none"> <li>• Clinical/diagnostic lab services</li> <li>• Radiation therapy</li> <li>• X-ray visits</li> </ul>
<b>PREVENTIVE SERVICES</b>					
<b>Bone Mass Measurement</b> (for people with Medicare who are at risk)	You pay 20% of Medicare-approved amounts. <b>3, 4</b>	There is no copayment for each Medicare-covered Bone Mass Measurement.  See page 20 for additional information about Bone Mass Measurement.	There is no copayment for each Medicare-covered Bone Mass Measurement.  See page 20 for additional information about Bone Mass Measurement.	There is no copayment for each Medicare-covered Bone Mass Measurement.  See page 20 for additional information about Bone Mass Measurement.	There is no copayment for each Medicare-covered Bone Mass Measurement.  See page 20 for additional information about Bone Mass Measurement.

**If you have any questions about this plan's benefits or costs, please contact Keystone Health Plan West, Inc. at 1-800-935-2583 (for current members) and 1-800-576-6343 (for prospective members).**

**3 Each year, you pay a total of one \$124 deductible.**

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

**SECTION TWO:**  
**Summary of Benefits**  
**Southwestern PA**



<b>Benefit Category</b>	<b>Original Medicare</b>	<b>SecurityBlue Value Southwestern PA</b>	<b>SecurityBlue ValueRx Southwestern PA</b>	<b>SecurityBlue Standard Southwestern PA</b>	<b>SecurityBlue Deluxe Southwestern PA</b>
<b>PREVENTIVE SERVICES</b>					
<b>Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. <b>3, 4</b>	There is no copayment for: <ul style="list-style-type: none"> <li>• Medicare-covered Colorectal Screening Exams.</li> <li>• Additional screening exams.</li> </ul> <p>You are covered for an unlimited number of Colorectal Screening Exams.</p> <p>See page 20 for additional information about Colorectal Screening Exams.</p>	There is no copayment for: <ul style="list-style-type: none"> <li>• Medicare-covered Colorectal Screening Exams.</li> <li>• Additional screening exams.</li> </ul> <p>You are covered for an unlimited number of Colorectal Screening Exams.</p> <p>See page 20 for additional information about Colorectal Screening Exams.</p>	There is no copayment for: <ul style="list-style-type: none"> <li>• Medicare-covered Colorectal Screening Exams.</li> <li>• Additional screening exams.</li> </ul> <p>You are covered for an unlimited number of Colorectal Screening Exams.</p> <p>See page 20 for additional information about Colorectal Screening Exams.</p>	There is no copayment for: <ul style="list-style-type: none"> <li>• Medicare-covered Colorectal Screening Exams.</li> <li>• Additional screening exams.</li> </ul> <p>You are covered for an unlimited number of Colorectal Screening Exams.</p> <p>See page 20 for additional information about Colorectal Screening Exams.</p>
<b>Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	There is no copayment for the Pneumonia and Flu vaccines.  You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. <b>3, 4</b>  You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.	There is no copayment for the Pneumonia and Flu vaccines.  No referral necessary for Medicare-covered influenza and pneumonia vaccines.  There is no copayment for the Hepatitis B vaccine.  See page 20 for additional information about Immunizations.	There is no copayment for the Pneumonia and Flu vaccines.  No referral necessary for Medicare-covered influenza and pneumonia vaccines.  There is no copayment for the Hepatitis B vaccine.  See page 20 for additional information about Immunizations.	There is no copayment for the Pneumonia and Flu vaccines.  No referral necessary for Medicare-covered influenza and pneumonia vaccines.  There is no copayment for the Hepatitis B vaccine.  See page 20 for additional information about Immunizations.	There is no copayment for the Pneumonia and Flu vaccines.  No referral necessary for Medicare-covered influenza and pneumonia vaccines.  There is no copayment for the Hepatitis B vaccine.  See page 20 for additional information about Immunizations.
<b>Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)	You pay 20% of Medicare-approved amounts. <b>4</b>	There is no copayment for Medicare-covered Screening Mammograms.	There is no copayment for Medicare-covered Screening Mammograms.	There is no copayment for Medicare-covered Screening Mammograms.	There is no copayment for Medicare-covered Screening Mammograms.

	No referral necessary for Medicare-covered screenings.  No referral necessary for Medicare-covered screenings.	No referral necessary for Medicare-covered screenings.  See page 20 for additional information about Mammograms.	No referral necessary for Medicare-covered screenings.  See page 20 for additional information about Mammograms.	No referral necessary for Medicare-covered screenings.  See page 20 for additional information about Mammograms.	No referral necessary for Medicare-covered screenings.  See page 20 for additional information about Mammograms.
<b>Pap Smears and Pelvic Exams</b> (for women with Medicare)	There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. <sup>4</sup>  You pay 20% of Medicare-approved amounts for Pelvic Exams. <sup>4</sup>	You pay: <ul style="list-style-type: none"> <li>• \$0 for each Medicare-covered Pap Smear.</li> <li>• \$0 for each additional Pap Smear up to 1 Pap Smear every year.</li> <li>• \$20 for each Medicare-covered Pelvic Exam.</li> <li>• \$20 for each additional Pelvic Exam up to 1 Pelvic Exam every year.</li> </ul> See page 20 for additional information about Pap Smears and Pelvic Exams.	You pay: <ul style="list-style-type: none"> <li>• \$0 for each Medicare-covered Pap Smear.</li> <li>• \$0 for each additional Pap Smear up to 1 Pap Smear every year.</li> <li>• \$20 for each Medicare-covered Pelvic Exam.</li> <li>• \$20 for each additional Pelvic Exam up to 1 Pelvic Exam every year.</li> </ul> See page 20 for additional information about Pap Smears and Pelvic Exams.	You pay: <ul style="list-style-type: none"> <li>• \$0 for each Medicare-covered Pap Smear.</li> <li>• \$0 for each additional Pap Smear up to 1 Pap Smear every year.</li> <li>• \$20 for each Medicare-covered Pelvic Exam.</li> <li>• \$20 for each additional Pelvic Exam up to 1 Pelvic Exam every year.</li> </ul> See page 20 for additional information about Pap Smears and Pelvic Exams.	You pay: <ul style="list-style-type: none"> <li>• \$0 for each Medicare-covered Pap Smear.</li> <li>• \$0 for each additional Pap Smear up to 1 Pap Smear every year.</li> <li>• \$20 for each Medicare-covered Pelvic Exam.</li> <li>• \$20 for each additional Pelvic Exam up to 1 Pelvic Exam every year.</li> </ul> See page 20 for additional information about Pap Smears and Pelvic Exams.
<b>Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services. <sup>3, 4</sup>	There is no copayment for Medicare-covered Prostate Cancer Screening Exams.  See page 20 for additional information about Prostate Cancer Screening Exams.	There is no copayment for Medicare-covered Prostate Cancer Screening Exams.  See page 20 for additional information about Prostate Cancer Screening Exams.	There is no copayment for Medicare-covered Prostate Cancer Screening Exams.  See page 20 for additional information about Prostate Cancer Screening Exams.	There is no copayment for Medicare-covered Prostate Cancer Screening Exams.  See page 20 for additional information about Prostate Cancer Screening Exams.

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<sup>3</sup> *Each year, you pay a total of one \$124 deductible.*

<sup>4</sup> *If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.*

**SECTION TWO:**  
**Summary of Benefits**  
**Southwestern PA**



Benefit Category	Original Medicare	SecurityBlue Value Southwestern PA	SecurityBlue ValueRx Southwestern PA	SecurityBlue Standard Southwestern PA	SecurityBlue Deluxe Southwestern PA
<b>PREVENTIVE SERVICES</b>					
<b>Outpatient Prescription Drugs</b>	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	You pay 100% for most prescription drugs.  This plan does not cover Medicare Part D prescription drugs.	This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified in writing before the change. To view the plan's formulary, go to <a href="http://www.highmark.com">www.highmark.com</a> on the Web.  People who have low incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.  There is no deductible.  Before the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay the following for prescription drugs: <ul style="list-style-type: none"> <li>• \$10 for a one-month (34 day) supply of Formulary Generic drugs you get at an in-network preferred pharmacy.</li> <li>• \$30 for a one-month (34 day) supply of</li> </ul>	This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified in writing before the change. To view the plan's formulary, go to <a href="http://www.highmark.com">www.highmark.com</a> on the Web.  People who have low incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.  There is no deductible.  Before the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay the following for prescription drugs: <ul style="list-style-type: none"> <li>• \$10 for a one-month (34 day) supply of Formulary Generic drugs you get at an in-network preferred pharmacy.</li> <li>• \$30 for a one-month (34 day) supply of</li> </ul>	This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified in writing before the change. To view the plan's formulary, go to <a href="http://www.highmark.com">www.highmark.com</a> on the Web.  People who have low incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.  There is no deductible.  Before the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay the following for prescription drugs: <ul style="list-style-type: none"> <li>• \$8 for a one-month (34 day) supply of Formulary Generic drugs you get at an in-network preferred pharmacy.</li> <li>• \$20 for a one-month (34 day) supply of</li> </ul>



			<p>Formulary Brand drugs you get at an in-network preferred pharmacy.</p> <ul style="list-style-type: none"> <li>• \$25 for a three-month (90 day) supply of Formulary Generic drugs you get at an in-network preferred pharmacy.</li> <li>• \$75 for a three-month (90 day) supply of Formulary Brand drugs you get at an in-network preferred pharmacy.</li> <li>• \$25 for a three-month (90 day) supply of mail order Formulary Generic drugs.</li> <li>• \$75 for a three-month (90 day) supply of mail order Formulary Brand drugs.</li> </ul> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the Plan's service area where there is no network pharmacy.</p> <p>In addition to paying the co-payments/co-insurances listed below, you will be required to pay the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescriptions.</p>	<p>Formulary Brand drugs you get at an in-network preferred pharmacy.</p> <ul style="list-style-type: none"> <li>• \$25 for a three-month (90 day) supply of Formulary Generic drugs you get at an in-network preferred pharmacy.</li> <li>• \$75 for a three-month (90 day) supply of Formulary Brand drugs you get at an in-network preferred pharmacy.</li> <li>• \$25 for a three-month (90 day) supply of mail order Formulary Generic drugs.</li> <li>• \$75 for a three-month (90 day) supply of mail order Formulary Brand drugs.</li> </ul> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the Plan's service area where there is no network pharmacy.</p> <p>In addition to paying the co-payments/co-insurances listed below, you will be required to pay the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescriptions.</p>	<p>Formulary Brand drugs you get at an in-network preferred pharmacy.</p> <ul style="list-style-type: none"> <li>• \$20 for a three-month (90 day) supply of Formulary Generic drugs you get at an in-network preferred pharmacy.</li> <li>• \$50 for a three-month (90 day) supply of Formulary Brand drugs you get at an in-network preferred pharmacy.</li> <li>• \$20 for a three-month (90 day) supply of mail order Formulary Generic drugs.</li> <li>• \$50 for a three-month (90 day) supply of mail order Formulary Brand drugs.</li> </ul> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the Plan's service area where there is no network pharmacy.</p> <p>In addition to paying the co-payments/co-insurances listed below, you will be required to pay the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescriptions.</p>
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**If you have any questions about this plan's benefits or costs, please contact Keystone Health Plan West, Inc. at 1-800-935-2583 (for current members) and 1-800-576-6343 (for prospective members).**

**SECTION TWO:**  
**Summary of Benefits**  
**Southwestern PA**



Benefit Category	Original Medicare	SecurityBlue Value Southwestern PA	SecurityBlue ValueRx Southwestern PA	SecurityBlue Standard Southwestern PA	SecurityBlue Deluxe Southwestern PA
<b>PREVENTIVE SERVICES</b>					
<b>Outpatient Prescription Drugs</b> (continued)			<ul style="list-style-type: none"> <li>• \$10 for a one-month (34 day) supply of Formulary Generic drugs you get at an out-of-network pharmacy.</li> <li>• \$30 for a one-month (34 day) supply of Formulary Brand drugs you get at an out-of-network pharmacy.</li> </ul> <p>After the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay 100% of your prescription drug costs.</p> <p>After your yearly out-of-pocket drug costs reach \$3,600, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2 for generic or preferred brand drug that is a multi-source drug and \$5 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p>Certain prescription drugs will have maximum quantity limits. Contact plan for details.</p> <p>Your provider must get prior authorization from SecurityBlue ValueRx Southwestern PA for</p>	<ul style="list-style-type: none"> <li>• \$10 for a one-month (34 day) supply of Formulary Generic drugs you get at an out-of-network pharmacy.</li> <li>• \$30 for a one-month (34 day) supply of Formulary Brand drugs you get at an out-of-network pharmacy.</li> </ul> <p>After the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay 100% of your prescription drug costs.</p> <p>After your yearly out-of-pocket drug costs reach \$3,600, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2 for generic or preferred brand drug that is a multi-source drug and \$5 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p>Certain prescription drugs will have maximum quantity limits. Contact plan for details.</p> <p>Your provider must get prior authorization from SecurityBlue Standard Southwestern PA for</p>	<ul style="list-style-type: none"> <li>• \$8 for a one-month (34 day) supply of Formulary Generic drugs you get at an out-of-network pharmacy.</li> <li>• \$20 for a one-month (34 day) supply of Formulary Brand drugs you get at an out-of-network pharmacy.</li> </ul> <p>After your yearly out-of-pocket drug costs reach \$3,600, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2 for generic or preferred brand drug that is a multi-source drug and \$5 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p>Certain prescription drugs will have maximum quantity limits. Contact plan for details.</p> <p>Your provider must get prior authorization from SecurityBlue Deluxe Southwestern PA for</p>

certain prescription drugs.  
Contact plan for details.

See page 21 for  
additional information  
about Outpatient  
Prescription Drugs.

certain prescription drugs.  
Contact plan for details.

See page 21 for  
additional information  
about Outpatient  
Prescription Drugs.

certain prescription drugs.  
Contact plan for details.

See page 21 for  
additional information  
about Outpatient  
Prescription Drugs.

**ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)**

<b>Dental Services</b>	In general, you pay 100% for Dental Services.	In general, you pay 100% for Dental Services.	In general, you pay 100% for Dental Services.	In general, you pay 100% for Dental Services.	You pay: <ul style="list-style-type: none"> <li>• 40% of the cost for each oral exam up to 1 visit every six months.</li> <li>• 40% of the cost for each cleaning up to 1 visit every six months.</li> <li>• 40% of the cost for dental X-rays up to 1 visit every year.</li> </ul>
<b>Hearing Services</b>	You pay 100% for routine hearing exams and hearing aids.  You pay 20% of Medicare-approved amounts for diagnostic hearing exams. <b>3, 4</b>	There is no copayment for hearing aids.  You pay: <ul style="list-style-type: none"> <li>• \$20 for each Medicare-covered hearing exam (diagnostic hearing exams).</li> <li>• \$20 for each routine hearing test up to 1 test every year.</li> </ul> You are covered up to \$500 for hearing aids every three years.	There is no copayment for hearing aids.  You pay: <ul style="list-style-type: none"> <li>• \$20 for each Medicare-covered hearing exam (diagnostic hearing exams).</li> <li>• \$20 for each routine hearing test up to 1 test every year.</li> </ul> You are covered up to \$500 for hearing aids every three years.	There is no copayment for hearing aids.  You pay: <ul style="list-style-type: none"> <li>• \$20 for each Medicare-covered hearing exam (diagnostic hearing exams).</li> <li>• \$20 for each routine hearing test up to 1 test every year.</li> </ul> You are covered up to \$500 for hearing aids every three years.	There is no copayment for hearing aids.  You pay: <ul style="list-style-type: none"> <li>• \$20 for each Medicare-covered hearing exam (diagnostic hearing exams).</li> <li>• \$20 for each routine hearing test up to 1 test every year.</li> </ul> You are covered up to \$500 for hearing aids every three years.

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**3 Each year, you pay a total of one \$124 deductible.**

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

**SECTION TWO:**  
**Summary of Benefits**  
**Southwestern PA**



Benefit Category	Original Medicare	SecurityBlue Value Southwestern PA	SecurityBlue ValueRx Southwestern PA	SecurityBlue Standard Southwestern PA	SecurityBlue Deluxe Southwestern PA
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)</b>					
<p><b>Vision Services</b></p>	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. <b>3, 4</b></p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings. <b>3, 4</b></p> <p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. <b>3, 4</b></p> <p>You pay 100% for routine eye exams and glasses.</p>	<p>There is no copayment for the following items:</p> <ul style="list-style-type: none"> <li>• Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery).</li> <li>• Contacts, limited to 1 pair of contacts every two years.</li> <li>• Lenses, limited to 1 pair of lenses every two years.</li> <li>• Frames, limited to 1 frame every two years.</li> </ul> <p>You pay:</p> <ul style="list-style-type: none"> <li>• \$20 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</li> <li>• \$20 for each routine eye exam, limited to 1 exam every year.</li> </ul> <p>You are covered up to \$75 for eyewear every two years.</p> <p>See page 20 for additional information about Vision Services.</p>	<p>There is no copayment for the following items:</p> <ul style="list-style-type: none"> <li>• Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery).</li> <li>• Contacts, limited to 1 pair of contacts every two years.</li> <li>• Lenses, limited to 1 pair of lenses every two years.</li> <li>• Frames, limited to 1 frame every two years.</li> </ul> <p>You pay:</p> <ul style="list-style-type: none"> <li>• \$20 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</li> <li>• \$20 for each routine eye exam, limited to 1 exam every year.</li> </ul> <p>You are covered up to \$75 for eyewear every two years.</p> <p>See page 20 for additional information about Vision Services.</p>	<p>There is no copayment for the following items:</p> <ul style="list-style-type: none"> <li>• Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery).</li> <li>• Contacts, limited to 1 pair of contacts every two years.</li> <li>• Lenses, limited to 1 pair of lenses every two years.</li> <li>• Frames, limited to 1 frame every two years.</li> </ul> <p>You pay:</p> <ul style="list-style-type: none"> <li>• \$20 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</li> <li>• \$20 for each routine eye exam, limited to 1 exam every year.</li> </ul> <p>You are covered up to \$75 for eyewear every two years.</p> <p>See page 20 for additional information about Vision Services.</p>	<p>There is no copayment for the following items:</p> <ul style="list-style-type: none"> <li>• Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery).</li> <li>• Contacts, limited to 1 pair of contacts every two years.</li> <li>• Lenses, limited to 1 pair of lenses every two years.</li> <li>• Frames, limited to 1 frame every two years.</li> </ul> <p>You pay:</p> <ul style="list-style-type: none"> <li>• \$20 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</li> <li>• \$20 for each routine eye exam, limited to 1 exam every year.</li> </ul> <p>You are covered up to \$75 for eyewear every two years.</p> <p>See page 20 for additional information about Vision Services.</p>

<b>Physical Exams</b>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay 20% of the Medicare-approved amount. <b>3, 4</b></p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay \$10 for Medicare-covered services.</p> <p>You pay \$10 for each exam.</p> <p>You are covered up to 1 exam every year.</p> <p>See page 20 for additional information about Physical Exams.</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay \$10 for Medicare-covered services.</p> <p>You pay \$10 for each exam.</p> <p>You are covered up to 1 exam every year.</p> <p>See page 20 for additional information about Physical Exams.</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay \$10 for Medicare-covered services.</p> <p>You pay \$10 for each exam.</p> <p>You are covered up to 1 exam every year.</p> <p>See page 20 for additional information about Physical Exams.</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay \$10 for Medicare-covered services.</p> <p>You pay \$10 for each exam.</p> <p>You are covered up to 1 exam every year.</p> <p>See page 20 for additional information about Physical Exams.</p>
<b>Health/Wellness Education</b>	<p>You pay 100%.</p>	<p>You are covered for the following:</p> <ul style="list-style-type: none"> <li>• Health Club Membership/Fitness Classes</li> </ul> <p>See page 22 for additional information about Health/Wellness Education.</p>	<p>You are covered for the following:</p> <ul style="list-style-type: none"> <li>• Health Club Membership/Fitness Classes</li> </ul> <p>See page 22 for additional information about Health/Wellness Education.</p>	<p>You are covered for the following:</p> <ul style="list-style-type: none"> <li>• Health Club Membership/Fitness Classes</li> </ul> <p>See page 22 for additional information about Health/Wellness Education.</p>	<p>You are covered for the following:</p> <ul style="list-style-type: none"> <li>• Health Club Membership/Fitness Classes</li> </ul> <p>See page 22 for additional information about Health/Wellness Education.</p>

**If you have any questions about this plan's benefits or costs, please contact Keystone Health Plan West, Inc. at 1-800-935-2583 (for current members) and 1-800-576-6343 (for prospective members).**

**3 Each year, you pay a total of one \$124 deductible.**

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

**SECTION THREE:**  
**Southwestern PA**



**SECURITYBLUE OFFERS YOUR CHOICE OF HEALTH PLANS BACKED BY HIGHMARK BLUE CROSS BLUE SHIELD DEPENDABILITY**

If you're covered by Medicare, you have your choice of health care plans that provide all the benefits of Medicare and so much more.

SecurityBlue is the Highmark Blue Cross Blue Shield Medicare Advantage HMO provided by Keystone Health Plan West, Inc. We're the only Medicare Advantage HMO that's backed by the financial strength, experience and reliability of Highmark Blue Cross Blue Shield—a name

millions of western Pennsylvanians have trusted for their health care coverage for over 65 years.

With SecurityBlue you'll enjoy real peace of mind because we focus on keeping you in good health. SecurityBlue, like all Highmark Blue Cross Blue Shield programs, is committed to helping you live longer, better.

**YOUR COVERAGE CHOICES**

The chart below highlights the differences between the out-of-pocket costs on each SecurityBlue plan for care received. This is not intended to be a full listing of all benefits offered. For more complete benefit details, please reference the Summary of Benefits (Section Two).

	<b>SecurityBlue Value</b>	<b>SecurityBlue ValueRx</b>	<b>SecurityBlue Standard</b>	<b>SecurityBlue Deluxe</b>
<b>Inpatient Hospital Stay</b>	\$250 per admission, up to \$500 maximum per year	\$250 per admission, up to \$500 maximum per year	\$0	\$0
<b>Outpatient Hospital Surgery</b>	\$50 copayment per visit	\$50 copayment per visit	\$0	\$0
<b>Skilled Nursing Facility</b> (up to 100 days per benefit period)	\$0 copayment for days 1-20, \$25/day copayment for days 21-40, \$0 copayment for days 41-100, up to \$500 maximum per year	\$0 copayment for days 1-20, \$25/day copayment for days 21-40, \$0 copayment for days 41-100, up to \$500 maximum per year	\$0	\$0
<b>Diagnostic Tests, X-Rays, and Lab Services</b>	\$20 copayment on diagnostic services, \$50 copayment on advanced imaging services	\$20 copayment on diagnostic services, \$50 copayment on advanced imaging services	\$0	\$0
<b>Routine Dental Services</b>	Not covered	Not covered	Not covered	40% coinsurance
<b>Routine Chiropractic Visits</b>	Not covered	Not covered	Not covered	\$20 copayment, up to 6 total visits per calendar year
<b>Routine Podiatry Benefits</b>	Not covered	Not covered	Not covered	\$20 copayment, up to 8 total visits per calendar year
<b>Prescription Drugs</b> (Please see page 21 for complete details on SecurityBlue's prescription drug coverage.)	Not covered	Covered, see page 21 for more details.	Covered, see page 21 for more details.	Covered, see page 21 for more details.



## ADDITIONAL INFORMATION

Here's some additional information about SecurityBlue benefits that you won't find in Section 2 of this Summary of Benefits:

### ***Chiropractic and Podiatry Services—***

If you see a network chiropractor or podiatrist for these services, your copayment will be \$20 per visit. If your Primary Care Physician performs the services, the copayment is \$10. Routine chiropractic visits are for manual manipulation of the spine not related to subluxation.

### ***Ambulance Services—***

The \$25 per trip, \$50 per round trip copayment includes ground, air, wheelchair accessible and other types of ambulance transportation services.

### ***Emergency Care—***

The \$50 emergency room visit copayment is waived only if the inpatient admission is authorized.

### ***Urgently Needed Care—***

The copayment for urgently needed care is \$50 if the care is received in a hospital. The copayment is \$20 if the care is received in a location other than a hospital.

### ***Durable Medical Equipment (DME), Diabetes Supplies and Prosthetic Devices—***

The 15% coinsurance applies to all durable medical items, prosthetic devices and medical/diabetes supplies except oxygen and oxygen supplies. The maximum annual coinsurance amount you will pay is \$500. Oxygen-related DME is covered in full. Oxygen should be precertified.

### ***Bone Mass Measurement—***

There is no separate copayment for bone mass measurement but the doctor office visit copayment may apply.

### ***Colorectal Screening Exams—***

There is no separate copayment for colorectal screening exams but the doctor office visit copayment may apply.

### ***Immunizations—***

There is no separate copayment for immunizations but the doctor office visit copayment may apply.

### ***Mammograms—***

There is no separate copayment for mammograms but the doctor office visit copayment may apply.

### ***Pap Smears and Pelvic Exams—***

You pay a \$10 copayment if your PCP performs your routine, annual pelvic exam.

### ***Prostate Cancer Screening Exams—***

There is no separate copayment for prostate cancer screening exams but the doctor office visit copayment may apply.

### ***Outpatient Services/Surgery—***

In some instances, a doctor visit copayment may apply.

### ***Vision Services—***

You are covered up to \$60 for eyeglass frames or up to \$75 for contact lenses every two years in network. You are also eligible to receive one pair of standard eyeglass lenses or standard contact lenses every two years and they are covered in full.

### ***Routine Physical Exams—***

You must receive your routine physical exam from your PCP or OB/GYN.

## SECTION THREE: Southwestern PA



### MEDICARE PRESCRIPTION DRUG COVERAGE

SecurityBlue offers three plans that have Medicare Prescription Drug Coverage:

#### ***SecurityBlue ValueRx and Standard Plans—***

You can obtain up to a 34-day supply at any network pharmacy or up to a 90-day supply through our home delivery mail order service. For the initial \$2,250 in yearly drug costs (your costs plus the plan's costs), your copayment depends on the type of drug you buy. At network pharmacies, you pay a \$10 copayment for each generic drug, and a \$30 copayment for each brand name drug. You pay 2.5 times the copayment(s) for up to a 90-day supply through our network mail order service. If you choose a brand name drug when a generic is available, you must pay the appropriate brand level copayment in addition to the cost difference between the brand name and the generic drug. If you go to an out-of-network pharmacy you will pay the applicable copayment you would pay at network pharmacies, and the difference between the out-of-network retail price and the network allowed amount. If you use a non-designated mail order pharmacy to purchase up to a 90-day supply of your prescription drugs, you pay the applicable copayment of 2.5 times the network pharmacy copayment plus the difference between the out-of-network retail price and the network allowed amount.

Once you surpass \$2,250 in drug costs (your costs plus the plan's costs), you are responsible for all drug costs up to \$3,600 in out-of-pocket expenses. During this period, you should continue using your SecurityBlue card in order to receive Highmark's exclusive discount, and to have your out-of-pocket costs continue to be tracked. Once you reach \$3,600 in out-of-pocket costs, you will be responsible for the greater of either a \$2 copayment for a generic drug, \$5 copayment for a brand drug, or 5% coinsurance.

#### ***SecurityBlue Deluxe Plan—***

You can obtain up to a 34-day supply at any network pharmacy or up to a 90-day supply through our home delivery mail order service. For the initial \$2,250 in yearly drug costs (your costs plus the plan's costs), your copayment depends on the type of drug you buy. At network pharmacies, you pay an \$8 copayment for each generic, and a \$20 copayment for each brand name drug. You pay 2.5 times the copayment(s) for up to a 90-day supply through our network mail order service. If you choose a brand name drug when a generic is available, you must pay the appropriate brand level copayment in addition to the cost difference between the brand name and the generic drug. If you go to an out-of-network pharmacy you will pay the applicable copayment you would pay at network pharmacies, and the difference between the out-of-network retail price and the network allowed amount. If you use a non-designated mail order pharmacy to purchase up to a 90-day supply of your prescription drugs, you pay the applicable copayment of 2.5 times the network pharmacy copayment plus the difference between the out-of-network retail price and the network allowed amount.

Once you surpass \$2,250 in drug costs (your costs plus the plan's costs), you are responsible for all brand costs up to \$3,600 in out-of-pocket expenses, but will continue to be covered for any formulary generic drugs with the copayments noted above. During this period, you should continue using your SecurityBlue card in order to receive our exclusive discount on brand medication, and to have your out-of-pocket costs continue to be tracked. Once you reach \$3,600 in out-of-pocket costs, you will be responsible for the greater of either a \$2 copayment for a generic drug, \$5 copayment for a brand drug, or 5% coinsurance.

**Formulary—**

SecurityBlue also has a formulary. A formulary is a list of drugs that are chosen based on how well they work, how safe they are, and how cost-efficient they are. The drugs that are listed on the formulary are subject to change at any time during the year without advance notice. Only drugs listed on the formulary are covered. You would be responsible for the full cost of any non-formulary drug. The pharmacy network includes most major chains and independent pharmacies. Participating pharmacies are listed in the *Provider Directory* included in this information packet.

**Prescription Drugs Covered by Medicare Part B—**

Unlike Medicare Prescription Drug Coverage, which is only offered through the ValueRx, Standard and Deluxe Plans, all SecurityBlue plans offer coverage for those drugs that Medicare covers through Part B. Part B drugs are not available at a retail pharmacy. Instead, they must be administered by a physician or obtained from a Highmark participating specialty pharmaceutical vendor.

**Fitness Program Membership—SilverSneakers®—**

The SilverSneakers Fitness Program is a unique physical activity, lifestyle, and social oriented health and wellness program specifically designed for Medicare-eligible members of all fitness levels. SecurityBlue program participants are allowed access to SilverSneakers certified senior-friendly fitness centers and facilities at no additional cost. While each facility may offer different services, care has been taken to ensure that all facilities provide a variety of senior-friendly services. Key unique features of this program include:

- Easy enrollment at a participating fitness center or facility.
- No enrollment fee, no contract, and no hassles.
- SilverSneakers class curriculum and choreography designed exclusively for the older adult and taught by certified SilverSneakers instructors to increase strength, flexibility, and energy.
- SilverSneakers trained staff at each fitness center or facility that adhere to the SilverSneakers Fitness Program quality assurance and senior-focused service standards that encourage older adult participation.
- Senior Advisors<sup>SM</sup> designated to provide you with information as well as personalized, friendly service.
- A great opportunity to improve your health, enhance your lifestyle, and meet new friends!



A Medicare Advantage HMO  
*from Keystone Health Plan West*

P. O. Box 1068  
Pittsburgh, PA 15230-1068

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