

# Comparison of Annual Medical and Prescription Drug Costs

Use this sheet to compare costs between our MAPD plans and your current plan.

FEATURES	SummaCare Secure Core (HMO) <i>(Using SCSecure Providers)</i>	SummaCare Secure Silver (HMO-POS) <i>(Using SCSecure Providers)</i>	SummaCare Secure Gold (HMO-POS) <i>(Using SCSecure Providers)</i>	My Current Plan
1. Monthly Plan Premium	\$0	\$30	\$120	
2. Deductible	\$0	\$0	\$0	
3. Each Doctor's Visit – Primary Care	\$0	\$0	\$0	
4. Each Doctor's Visit – Specialist	\$45	\$40	\$25	
5. Hospital Stays	\$295/day for days 1-7	\$265/day for days 1-8	\$195/day for days 1-10	
6. Inpatient Hospital Out-of-Pocket <u>Maximum</u> <i>The most you would pay per year</i>	\$2,065	\$2,120	\$1,950	
7. Out-of-Pocket <u>Maximum</u> <i>The most you will pay in a calendar year out of your pocket for medical benefits</i>	\$3,400	\$3,400	\$3,000	
8. Each Emergency Room Visit <i>(Worldwide Coverage)</i>	\$65	\$65	\$65	
9. Each Urgent Care Center Visit	\$40	\$40	\$40	
10. Freedom to Use ANY Medicare Approved Provider?	No. You must use SCSecure providers. (except for emergencies)	YES	YES	
11. Health Club Membership/Fitness Program	Included	Included	Included	
12. 30-Day OR 90-Day Supply of a Preferred Generic (Tier 1) Drug (Retail)	\$0	\$0	\$0	
13. (30-Day Supply of a Preferred Brand Name (Tier 3) Drug (Retail)	\$45	\$45	\$45	
14. Drugs Offered in the "Coverage Gap"?	Yes (All Preferred Generic)	Yes (All Preferred Generic)	Yes (All Preferred Generic)	

1. **Monthly Plan Premium** – This is how much you will pay for plan coverage each month. To get your yearly cost, multiply your monthly premium amount by 12. (You still must continue to pay your Medicare Part B premium.)
2. **Deductible** – This is how much you will pay out-of-pocket before your coverage will apply.
3. **Each Doctor’s Visit – Primary Care** – This is the copayment amount you will pay for each visit to your *SCSecure* Primary Care Physician.
4. **Each Doctor’s Visit – Specialists** – This is the copayment amount you will pay for each visit to a *SCSecure* specialty physician.
5. **Hospital Stays** – This is the copayment amount you will pay per day for the days noted at a *SCSecure* facility. Please refer to the *SCSecure* Provider/Pharmacy Directory for a complete listing of *SCSecure* hospitals.
6. **Inpatient Hospital Out-of-Pocket Maximum** – This is the MOST that you would pay out-of-pocket for in-network hospital stays during the calendar year.
7. **Out-of-Pocket Maximum** – This amount is the MOST that you would pay out-of-pocket for in-network expenses during the calendar year for your care.
8. **Each Emergency Room Visit** – This is the copayment amount you will pay for a visit to the Emergency Room for any Medicare-approved facility. This fee is waived if you are admitted to the hospital.
9. **Each Urgent Care Center Visit** – This is the copayment amount you will pay for a visit to any *SCSecure* Urgent Care facility.
10. **Freedom to Use Any Medicare-Approved Provider** – SummaCare Secure’s Silver and Gold plans offer coverage from any Medicare-approved provider. Copayments may be higher if you use out-of-network providers.
11. **Health Club Membership/Fitness Program** – **NEW!** For 2012, we are excited to include the **Healthy You** program at no additional premium cost to you with every SummaCare Secure plan. **Healthy You** includes the Silver Sneakers program, which includes FREE access to participating gyms and fitness/wellness centers.  
  
The products and services described as part of the SummaCare Secure **Healthy You** program are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the SummaCare Secure grievance process.
12. **30-Day OR 90-Day Supply of a Preferred Generic (Tier 1) Drug (Retail)** – This is the copayment amount you will pay for a 30-day or 90-day supply of a Preferred Generic prescription drug (Tier 1) at an *SCSecure* pharmacy.
13. **30-Day Supply of a Preferred Brand Name (Tier 3) Drug (Retail)** – This is the copayment amount you will pay for a 30-day supply of a Preferred Brand Name prescription drug (Tier 3) at an *SCSecure* pharmacy.
14. **Drugs Offered in the “Coverage Gap”** – There is no gap in coverage for generic drugs under SummaCare Secure.

**For more information, call SummaCare Secure toll free at 888-464-8440. Persons with hearing impairments please call TTY/TDD 800-750-0750. For further comparison guides of plans available to you, visit the official Medicare website at [www.medicare.gov](http://www.medicare.gov).**

SummaCare is a health plan with a Medicare contract. You must continue to pay your Medicare Part B premium. With the exception of emergencies or urgent care, it may cost more to get care from out-of-network providers. You may be able to get extra help to pay for your prescription drug premiums and 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; 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.

**The benefit information provided is not comprehensive. Additional information should be requested before making a decision about your coverage.**