

Summary of Benefits

Pennsylvania

Unison Advantage (HMO)
H3920_001, H3920_007

January 1, 2010 – December 31, 2010

Unison  *Advantage*®
A healthier tomorrow begins with you.™



Section I - Introduction to Summary of Benefits

Thank you for your interest in Unison Advantage (HMO).

Our Unison Advantage **Choice** and **Basic** plans are offered by UNISON HEALTH PLAN OF PENNSYLVANIA, 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 or list every limitation or exclusion. To get a complete list of our benefits, please call Unison Advantage (HMO) 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 Unison Advantage (HMO). 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 Unison Advantage (HMO) at the telephone 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 Unison Advantage (HMO) 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 Unison Advantage (HMO) Available?

The service area for plans H3920-001 and H3920-007 includes: Adams, Allegheny, Beaver, Berks, Butler, Cumberland, Dauphin, Erie, Lackawanna, Lancaster, Lehigh, Luzerne, Mercer, Northampton, Perry, Somerset, Westmoreland, York Counties, PA. You must live in one of these areas to join the plan.

Who is Eligible to Join Unison Advantage (HMO)?

You can join Unison Advantage **Choice** or **Basic** if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Unison Advantage (HMO) unless they are members of our organization and have been since their dialysis began.

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

Can I Choose my Doctors?

Unison Advantage (HMO) 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.unisonhealthplan.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. Neither Unison Advantage (HMO) nor the Original Medicare Plan will pay for these services.

Does my Plan Cover Medicare Part B or Part D Drugs?

Unison Advantage (HMO) **Choice** plans cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Unison Advantage **Basic** covers Medicare Part B prescription drugs. Unison Advantage **Basic** does NOT cover Medicare Part D prescription drugs.

Where can I Get my Prescriptions if I Join This Plan?

Unison Advantage **Choice** (HMO) plans have 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.unisonhealthplan.com. Our customer service number is listed at the end of this introduction.

Unison Advantage **Choice** (HMO) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

What is a Prescription Drug Formulary?

Unison Advantage **Choice** (HMO) plans use 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.unisonhealthplan.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?

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.

What are my Protections in This Plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Unison Advantage (HMO), 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, Quality Insights of Pennsylvania, 1-800-322-1914.

As a member of Unison Advantage **Choice** (HMO) plans, 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, Quality Insights of Pennsylvania, 1-800-322-1914.

What is a Medication Therapy Management (MTM) Program?

For Unison Advantage **Choice** (HMO) plans, a Medication Therapy Management (MTM) Program is a free service we may 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 Unison Advantage (HMO) 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 Unison Advantage (HMO) 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.

Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-888-727-8604 to obtain a copy of the plan ratings for this plan. TTY users call 711.

Please call Unison Advantage® for more information about **Unison Advantage (HMO)**.



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

Customer Service Hours:

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



Current members should call toll-free 1-800-290-4009 for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug program.



TTY/TDD: 711



Prospective members should call toll-free 1-888-727-8604 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Program.



TTY/TDD: 711



For more information about **Medicare**, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

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

Section II - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Unison Advantage[®] for details.

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|--|--|--|--|
| Important Information | | | |
| ① Premium and Other Important Information | <p>Most Medicare beneficiaries will continue to pay the same \$96.40 Part B premium amount in 2010 and the yearly deductible amount is \$155.</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>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> | <p>General</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> |
| ② Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.) | You may go to any doctor, specialist or hospital that accepts Medicare. | <p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p> | <p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p> |
| Inpatient Care | | | |
| ③ Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services) | <p>In 2010 the amounts for each benefit period are:</p> <p>Days 1 - 60: \$1,100 deductible</p> <p>Days 61 - 90: \$275 per day</p> <p>Days 91 - 150: \$550 per lifetime reserve day</p> | <p>In-Network</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 10: \$150 copay per day</p> <p>Days 11 - 90: \$0 copay per day</p> <p>\$0 copay for each additional hospital day.</p> | <p>In-Network</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 10: \$150 copay per day</p> <p>Days 11 - 90: \$0 copay per day</p> <p>\$0 copay for each additional hospital day.</p> |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
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| Inpatient Care (continued) | <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> | <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> | <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |
| <p>④ Inpatient Mental Health Care</p> | <p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p> | <p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 10: \$150 copay per day</p> <p>Days 11 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> | <p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 10: \$150 copay per day</p> <p>Days 11 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
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| Inpatient Care (continued) | | | |
| 5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility) | <p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <p>Days 1 - 20: \$0 per day Days 21 - 100: \$137.50 per day 100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> | <p>General Authorization rules may apply.</p> <p>In-Network For Medicare-covered SNF stays:</p> <p>Days 1 - 5: \$0 copay per day Days 6 - 100: \$50 copay per day</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> | <p>General Authorization rules may apply.</p> <p>In-Network For Medicare-covered SNF stays:</p> <p>Days 1 - 5: \$0 copay per day Days 6 - 100: \$50 copay per day</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> |
| 6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.) | \$0 copay. | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered home health visit.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered home health visit.</p> |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
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| Inpatient Care (continued) | | | |
| 7 Hospice | <p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p> | <p>General You must get care from a Medicare-certified hospice.</p> | <p>General You must get care from a Medicare-certified hospice.</p> |
| Outpatient Care | | | |
| 8 Doctor Office Visits | 20% coinsurance | <p>General See "Physical Exams," for more information.</p> <p>In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$30 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p> | <p>General See "Physical Exams," for more information.</p> <p>In-Network \$5 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$25 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$25 copay for each specialist visit for Medicare-covered benefits.</p> |
| 9 Chiropractic Services | <p>Routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if</p> |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
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| Outpatient Care (continued) | | | |
| | | you get it from a chiropractor or other qualified providers. | you get it from a chiropractor or other qualified providers. |
| ⑩ Podiatry Services | Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. | In-Network \$30 copay for each Medicare-covered visit. \$0 copay for up to 4 routine visit(s) every year Medicare-covered podiatry benefits are for medically-necessary foot care. | In-Network \$25 copay for each Medicare-covered visit. \$0 copay for up to 4 routine visit(s) every year Medicare-covered podiatry benefits are for medically-necessary foot care. |
| ⑪ Outpatient Mental Health Care | 45% coinsurance for most outpatient mental health services. | General Authorization rules may apply. In-Network \$30 copay for each Medicare-covered individual or group therapy visit. | General Authorization rules may apply. In-Network \$25 copay for each Medicare-covered individual or group therapy visit. |
| ⑫ Outpatient Substance Abuse Care | 20% coinsurance | General Authorization rules may apply. In-Network \$35 copay for Medicare-covered individual or group visits. | General Authorization rules may apply. In-Network \$30 copay for Medicare-covered individual or group visits. |
| ⑬ Outpatient Services/Surgery | 20% coinsurance for the doctor 20% of outpatient facility charges | General Authorization rules may apply. | General Authorization rules may apply. |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
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| Outpatient Care (continued) | | | |
| | | <p>In-Network \$125 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$125 copay for each Medicare-covered outpatient hospital facility visit.</p> | <p>In-Network \$125 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$125 copay for each Medicare-covered outpatient hospital facility visit.</p> |
| <p>14 Ambulance Services (medically necessary ambulance services)</p> | <p>20% coinsurance</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p> |
| <p>15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p> | <p>20% coinsurance for the doctor</p> <p>20% of facility charge, or a set copay per emergency room visit</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p> | <p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p> | <p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p> |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
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| Outpatient Care (continued) | | | |
| 16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.) | 20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances. | General \$30 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit. | General \$30 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit. |
| 17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy) | 20% coinsurance | General Authorization rules may apply. In-Network \$30 copay for Medicare-covered Occupational Therapy visits. \$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. | General Authorization rules may apply. In-Network \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. |
| Outpatient Medical Services and Supplies | | | |
| 18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.) | 20% coinsurance | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. |
| 19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.) | 20% coinsurance | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
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| Outpatient Medical Services and Supplies (continued) | | | |
| <p>20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p> | <p>20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered 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 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>10% of the cost for Diabetes supplies.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>10% of the cost for Diabetes supplies.</p> |
| <p>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p> | <p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered lab services.</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$15 copay for Medicare-covered X-rays.</p> <p>10% of the cost for Medicare-covered diagnostic radiology services.</p> <p>10% of the cost for Medicare-covered therapeutic radiology services.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered lab services.</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$15 copay for Medicare-covered X-rays.</p> <p>10% of the cost for Medicare-covered diagnostic radiology services.</p> <p>10% of the cost for Medicare-covered therapeutic radiology services.</p> |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|---|--|---|---|
| Preventive Services | | | |
| 22 Bone Mass Measurement (for people with Medicare who are at risk) | 20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. | In-Network \$0 copay for Medicare-covered bone mass measurement. | In-Network \$0 copay for Medicare-covered bone mass measurement. |
| 23 Colorectal Screening Exams (for people with Medicare age 50 and older) | 20% coinsurance Covered when you are high risk or when you are age 50 and older. | In-Network \$0 copay for Medicare-covered colorectal screenings. \$0 copay up to 1 additional screening(s) every year. | In-Network \$0 copay for Medicare-covered colorectal screenings. \$0 copay up to 1 additional screening(s) every year. |
| 24 Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine) | \$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. | In-Network \$0 copay for Flu and Pneumonia vaccines. No referral needed for Flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for other immunizations. | In-Network \$0 copay for Flu and Pneumonia vaccines. No referral needed for Flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for other immunizations. |
| 25 Mammograms (Annual Screening) (for women with Medicare age 40 and older) | 20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39. | In-Network \$0 copay for Medicare-covered screening mammograms. | In-Network \$0 copay for Medicare-covered screening mammograms. |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
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| Preventive Services (continued) | | | |
| 26 Pap Smears and Pelvic Exams (for women with Medicare) | \$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams | In-Network \$0 copay for Medicare-covered pap smears and pelvic exams | In-Network \$0 copay for Medicare-covered pap smears and pelvic exams |
| 27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older) | 20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50. | In-Network \$0 copay for Medicare-covered prostate cancer screening. | In-Network \$0 copay for Medicare-covered prostate cancer screening. |
| 28 End-Stage Renal Disease | 20% coinsurance for renal dialysis 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. | In-Network 20% of the cost for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease. | In-Network 20% of the cost for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease. |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|--|--|--|---|
| Preventive Services (continued) | | | |
| 29 Prescription Drugs | <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 General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.unisonhealthplan.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> ▪ have limited incomes, ▪ live in long term care facilities, or ▪ have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (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 both you and the plan.</p> | <p>Drugs covered under Medicare Part B General Most drugs not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General This plan does not offer prescription drug coverage.</p> |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|---------------------------------|-------------------|---|------------------------------|
| Preventive Services (continued) | | <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 Unison Advantage Choice (HMO) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that</p> | |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|--|-------------------|--|------------------------------|
| Preventive Services (continued) | | | |
| | | <p>drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Unison Advantage Choice (HMO) approves the exception, you will pay Tier 3 Non-Preferred Generic & Non-Preferred Brand cost-sharing for that drug.</p> | |
| In-Network | | \$0 deductible. | |
| Initial Coverage | | You pay the following until total yearly drug costs reach \$2,830: | |
| Retail Pharmacy | | <p>Tier 1 Preferred Generic & Brand</p> <ul style="list-style-type: none"> ▪ \$5 copay for a one-month (31-day) supply of drugs in this tier ▪ \$15 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2 Generic & Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$35 copay for a one-month (31-day) supply of drugs in this tier ▪ \$105 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3 Non-Preferred Generic & Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$65 copay for a one-month (31-day) supply of drugs in this tier | |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|--|-------------------|---|------------------------------|
| Preventive Services (continued) | | | |
| | | <ul style="list-style-type: none"> ▪ \$195 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4 Specialty</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier ▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier | |
| Long Term Care Pharmacy | | <p>Tier 1 Preferred Generic & Brand</p> <ul style="list-style-type: none"> ▪ \$5 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 2 Generic & Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$35 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3 Non-Preferred Generic & Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$65 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4 Specialty</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier | |
| Mail Order | | <p>Tier 1 Preferred Generic & Brand</p> <ul style="list-style-type: none"> ▪ \$10 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. | |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|--|-------------------|--|------------------------------|
| Preventive Services (continued) | | | |
| | | <ul style="list-style-type: none"> ▪ \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 2 Generic & Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$95 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. ▪ \$105 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 3 Non-Preferred Generic & Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$185 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. ▪ \$195 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Tier 4 Specialty</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. ▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. | |
| Coverage Gap | | After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550. | |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|--|-------------------|---|------------------------------|
| Preventive Services (continued) | | | |
| Catastrophic Coverage | | <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> ▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or ▪ 5% coinsurance. | |
| Out-of-Network | | <p>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 Unison Advantage Choice (HMO).</p> | |
| Out-of-Network Initial Coverage | | <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Tier 1 Preferred Generic & Brand</p> <ul style="list-style-type: none"> ▪ \$5 copay for a one-month (31-day) supply of drugs in this tier | |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|--|-------------------|--|------------------------------|
| Preventive Services (continued) | | | |
| | | <p>Tier 2 Generic & Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$35 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3 Non-Preferred Generic & Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$65 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4 Specialty</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier | |
| Out-of-Network Coverage Gap | | <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Unison Advantage Choice (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Unison Advantage Choice (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> | |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|---|--|--|--|
| Preventive Services (continued) | | | |
| Out-of-Network Catastrophic Coverage | | <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> ▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or ▪ 5% coinsurance. | |
| 30 Dental Services | Preventive dental services (such as cleaning) not covered. | <p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered dental benefits.</p> <ul style="list-style-type: none"> ▪ \$0 copay for up to 1 oral exam(s) every six months ▪ \$0 copay for up to 1 cleaning(s) every six months ▪ \$0 copay for up to 1 dental x-ray visit(s) <p>Plan offers additional comprehensive dental benefits.</p> <p>\$1,000 limit for dental benefits every year</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for Medicare-covered dental benefits.</p> <ul style="list-style-type: none"> ▪ \$0 copay for up to 1 oral exam(s) every six months ▪ \$0 copay for up to 1 cleaning(s) every six months ▪ \$0 copay for up to 1 dental x-ray visit(s) <p>Plan offers additional comprehensive dental benefits.</p> <p>\$1,000 limit for dental benefits every year</p> |
| 31 Hearing Services | Routine hearing exams and hearing aids not covered. | <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered diagnostic hearing exams | <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered diagnostic hearing exams |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|--|--|---|---|
| Preventive Services (continued) | | | |
| | 20% coinsurance for diagnostic hearing exams. | <ul style="list-style-type: none"> ▪ \$0 copay for up to 1 routine hearing test(s) every year ▪ \$0 copay for up to 1 hearing aid(s) every two years \$750 limit for hearing aids every two years. | <ul style="list-style-type: none"> ▪ \$0 copay for up to 1 routine hearing test(s) every year ▪ \$0 copay for up to 1 hearing aid(s) every two years \$750 limit for hearing aids every two years. |
| 32 Vision Services | 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk. | In-Network <ul style="list-style-type: none"> ▪ \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery. ▪ \$0 copay for exams to diagnose and treat diseases and conditions of the eye. ▪ \$0 copay for up to 1 routine eye exam(s) every year ▪ \$0 copay for up to 1 pair(s) of contacts every two years ▪ \$0 copay for up to 1 pair(s) of lenses every two years ▪ \$0 copay for up to 1 frame(s) every two years \$150 limit for eye wear every two years. | In-Network <ul style="list-style-type: none"> ▪ \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery. ▪ \$0 copay for exams to diagnose and treat diseases and conditions of the eye. ▪ \$0 copay for up to 1 routine eye exam(s) every year ▪ \$0 copay for up to 1 pair(s) of contacts every two years ▪ \$0 copay for up to 1 pair(s) of lenses every two years ▪ \$0 copay for up to 1 frame(s) every two years \$150 limit for eye wear every two years. |
| 33 Physical Exams | 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests. | In-Network \$0 copay for routine exams. Limited to 1 exam(s) every year. \$0 copay for Medicare-covered benefits. | In-Network \$0 copay for routine exams. Limited to 1 exam(s) every year. \$0 copay for Medicare-covered benefits. |

| Benefit | Original Medicare | Unison Advantage Choice (HMO) | Unison Advantage Basic (HMO) |
|--|--|---|---|
| Preventive Services (continued) | | | |
| Health/Wellness Education | 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>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 <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</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 <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> |
| Transportation (Routine) | Not covered. | <p>In-Network \$0 copay for up to 24 one-way trip(s) to plan approved location every year.</p> | <p>In-Network \$0 copay for up to 24 one-way trip(s) to plan approved location every year.</p> |
| Acupuncture | Not covered. | <p>In-Network This plan does not cover Acupuncture.</p> | <p>In-Network This plan does not cover Acupuncture.</p> |

Section III - Additional Benefit Information

More Benefits to Help Keep You Healthy

| | |
|-----------------------------------|---|
| Transportation | Need a ride to your doctor's or a ride to pick up your prescription? Your membership in Unison Advantage Choice and Basic (HMO) gives you up to 24 one-way trips a year. All you have to do is call your Personal Care Specialist and they will make the arrangements for you. Your 24 one-way trips to plan approved locations will cost you \$0. |
| Comprehensive Dental | Unison Advantage Choice and Basic (HMO) will be offering additional comprehensive dental benefits. \$0 for the cost for comprehensive benefits which includes dentures, emergency services, diagnostic services, restorative services, extractions and more. \$1,000 limit for dental benefits every year. Please contact Customer services with any questions you may have regarding this benefit. |
| Silver&Fit[®] | The Unison Advantage Choice and Basic (HMO) plans offer the Silver&Fit [®] fitness program. Choose between a membership at a participating fitness facility or a home fitness program if you prefer to work out at home. |

Member Appeals and Grievances Process

Members of our Medicare Advantage health plans have the right to request an organization determination including the right to file an appeal and the right to file a grievance. Medicare Advantage health plan organizations must identify, track, resolve and report all activity related to an appeal or grievance.

Medicare Advantage Member Appeals

What is an Appeal?

An appeal is a type of request you make when you want us to reconsider a decision concerning coverage of a service or the amount your health plan pays or will pay for a service. The initial decision concerning medical care or services is called an "organization determination."

When can an Appeal be filed?

You may file an appeal within 60 calendar days of the date of the initial organization determination. The 60-day limit may be extended for good cause. Include in your written request the reason why you could not file within the 60-day timeframe.

Who can file an Appeal?

You may file an appeal or someone else may file an appeal on your behalf. You must appoint the individual to act as your representative to file the appeal for you. To learn how to name a representative, contact Customer Service.

How can an Appeal be filed?

An appeal must be filed in writing directly to us. You may call Customer Service for additional information. Refer to Section I of the Summary of Benefits for the Customer Service address and phone number.

Fast Reviews

You have the right to request and receive fast decisions affecting your medical treatment in "time-sensitive" situations. A situation is time-sensitive if waiting for a decision to be made within the standard timeframe could seriously harm your health or your ability to function. If your doctor provides a written or oral statement supporting your need of a fast review we will automatically give you a fast review. A decision will be issued as quickly as possible but no later than 72 hours after receiving the request.

Medicare Advantage Member Grievances

What is a Grievance?

A grievance is a complaint that doesn't involve coverage for an item or service by your health plan or a contracting medical provider. If your grievance involves quality of care, you have the right to file a grievance with the Quality Improvement Organization (QIO) of your state. Refer to Section I of the Summary of Benefits for the name and phone number of the QIO in your state.

When can a Grievance be filed?

You may file a grievance within 60 calendar days of the date of the event causing the grievance. The 60-day limit may be extended for good cause. Include in your written request the reason why you could not file within the 60-day timeframe. There is no time limit for complaints concerning quality of care.

Who can file a Grievance?

You may file a grievance or someone else may file a grievance on your behalf. You must appoint the individual to act as your representative to file the grievance for you. To learn how to name a representative, contact Customer Service.

How can a Grievance be filed?

A grievance may be filed in writing or verbally by contacting Customer Service. Refer to Section I of the Summary of Benefits for the Customer Service address and phone number.

Fast Grievances

You have the right to file a fast grievance. We will respond to fast grievances within 24 hours of receipt. You may file a fast grievance if you disagree with our decision to deny your request for a fast review. You may also file a fast grievance if we notify you that we are extending our timeframe to make an organization determination or reconsideration decision.

For Members with Medicare Part D Drug Coverage through our Plan

Coverage Determinations

We will make an initial decision as to whether or not we will provide the Part D drug you are requesting or pay for the Part D drug you already received. This initial decision is called a "coverage determination."

Exceptions

You or your doctor may ask us to make an exception to our Part D coverage determination. You may request an exception if you believe you need a drug that is not on our list of covered drugs. Generally, we will only approve your request for an exception if the alternative Part D drug is included in your plan's formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects. **Your doctor or other prescriber must submit a statement supporting your exception request.** In order to help us make a decision more quickly, the supporting medical information from your doctor or other prescriber should be sent to us with the exception request. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy.

Part D Drug Appeals

If you are getting Medicare prescription Part D drug coverage through our plan you have the right to file an appeal. This includes the right to appeal our decision regarding your exception request. Follow the process outlined above to file an appeal. An appeal concerning coverage determinations must be filed in writing directly to us.

Part D Drug Grievance

If you are getting Medicare prescription Part D drug coverage through our plan you have the right to file a grievance. Follow the process outlined above to file a Part D prescription drug grievance.

Unison  *Advantage*[®]

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