

Medicare Supplement Plan 2

Effective 1/1/2011

Plan Pays

Preventive Care approved by Medicare including but not limited to:

- Routine fecal-occult blood test (every year for members 50+)
- Routine flexible sigmoidoscopy (every four years for members 50+)
- Routine colonoscopy (every two years for high-risk members)
- Routine colorectal cancer screening tests or procedures
- Routine prostate cancer screening (for members 50+ including one PSA test and one digital rectal exam per calendar year)
- Routine gynecological exam (every two years)
- Routine gynecological exam (1 per calendar year for members at high risk for cancer)
- Baseline mammogram (five year period for a member 35-39)
- Routine mammogram (one per calendar year for members 40+)
- Routine Pap smear test (1 per calendar year)

For Medicare approved preventive care, Plan pays annual Part B deductible and/or coinsurance if applicable

Inpatient Care

- Hospital Care*
- Including surgical services, X-rays and laboratory tests, anesthesia, drugs and medications, intensive care services
 - Days 1-60
 - Days 61-90
 - Additional 60 lifetime reserve days
 - Days 91-365 per benefit period when Medicare benefits are used up***

Except as noted below for Medicare approved inpatient care, Plan pays annual Part A and Part B deductible, copays, and/or coinsurance if applicable

- Physician or other professional provider services
- Skilled nursing facility – participating with Medicare**
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital
- Days 1-20
- Days 21-100
- Days 101-365
- Skilled nursing facility – not participating with Medicare**

100% per benefit period when Medicare benefits are used up

\$10* daily
\$8 daily* for 365 days per benefit period

Continued Active Care

- Cardiac Rehabilitation, drugs covered by Medicare Part B, Medical care services, and Medicare approved short-term rehabilitation therapy
- Medicare approved occupational therapy by an occupational therapist, and physical therapy by a registered independent physical therapist

For Medicare approved continued active care therapies, Plan pays annual Part B deductible and coinsurance if applicable

Outpatient Care

- Accident treatment, sudden and serious medical emergency treatment, surgery, radiation therapy, X-ray and laboratory tests, podiatrists' services, hemodialysis
- Blood glucose monitors and testing materials
- Urine test strips
- Chiropractor services

Except as noted below, for Medicare approved outpatient care, Plan pays annual Part B deductible and coinsurance if applicable

Full coverage based on the allowed charge

Mental Health and Substance Abuse

- Inpatient admission in a general or mental hospital
- Days 1-60
- Days 61-90
- Additional 60 lifetime reserve days
- Days 91-365 per benefit period when Medicare benefits are used up***
- Outpatient visits (if visits are not covered by Medicare limited to 24 visits per calendar year)

Except as noted below, Plan pays annual Part A and Part B deductible, copays, and/or coinsurance if applicable

100% per benefit period when Medicare benefits are used up

Coverage for Mental Hospital admissions is limited to 190 days per lifetime

NOTES:

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** A combined maximum of 365 days per benefit period in a Medicare participating facility and non-participating skilling nursing facility.

*** The 365 additional days per benefit period are a combination of days in a general or mental hospital.

This summary does not describe all terms, conditions and limitations. Please refer to your Summary Plan Description.

Questions?

Call 1-877-234-5550 or visit www.southcoasthealthplan.org for assistance.

All medical claims should be sent to Medicare first.

For Medicare questions, please refer to your Medicare ID card or call: 1-800-MEDICARE (1-800-633-4227)