SOUTHCOAST HEALTH SYSTEM
Health Plan

Summary of Benefits

Medicare Supplement Plan 3

Effective 1/1/2011

	Plan Pays
Preventive Care approved by Medicare including but not limited to:	**Except as noted below for Medicare approved preventive care, Plan pays annual Part B deductible and/or coinsurance if applicable**
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)	* Plan pays 80% for these services
Inpatient Care	**Except as noted below for Medicare approved inpatient care, Plan pays annual Part A and Part B deductible, copays, and/or coinsurance if applicable**
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***	100% per benefit period when Medicare benefits are used up
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	$10* daily
Skilled nursing facility – not participating with Medicare**	$8 daily* for 365 days per benefit period
Continued Active Care	**For Medicare approved continued active care therapies, Plan pays annual Part B deductible and coinsurance if applicable**
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	
Outpatient Care	**Except as noted below, for Medicare approved outpatient care, Plan pays annual Part B deductible and coinsurance if applicable**
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	Covered as a brand-name prescription drugs
Chiropractor services	
Prescription Drugs	
At a designated retail pharmacy	After a $35 calendar-quarter deductible: Generic drugs: 100% Brand name drugs: 80%
Through the designated mail-service pharmacy (up to 90-day supply for each prescription or refill)	100% after Generic drugs: $2 copay Brand name drugs: $10 copay

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	Plan Pays
Mental Health and Substance Abuse	**Except as noted below, Plan pays annual Part A and Part B deductible, copays, and/or coinsurance if applicable**
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***	100% 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)	
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)

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