Secure Horizons
P.O. Box 400046
San Antonio, TX 78229

Customer Service
1-800-950-9355
(TDIH 1-800-557-7595)
7 a.m. to 9 p.m.
Monday through Friday

Visit our Web site at
www.securehorizons.com

Schedule of Benefits

Secure Horizons
Medicare Advantage Plan

- Medical Plan
- Plan Limitations and Exclusions
- Medications Covered Under the Medical Benefit

Benefits Effective January 1, 2006
San Antonio Area
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**San Antonio Area — Medical Plan**

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## SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits

### Monthly Health Plan Premium
- You pay $0 each month.
- You continue to pay the Part B premium of $88.50 each month.

### Doctor and Hospital Choice
- You must go to network doctors, specialists and hospitals.
- You need a referral to go to network specialists.
- You need prior authorization to go to non-network doctors, specialists or hospitals.

### Physician Services
- Consultation, diagnosis and treatment by a network primary care physician, or under certain circumstances, treatment by a nurse practitioner or physician’s assistant. You pay the same copayment for a Coumadin clinic visit under a physician’s supervision.
- Consultation, diagnosis and treatment by a network specialist You pay $0 for each specialist visit.
- Second opinion by another network medical provider for a recommended procedure and/or service You pay $0 for each second opinion provider visit.
- Inpatient physician services, including medical, surgical, psychiatric and skilled nursing care You pay $0 for inpatient physician services.

For more information, please call Customer Service at 1-800-950-9355 (for the hearing impaired, 1-800-557-7595), 7 a.m. to 9 p.m., Monday through Friday.
**SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits**

### BENEFITS (through a Network Medical Provider)

**Secure Horizons Medicare Advantage Plan Medical Plan**

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<thead>
<tr>
<th>Emergency Department Services</th>
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<tr>
<td>(You may go to any hospital-based emergency department for emergency care.)</td>
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</table>

Emergency services cover inpatient or outpatient services that are: 1) furnished by a provider qualified to furnish emergency services and 2) needed to evaluate or stabilize an emergency medical condition. That is, a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with a normal knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: 1) placing the member's health in serious jeopardy; 2) serious impairment of bodily functions; 3) severe pain; or 4) other circumstances, to obtain the services through your network provider.

You pay $50 for each Medicare-covered emergency room visit; you pay this amount even if you are admitted to the hospital for the same condition. Includes dialysis for acute kidney failure.

You pay the emergency services copayment for covered services received in an inpatient hospital emergency department. If you are admitted to an inpatient hospital from an inpatient hospital emergency department for post-stabilization care or any other type of treatment, you pay the inpatient hospital copayment in addition to the emergency services copayment.

Post-stabilization services are included.  

**Worldwide coverage.**

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### Urgently Needed Care

Urgently needed covered services include services provided when you are temporarily absent from the area serviced by your network provider.

- You pay $0 for each Medicare-covered service obtained from your primary care physician during regular office hours.
- You pay $30 for each Medicare-covered service obtained from an in-area/in-network provider, other than your primary care physician, or from your primary care physician before or after regular office hours.
- You pay $50 for each Medicare-covered service obtained from an in-area/non-network provider or from an out-of-area provider.

Services obtained from an in-area/non-network provider are covered only under unusual and extraordinary circumstances, such as covered services which are provided when you are in the service area, but the network is temporarily unavailable or inaccessible, and when such services are medically necessary and immediately required: 1) as a result of unforeseen illness, injury or condition and 2) it is not reasonable, given the circumstances, to obtain the services through your network provider.

You pay these amounts even if you are admitted to the hospital for the same condition. Includes dialysis for acute kidney failure.

Post-stabilization services are included.  

**Worldwide coverage.**

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### Ambulance Services

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<thead>
<tr>
<th>Ambulance Services</th>
<th>Secure Horizons Medicare Advantage Plan Medical Plan</th>
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<tr>
<td>(air, water or ground transportation)</td>
<td>You pay $75 per Medicare-covered ambulance trip. Member-initiated ambulance transportation for reasons not primarily medical in nature, and which serve only as a convenience to the member and/or the member’s family, are not covered. Examples include, but are not limited to: 1) geographic relocation and 2) member changes from one network provider to another, which requires a transfer to another contracting facility. Ambulance services dispatched through 911 are only covered if transportation in any other vehicle could endanger your health. Paramedic intercept service (advanced life support provided by an emergency service entity, such as a paramedic services unit, which does not provide ambulance transport) is not a covered service, except when Medicare criteria are met.</td>
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### Inpatient Care

<table>
<thead>
<tr>
<th>Inpatient Hospital Care (includes substance abuse and rehabilitation services)</th>
<th>Secure Horizons Medicare Advantage Plan Medical Plan</th>
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<tr>
<td>Covered services include:</td>
<td>You pay $0 for each Medicare-covered stay. Original Medicare hospital benefit periods do not apply. For inpatient hospital care, you are covered for an unlimited number of days, as long as the hospital stay is medically necessary and authorized by PacifiCare or contracting providers.</td>
</tr>
<tr>
<td>- Hospital room (private, if medically necessary)</td>
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<tr>
<td>- Meals, including special diets</td>
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<tr>
<td>- Regular nursing services</td>
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<td>- Physician services</td>
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<tr>
<td>- Special care units, such as intensive care or coronary care units</td>
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<tr>
<td>- Medications while in a hospital</td>
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<tr>
<td>- Laboratory tests</td>
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<tr>
<td>- X-rays and other radiology services</td>
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*For more information, please call Customer Service at 1-800-950-9355 (for the hearing impaired, 1-800-557-7595), 7 a.m. to 9 p.m., Monday through Friday.*
Inpatient Mental Health Care

You pay $912 for each hospital stay. The 190-day lifetime limit applies in a Medicare-approved, Secure Horizons Medicare Advantage Plan network psychiatric hospital upon referral of a network primary care physician, contracting specialist or contracting mental health care provider, in accordance with Medicare guidelines.

Benefit is limited by prior partial or complete use of the 190-day lifetime treatment in a free-standing psychiatric hospital or in the psychiatric unit of an acute care hospital that is separate and distinct from the rest of the hospital with a separate staff and administration.

Psychiatric care in a general acute care hospital unit does not apply to the 190-day lifetime limit in a free-standing psychiatric hospital or in the psychiatric unit of an acute care hospital that is separate and distinct from the rest of the hospital with a separate staff and administration.

Skilled Nursing Facility Care

Skilled nursing facility room (private, if medically necessary)

Physician services

Meals, including special diets

Skilled nursing services

Physical therapy, occupational therapy and speech and language pathology services

Medications, while in the facility

Necessary medical and surgical supplies

Use of appliances, such as wheelchairs

Laboratory tests

X-rays and other radiology services

You pay $0 for days 1 to 20.

You pay $100 each day for days 21 to 100.

You are covered for 100 days of Medicare-covered skilled nursing facility care per benefit period. A 3-day prior hospital stay is NOT required.

You are covered for up to 100 days per benefit period for inpatient services in a skilled nursing facility (SNF), in accordance with Medicare guidelines. Members who exhaust their SNF benefits while in a SNF are entitled to coverage of certain services under Medicare Part B.

SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits

For more information, please call Customer Service at 1-800-950-9355 (for the hearing impaired, 1-800-557-7595), 7 a.m. to 9 p.m., Monday through Friday.
SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits

Other Settings

Home Health Care Agency
- Medically necessary part-time or intermittent skilled nursing care and home health aide services, in accordance with Medicare guidelines. This may include any number of days per week, up to 28 hours per week, of skilled nursing or home health aide services combined for less than 8 hours per day, based upon the reasonable need for such care.
- Medically necessary rehabilitation services (physical therapy, occupational therapy and speech and language pathology services)
- Medical social services
- Medical supplies
- Physician services
- Durable Medical Equipment
- Outpatient Injectable medications
- Infusion equipment and medications

You pay $0 for all home health visits provided by a network home health agency when Medicare criteria are met. Other copayments may apply. (Please see Durable Medical Equipment for applicable copayments.)

Hospice
Supportive and palliative care for the terminally ill patient at home or in a hospice facility. Hospice care is appropriate when the member has a life expectancy of six months or less, and he or she is not pursuing aggressive treatment. The goal of hospice care is to provide supportive nursing care, pain relief, symptom management and counseling during the terminal phase of the illness.

PacifiCare will refer you to a Medicare-participating hospice, if you wish to elect such coverage. You remain enrolled in Secure Horizons Medicare Advantage Plan, although you have elected hospice coverage. PacifiCare will continue to arrange coverage of non-Medicare related benefits which are not related to your Medicare hospice benefits. As a Secure Horizons Medicare Advantage Plan member, you have the right to get a list of available Medicare certified hospice providers.

(For more information on hospices, see Page 30, Exclusion number 6.)

For more information, please call Customer Service at 1-800-950-9355 (for the hearing impaired, 1-800-557-7595), 7 a.m. to 9 p.m., Monday through Friday.
**SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits**

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<tr>
<td><strong>Medicare-covered Outpatient Rehabilitation Services</strong>&lt;br&gt;(occupational therapy, physical therapy and speech and language pathology services)</td>
<td>You pay $30 for each Medicare-covered visit.</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment (DME), Prosthetics, Orthotics (corrective appliances), Infusion Equipment and Supplies used in conjunction with the above</strong></td>
<td>You pay 20% coinsurance* for Medicare-covered durable medical equipment, prosthetic devices and medical supplies.&lt;br&gt;The decision to rent or purchase a DME item is determined by your contracting medical group/IPA, primary care physician or PacifiCare.</td>
</tr>
<tr>
<td><strong>Diabetes Monitoring</strong>&lt;br&gt;(includes coverage for glucose monitors, blood glucose test strips, ketone urine test strips, lancets, lancet injector devices and self-management training for insulin and non-insulin dependent diabetics)</td>
<td>You pay $0 for Medicare-covered self-management training.&lt;br&gt;You pay $0 for glucose monitors, blood glucose test strips, ketone urine test strips, lancets and lancet injector devices.</td>
</tr>
<tr>
<td><strong>Medical Nutrition Therapy</strong>&lt;br&gt;(provided by registered dieticians or other qualified nutrition professionals for people with diabetes and chronic renal disease and for post-transplant patients)</td>
<td>You pay $0 for Medicare-covered benefits.</td>
</tr>
<tr>
<td><strong>Imaging procedures, X-rays and portable X-rays used in the home</strong></td>
<td>You pay $0 for each Medicare-covered standard X-ray visit.&lt;br&gt;You pay 20% coinsurance* for covered complex radiology services and imaging procedures. These procedures require specialized equipment beyond standard X-ray equipment and must be performed by specially trained or certified personnel.&lt;br&gt;Examples include, but are not limited to, specialized scans (CT, SPECT, PET), MRI, MRA, nuclear studies, sonograms, diagnostic mammograms and interventional radiological procedures (myelogram, cystogram, angiogram, barium studies).</td>
</tr>
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*Coinsurance is based upon PacifiCare’s contractually negotiated rates; if not available, coinsurance is based on Medicare Allowable Cost (MAC).
SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits

BENEFITS (through a Network Medical Provider) Secure Horizons Medicare Advantage Plan Medical Plan

Preventive Services

Bone Mass Measurement
(For those at risk, Medicare covers procedures to identify bone mass and detect bone loss, including a physician’s interpretation of the results.)

You pay $0 for Medicare-covered bone mass measurement every 24 months.

Colorectal Screening Exams
(colorectal cancer detection for members with Medicare age 50 and older)

- Colonoscopy
  (Screening every 2 years for high risk. For members not at high risk, screening colonoscopy every 10 years or within 4 years of screening flexible sigmoidoscopy.)
  You pay 20% coinsurance for complex radiology services and imaging procedures, including barium enemas.

- Screening flexible sigmoidoscopy
  (Screening every 4 years for members age 50 and older.)

- Screening barium enema
  (as alternative to either screening sigmoidoscopy or colonoscopy)
  (Same screening frequency parameters apply. For members not at high risk of colorectal cancer, screening barium enema every 4 years.)

- Fecal occult blood testing
  (Screening every year for members age 50 and older.)

You pay $0 for colonoscopy and flexible sigmoidoscopy procedures that are provided in an outpatient hospital facility or at a Medicare-certified ambulatory surgical center.

Annual Screening Mammograms
(Screening for women age 40 and older every 12 months. Baseline exam for women ages 35–39.)

You pay $0 for Medicare-covered screening mammogram. No referral necessary for network providers.

Immunizations

Pneumococcal Pneumonia Vaccine
You pay $0 for the Pneumococcal Pneumonia vaccine. No referral necessary for network providers.

Flu Vaccine
You pay $0 for the Influenza vaccine. No referral necessary for network providers.

Hepatitis B Vaccine
(for members at intermediate or high risk)
You pay $0 for the Hepatitis B vaccine.

For more information, please call Customer Service at 1-800-950-9355 (for the hearing impaired, 1-800-557-7595), 7 a.m. to 9 p.m., Monday through Friday.
### SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits

#### BENEFITS
(through a Network Medical Provider) Secure Horizons Medicare Advantage Plan Medical Plan

#### Prescription Drugs

**Prescription Drugs – Covered under the Secure Horizons Medicare Advantage Plan Medical Benefit**

- **Immunosuppressive Drugs**
  (for individuals who receive a Medicare-covered organ transplant)
  You pay 20% coinsurance\(^*\) for covered immunosuppressive drugs.

- **Medicare-covered Oral Chemotherapy Drugs Including Anti-nausea Drugs**
  You pay 20% coinsurance\(^*\) for self-administered Medicare-approved oral chemotherapy drugs, including anti-nausea drugs for up to a 30-day supply, when prescribed by your doctor as an anti-cancer chemotherapeutic agent.

- **Inhalation Solutions**
  You pay 20% coinsurance\(^*\) for inhalation solutions, such as Alupent, Isuprel, Metaprel, Proventil, etc. at a network pharmacy.

- **Outpatient Injectable Medications – Administered in a Physician’s Office**
  Medicare-covered drugs that are not self-administered by the patient, and are injected while receiving physician services (including chemotherapy, anti-emetics drugs and infusion medications).
  You pay 20% coinsurance\(^*\) for Medicare-covered benefits.

- **Hemophilia Clotting Factors**
  You pay 20% coinsurance\(^*\) for Medicare-covered benefits.

- **Antigens**
  (treatment, including serum)
  You pay 20% coinsurance\(^*\) for Medicare-covered benefits.

- **Allergy Testing**
  You pay $0 for each Medicare-covered visit.

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\(^*\) Coinsurance is based upon PacifiCare’s contractually negotiated rates; if not available, coinsurance is based on Medicare Allowable Cost (MAC).

### Additional Benefits

#### Dental Services

- **Medically necessary services**
  You pay $0 for Medicare-covered dental services when referred by your network primary care physician.
  (Limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease, or services.)

- **Routine service**
  You pay 100% for routine dental services.
  (The Secure Horizons Medicare Advantage Plan offers Optional Dental Plans for a monthly dental plan premium.)

#### Hearing Services

- **Diagnostic hearing exam**
  You pay $0 for each Medicare-covered hearing exam with a network provider.

- **Routine hearing exam and hearing aids**
  You pay 100% for routine hearing exams and hearing aids.

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SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits

**Vision Services**

- **Eye care – medical need**
  You pay $0 for Medicare-covered diagnosis and treatment for diseases and conditions of the eye with a network provider.
  You pay $0 for one pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery.
  You pay $0 for each Medicare-covered annual glaucoma screening with network providers.
  (Covered for members at high risk for glaucoma, members with a family history of glaucoma or members with diabetes.)

- **Routine eye exam**
  You pay $25 for each refractive eye exam with a network provider, limited to one exam every 12 months.

- **Frames and lenses**
  You pay $20 for each pair of lenses and frames, as long as the lenses and frames do not exceed $150, limited to 1 pair of glasses every 24 months.
  You must use network providers.
  Lens types include, but are not limited to: glass or plastic lenses, including single vision, bifocals, trifocals, or any other more complex lenses as medically necessary, including, but not limited to, high power lenses, lenticular lenses (monofocal and multifocal), slab off lenses and prisms.

*This benefit covers more than one year and it may be changed or terminated at the end of the calendar year. You will be notified in advance of any changes.*

**Physical Exam**

- **Annual Routine Physical Exam**
  You pay $0 for a routine physical exam, limited to one per calendar year.

- **Medicare-covered Physical Exam (for members newly eligible for Medicare Part B benefits)**
  If your coverage for 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. The one-time Medicare-covered physical exam will be in lieu of the Secure Horizons Medicare Advantage Plan routine physical exam. Members who receive the one-time Medicare-covered physical exam in a calendar year are not eligible for the routine physical exam until the following calendar year.

**Advance to Wellness℠**

At PacifiCare we understand that Secure Horizons Medicare Advantage Plan members are interested in staying healthy longer and feeling more secure. This is why we are pleased to offer the *Advance to Wellness℠* benefit to our Secure Horizons Medicare Advantage Plan members, with tools that you can use to age successfully.

As a member you may access your *Advance to Wellness* benefits by calling the *Advance to Wellness* Center at 1-800-925-5181 (for the hearing impaired 1-800-641-7284), 24 hours a day, 7 days a week. When you call you will be assigned to a dedicated Health Coach who will provide:

- A comprehensive assessment by telephone of your educational and community interests, financial and legal support needs and your current lifestyle, including level of physical activity and diet
- A Vitality Assessment and Barometer Report which will outline the areas of your life that are balanced and identify areas of opportunity for improvement
- A personalized action plan to help you achieve your goals
- Follow-up to track and encourage the progress you have made with your action plan
- Ongoing guidance, support and assistance for achieving your goals
- Research and referral to resources in your community

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### SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits

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<td><strong>Advance to Wellness™ (continued)</strong></td>
<td>In addition to the services described previously, you may seek and receive support and assistance in the following areas:</td>
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<tr>
<td><strong>Financial</strong></td>
<td>the following services are available on a calendar year basis:</td>
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<tr>
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<td>- Up to three in-person, 30-minute consultations with a contracted network Certified Financial Planner on topics such as estate planning and retirement planning</td>
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<td>- Up to three 30-minute telephonic sessions with a debt counselor for credit repair, debt reduction and day-to-day budgeting issues</td>
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<td>- Educational materials and research on financial topics</td>
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<tr>
<td><strong>Legal</strong></td>
<td>the following services are available on a calendar year basis:</td>
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<td>- Up to four 30-minute consultations with a contracted network of attorneys regarding legal issues such as simple wills, living wills, durable power of attorney, financial power of attorney, health care power of attorney, health care directives and landlord-tenant disputes</td>
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<tr>
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<td>- Educational materials and research on legal topics</td>
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<td>- Document Preparation: After a consultation with a contracting network attorney who will help you identify the legal documents that best meet your needs, you may have one each of the documents prepared for you by a contracting network provider for a $0 copayment:</td>
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<tr>
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<td>- Simple Will</td>
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<td>- Durable Power of Attorney</td>
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<td>- Health Care Durable Power of Attorney</td>
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<td>- Advance Directive</td>
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<td>- Financial Durable Power of Attorney</td>
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**Memory** – Memory (Cognitive): the following services are available on a calendar year basis:

- A Memory Wellness Kit with information and exercises
- Coaching and education to help you achieve better cognitive health
- Information on second career opportunities
- Referrals to volunteer opportunities in your community
- Information on continuing education and mentoring programs
- Referrals to social organizations that allow you to share your interests with others

**Physical** – the following services are available on a calendar year basis:

- Health improvement materials and workbooks that promote information about no cost home-based fitness and wellness programs
- Access to contracting fitness centers and fitness classes. PacificCare covers the monthly membership fee for the SilverSneakers® Fitness Program through contracting fitness centers. There is no visit or use fee when you use contracting service providers. For more information on the fitness benefit, please call the Advance to Wellness Center at 1-800-925-5181 (for the hearing impaired 1-800-641-7284), 24 hours a day, 7 days a week.

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*For more information, please call Customer Service at 1-800-950-9355 (for the hearing impaired, 1-800-557-7595), 7 a.m. to 9 p.m., Monday through Friday.*
SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits

**BENEFITS**
(through a Network Medical Provider)

**Secure Horizons Medicare Advantage Plan**
Medical Plan

**Advance to Wellness™ (continued)**

**Nutrition** - the following services are available:
- Referrals to registered dieticians and nutritionists to assist you with your nutritional needs
- Coaching to encourage healthy food choices
- Educational materials and research on nutritional topics
- Research into community and government-funded programs that may fit your nutritional needs

**Independence** - the following services are available:
- In-person home safety assessments with recommendations for modifications and improvements or a telephonic safety assessment with your Health Coach
- Educational materials and research on fall prevention, bathroom safety and other topics to help you maintain a safe home
- A home safety checklist upon request
- Research into community and government-funded programs that may assist you in maintaining your independence
- Identification, screening and referral to local public and private care services such as meal delivery, transportation and housekeeping designed to keep you independent and in your own home
- Referrals to qualified home repair and maintenance professionals in your community

Please see your doctor before beginning any diet or exercise program.
For more information regarding this benefit, please see Limitations and Exclusions.

**A Solution for Caregivers™**

**BENEFITS**
(through a Network Medical Provider)

**Secure Horizons Medicare Advantage Plan**
Medical Plan

**A Solution for Caregivers™** provides senior care advice, assessments and caregiving recommendations to individuals who may be helping out an elderly parent, spouse or other close family member with activities of daily living.

**Care Resource Center Access** - The Care Resource Center (CRC) is a centralized information and research service managed by experienced senior care specialists. To access **A Solution for Caregivers** benefits, please call the CRC at 1-866-896-1895 (for the hearing impaired, 1-800-647-6038), 24 hours a day, 7 days a week.

There is no copayment for members for the following CRC services:
- Unlimited toll-free access to senior care specialists
- Unlimited access to personalized research on elder care topics by geriatric specialists
- Unlimited coaching on dealing with family issues and stresses of caregiving
- Research into community and government-funded programs that may fit your family’s caregiving needs
- Identification and screening of local public and private care services, such as meal delivery, transportation, housekeeping, etc
- Crisis and bereavement counseling — up to 5 telephonic counseling sessions per calendar year, pertaining to caregiving issues with a contracted, licensed mental health provider

For more information, please call Customer Service at 1-800-950-9355 (for the hearing impaired, 1-800-557-7595), 7 a.m. to 9 p.m., Monday through Friday.
SECTION I: Your Secure Horizons Medicare Advantage Plan Benefits

BENEFITS (through a Network Medical Provider) Secure Horizons Medicare Advantage Plan

Medical Plan

A Solution for Caregivers™ (continued)

Elder Law information and referral. The following services are also available:

- Elder Law information and referral for up to 2 hours per calendar year of free counseling time on elder law issues, up to 4 topics per calendar year
- Review of one legal document (up to 6 pages) per calendar year, related to the care of an elder
- Preparation of one simple will for the member, spouse, parent or adult cared for by the member, up to a maximum of 4 simple wills per calendar year
- Preparation of 1 living will for the member, spouse, parent or adult cared for by the member, up to a maximum of 4 living wills per calendar year
- Review of Durable Power of Attorney for the member, spouse, parent or adult cared for by the member, up to a maximum of 2 reviews per calendar year
- Preparation of the documents listed below. One each for the member, spouse, parent, spouse’s parent or other adult family member up to a total of 4 per calendar year. Cost to you is $35 per document, paid directly to the contracting network attorney:
  - Durable Power of Attorney
  - Health Care Durable Power of Attorney
  - Financial Durable Power of Attorney
  - Health Care Directive

Professional Care Manager Services consist of a national network of Professional Care Managers who work one-on-one with caregivers and their families. Services provided by the Professional Care Managers can be arranged by calling the Care Resource Center at 1-866-896-1895, (for the hearing impaired 1-800-647-6038), 24 hours per day, 7 days per week.

There is no member copayment for these services, including the following for up to 6 total hours per calendar year:

- Elder assessment and care planning — At-home assessment to review current situation and plan for future care
- Detailed report to help the caregiver understand the present care needs and help select care services
- Extensive review of local support services available in the community with suggested next steps for the caregiver to consider
- Care planning and coordination — coordination of a variety of care services from community-based private and public agencies that may meet the elder’s needs
- Review of alternative living facilities, such as assisted living or skilled nursing
- Assistance with the identification of home accommodations needed upon hospital discharge
- Researching and screening local home-service providers

For details regarding this benefit, please see Limitations and Exclusions.
SECTION II: Plan Limitations and Exclusions

All services, procedures, treatments and supplies for medical care, and conditions within each of the following classifications, shall be limited or excluded from coverage under this plan as specifically described below. (Copayments and coinsurance will apply, where appropriate.)

Limitations

1. Services, procedures, treatments and supplies rendered outside the Secure Horizons Medicare Advantage Plan service area are excluded, except for emergency or urgently needed services or out-of-area or routine travel dialysis. Out-of-area follow-up care will be covered as long as care provided continues to meet the definition for either emergency or urgently needed care. Routine travel dialysis must be provided at a Medicare-certified facility within the United States.

2. Biofeedback is excluded, except when Medicare criteria are met.

3. Homemaker services are excluded, except those covered in accordance with Medicare guidelines.

4. Cosmetic surgery is excluded, except for such plastic and reconstructive surgery as may be necessary due to accidental injury or to improve the function of a malformed body part. Breast reconstruction is covered only following a mastectomy, in accordance with Medicare guidelines.

5. A private room in a hospital or a skilled nursing facility is not covered, unless medically necessary.

6. Long-term services beyond those which Medicare would cover are excluded, except as determined by PacifiCare to be less costly or medically necessary.

7. Bariatric surgical procedures are not covered for the sole purpose of weight loss and/or weight management. Bariatric surgery will only be covered when medically necessary for the treatment of morbid obesity; in accordance with CMS National Coverage Determination or Local Carrier Determination guidelines. In the absence of either of these determinations, PacifiCare will use scientific, evidence-based criteria, such as the National Institutes of Health (NIH) guidelines, to determine the medical necessity of surgical treatment for morbid obesity. Prior to this consideration by PacifiCare, the member may be required to participate in a PacifiCare sponsored/approved program for no less than 6 months. This program includes, but is not limited to, a multidisciplinary nonsurgical approach of supervised diet, exercise and behavioral modification. PacifiCare reserves the right to designate the providers and facilities within the member’s network based on a number of factors, including quality, cost and surgical results. Surgical treatment for morbid obesity and services related to Bariatric surgery are subject to prior approval by PacifiCare’s medical director.

8. Dental splints, dental prosthesis or any dental treatment for the teeth, gums or jaw or dental treatment related to temporomandibular joint syndrome (TMJ) are covered only when Medicare criteria are met.

9. Orthopedic shoes are covered only when they are part of a leg brace and are included in the orthotist’s charge for the brace. Therapeutic shoes and supportive devices for the feet are covered for members suffering from diabetic foot disease, in accordance with Medicare guidelines.

10. Routine foot care is excluded, except in accordance with Medicare guidelines.

11. Beneficiaries who have Chronic Renal Disease (CRD) or End Stage Renal Disease (ESRD) may not enroll in the Secure Horizons Medicare Advantage Plan unless, in some cases, they are current commercial members of PacifiCare. However, a beneficiary who joins the Secure Horizons Medicare Advantage Plan and later develops Chronic Renal Disease (CRD) or End Stage Renal Disease (ESRD) will continue to be covered by the Secure Horizons Medicare Advantage Plan.

12. Chiropractic services are limited to the treatment of subluxation of the spine upon referral from the member’s contracting primary care physician and are covered in accordance with Medicare guidelines.

13. Dental services are excluded, except those dental services covered under the Secure Horizons Medicare Advantage Plan medical benefit. (PacifiCare offers optional dental plans for an additional monthly plan premium.)

14. Aqua therapy is covered only as part of a multi-modality authorized treatment plan with a licensed therapist in attendance.

15. Proton beam therapy for the medically appropriate treatment of prostate cancer is a covered service. Prior authorization must be obtained for all treatment in order for the proton beam therapy to be considered a covered service. Coverage for proton beam therapy for the treatment of prostate cancer is limited to a maximum of the Original Medicare allowable amount for conformal 3D photon beam therapy treatments for prostate cancer. Coverage is subject to coinsurance, including but not limited to, coinsurance for radiation therapy. Members are responsible for any amounts in excess of Original Medicare allowable amounts, and for any travel or other costs associated with obtaining proton beam therapy treatment of prostate cancer.

16. Substance abuse detoxification and rehabilitation are covered in accordance with Medicare guidelines.

17. Abortion is excluded, except for cases resulting in pregnancies from rape or incest or that endanger the life of the mother.

18. Heart transplants including Ventricular Assist Devices (as both ‘a bridge to transplant’ and for ‘destination therapy’) are only covered when the procedure is performed at a PacifiCare National Preferred Transplant Network Facility or other PacifiCare authorized transplant facilities, when determined medically necessary by the PacifiCare National Preferred Network Medical Director or designee.

19. The Secure Horizons Medicare Advantage Plan covers outpatient injectables on the Secure Horizons Medicare Advantage Plan list of outpatient injectables, in accordance with Medicare guidelines. Prior authorization is required, and applicable coinsurance is required for a 30-day supply, course of therapy or treatment of an acute episode, whichever is shorter. No more than a 30-day supply will be dispensed at one time and must be obtained through a contracting provider. Note: The outpatient injectable copayment applies regardless of where the outpatient injection is administered, including but not limited to, physician’s office and/or outpatient clinic.

20. Smoking cessation products and treatments are covered in accordance with Medicare guidelines.

21. Hearing exams are covered in accordance with Medicare guidelines.

22. Outpatient prescription drugs are limited to those covered under the Secure Horizons Medicare Advantage Plan medical benefit.
SECTION II: Plan Limitations and Exclusions

Exclusions
The following services, procedures, treatments and supplies are excluded from coverage:

1. Any service, procedure, treatment, supply or medication not specifically included in this Schedule of Benefits; any service, procedure, treatment, supply or medication not provided, arranged or authorized by PacifiCare or Medicare to be experimental or investigational and that do not qualify for Medicare coverage.

2. All items and services, procedures, treatments and supplies which are not medically necessary to treat an illness or injury, and which do not meet Medicare program standards.

3. Procedures, services, treatments, supplies and medications, until they are reviewed for safety, efficacy and cost-effectiveness and approved by PacifiCare.

4. Unless, medically necessary to treat a medical illness or injury, elective or voluntary enhancement services, procedures, treatments, supplies and medications, including but not limited to, services related to weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance.

5. Custodial care, which includes, but is not limited to, care that assists members in the activities of daily living, such as walking, getting in and out of bed, feeding, bathing, dressing and using the toilet, preparation of special diets, supervision of the administration of medication that is usually self-administered; and meals delivered to the member's home, regardless of the setting, which includes, but is not limited to, rest homes, a home for the aged, personal residences, assisted living facilities, residential living or similar facilities.

6. Hospice services in a participating Medicare-certified hospice are not paid for by PacifiCare, but are reimbursed directly by Medicare when provided by a Medicare-certified hospice. You remain enrolled in the Secure Horizons Medicare Advantage Plan even though you have elected hospice coverage. PacifiCare will be responsible to cover certain benefits not covered by Original Medicare. You may use your Secure Horizons Medicare Advantage Plan contracting doctor as your hospice-attending physician.

7. Complementary alternative medicine, tradition-based medicine and/or non-conventional medicine, except as covered by Medicare criteria for the treatment of an illness or disease. Examples include, but are not limited to, naturopathy, yoga, polarity, massage therapy, healing touch therapies and bioelectromagnetics.

8. Items and services determined by PacifiCare or Medicare to be experimental or investigational and that do not qualify for Medicare coverage.


10. Nursing care on a full-time basis in your home.

11. Personal convenience items, such as a telephone or television in your room, at a hospital or skilled nursing facility, and items for the home, such as air conditioners, air purifiers or other environmental equipment.

12. Services performed by immediate relatives or members of your household.

13. Reversal of sterilization procedures; sex change operations; conception by artificial means, which includes, but is not limited to, in-semination procedures, in-vitro fertilization, zygote intrafallopian transfer and gamete intrafallopian transfers; and non-prescription contraceptive supplies and devices.

14. Non-authorized emergency facility services for routine conditions.

15. Non-Medicare covered organ transplants. Medical and hospital services of a donor when the recipient of an organ transplant is not a Secure Horizons Medicare Advantage Plan member.

16. Physical examinations or immunizations for the purpose of maintaining or obtaining employment, licenses, insurance, court hearings, travel, dietary counseling, weight reduction programs or for premarital and pre-adoption purposes and/or other non-preventive reasons.

17. Drugs prescribed by a dentist or drugs used for dental treatment.

18. Government treatment for any services provided in a local, state or federal government facility or agency, except when payment under the plan is expressly required by federal or state law.

19. All services, procedures, treatments, medications and supplies related to Workers’ Compensation claims.

20. Optional, additional or deluxe features or accessories to durable medical equipment, corrective appliances or prosthetics, which are primarily for the comfort or convenience of the member, or for ambulation primarily in the community, including home and car remodeling or modification.

21. Prenatal, maternity or post-partum care for routine conditions.

22. PacifiCare sometimes receives rebates from pharmaceutical manufacturers on medications covered under your Secure Horizons Medicare Advantage Plan medical benefit, which are not factored into the calculation of your coinsurance.

23. Paramedic intercept service (advanced life support provided by an emergency service entity, such as a paramedic service unit, which does not provide ambulance transport), except when Medicare criteria are met.

24. The following exclusions apply to the PacifiCare National Preferred Transplant Network:

- Equipment and medication that is experimental/investigational and/or not medically necessary unless required by an Independent Review Entity.

25. If you participate in a clinical trial that meets Medicare requirements, those services are reimbursed directly by Medicare, and you will be responsible for any Medicare coinsurance amounts. You remain enrolled in the Secure Horizons Medicare Advantage Plan and must continue to use your Secure Horizons Medicare Advantage Plan contracting doctor for your routine care unrelated to the clinical trial.

26. LASIK, surgeries or other laser procedures for refractive error.

For more information, please call Customer Service at 1-800-950-9355 (for the hearing impaired, 1-800-557-7595), 7 a.m. to 9 p.m., Monday through Friday.
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