

<HMO Template*>

*This template also applies for the following plan types: PSO (State License), PSO (Federal Waiver of State License), Evercare, and Capitated Disease Management.

Introduction to the Summary of Benefits for

<Plan Name>

January 1, 2005 - December 31, 2005

<Plan Geographic Name>

Thank you for your interest in <Plan Name>. Our plan is offered by <MEDICARE ADVANTAGEMEDICARE ADVANTAGE Organization Legal Name>, a <Medicare Advantage Managed Care plan>. 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 <MEDICARE ADVANTAGE Organization Marketing Name> 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 <Plan Name>. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

HOW CAN I COMPARE MY OPTIONS?

You can compare <Plan Name> 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 additional benefits, which may change from year to year.

WHERE IS <Plan Name> AVAILABLE?

The service area for this plan includes: <County Name(s), State Abbreviation>. You must live in one of these places to join the plan.

CAN I CHOOSE MY DOCTORS?

<MEDICARE ADVANTAGE Organization Marketing Name> 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 for an up-to-date list. Our 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 < **MEDICARE ADVANTAGE Organization Marketing Name**> nor the Original Medicare Plan will pay for these services.

WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have Medicare supplemental insurance that fills gaps in the Original Medicare Plan, you may not need it if you join <**Plan Name**>. If you drop your supplemental policy, you may not be able to get the same one back. You should check into this carefully before you drop your supplemental policy to make sure you have all of the coverage you need.

You or your spouse may have, or be able to get, employer group health coverage. If so, you should talk to the employer to find out how your benefits will be affected if you join <**Plan Name**>. Get this information before you decide.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All health plans in the Medicare program agree to stay with the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare health 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 90 days before your coverage will end. The letter will explain your options for health care coverage in your area and give you information about your right to get Medicare supplemental insurance coverage. You can choose another health plan if one is available, or you can receive care from the Original Medicare Plan.

If < **MEDICARE ADVANTAGE Organization Marketing Name**> ever denies your claim or a service, we will explain our decision to you. You always have the right to appeal and ask us to review the claim or service that was denied. If a decision is not made in your favor, your appeal will be reviewed by an independent organization that works for Medicare.

Please call < **MEDICARE ADVANTAGE Organization Marketing Name**> for more information about this plan.

Customer Service Hours:

Current members should call @PBP_A_CURMBR_PHONE.
(TTY/TDD @PBP_A_TTYTDD_CURMBR_PHONE)

Prospective members should call @PBP_A_PROMBR_PHONE.

(TTY/TDD @PBP_A_TTYTDD_PROMBR_PHONE)

Please call Medicare at 1-800-MEDICARE (1-800-633-4227) or visit
www.medicare.gov for more information about Medicare.

(TTY/TDD 1-877-486-2048)

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