



Summary of Benefits

Diabetes Plan (HMO)
Fusion Plan (HMO)

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Introduction to Summary of Benefits

Thank you for your interest in Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO). Our plan is offered by WINDSOR HEALTH PLAN, INC./Windsor Medicare Extra, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

If you have been diagnosed with Diabetes mellitus you may be eligible to join the Windsor Medicare Extra Diabetes Plan (HMO). If you have been diagnosed with major depressive disorder, bipolar disorder, schizophrenia disorder or a paranoia disorder you may be eligible to join the Windsor Medicare Extra Fusion Plan (HMO).

Please call Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (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 Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you have one or more of the listed diseases you may enroll in the

plan at any time but you may only leave the plan at certain times.

Please call Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) at the 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 Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (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 WINDSOR MEDICARE EXTRA DIABETES PLAN (HMO) AND WINDSOR MEDICARE EXTRA FUSION PLAN (HMO) AVAILABLE?

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

WHO IS ELIGIBLE TO JOIN WINDSOR MEDICARE EXTRA DIABETES PLAN (HMO) AND WINDSOR MEDICARE EXTRA FUSION PLAN (HMO)?

You can join Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) 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 generally are not eligible to enroll in Windsor Medicare Extra

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Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) unless they are members of our organization and have been since their dialysis began.

You must have been diagnosed with Diabetes mellitus to join the Windsor Medicare Extra Diabetes Plan (HMO). You must have been diagnosed with major depressive disorder, bipolar disorder, schizophrenia disorder or a paranoia disorder to join the Windsor Medicare Extra Fusion Plan (HMO).

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

CAN I CHOOSE MY DOCTORS?

Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (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.windsorextra.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 Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) has 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.windsorextra.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) 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.windsorextra.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.

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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 Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (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, Alabama: AQAF, 205-970-1600; Arkansas: Arkansas Foundation for Medical Care, 501-375-5700; Mississippi: Information & Quality Healthcare, 601-957-1575; South Carolina: The Carolinas Center for Medical Excellence, 803-251-2215; Tennessee: QSource, 800-528-2655.

As a member of Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO), 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.

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WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

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 Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (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 Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) and Fusion Plan (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 (800)-316-2273 to obtain a copy of the plan ratings for this plan. TTY users call (866)-460-7617.

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Please call Windsor Medicare Extra for more information about Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO). Visit us at www.WindsorExtra.com, or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 7:00 a.m. - 8:00 p.m. Central Time

Current members should call toll-free (800)-316-2273 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-460-7617)

Prospective members should call toll-free (866)-448-8313 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-460-7617)

Current members should call locally (615)-782-7878 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-460-7617)

Prospective members should call locally (866)-448-8313 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-460-7617)

Current members should call toll-free (800)-316-2273 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866)-460-7617)

Prospective members should call toll-free (866)-448-8313 for questions related to the Medicare Part D Prescription Drug program. TTY/TDD (866)-460-7617)

Current members should call locally (615)-782-7878 for questions related to the Medicare Part D Prescription Drug program.

Prospective members should call locally (866)-448-8313 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866)-460-7617)

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.

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Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
IMPORTANT INFORMATION			
<p>1. Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General Depending on where you live, you pay between \$79 and \$135 each month for your plan benefits in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,400 out-of-pocket limit.</p> <p>All plan services included.</p>	<p>General Depending on where you live, you pay between \$41 and \$74 each month for your plan benefits in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,400 out-of-pocket limit.</p> <p>All plan services included.</p>
<p>2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p>

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INPATIENT CARE			
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1068 deductible</p> <p>Days 61 - 90: \$267 per day</p> <p>Days 91 - 150: \$534 per lifetime reserve day</p> <p>These amounts will change for 2010.</p> <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>In-Network For hospital stays:</p> <p>Days 1 - 5: \$100 copay per day</p> <p>Days 6 - 60: \$0 copay per day</p> <p>Days 61 - 90: \$100 copay per day</p> <p>\$100 copay for each additional hospital day.</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>In-Network For hospital stays:</p> <p>Days 1 - 5: \$100 copay per day</p> <p>Days 6 - 60: \$0 copay per day</p> <p>Days 61 - 90: \$100 copay per day</p> <p>\$100 copay for each additional hospital day.</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>

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<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: \$100 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 - 5: \$100 copay per day</p> <p>Days 6 - 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>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$133.50 per day</p> <p>These amounts will change for 2010.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF.</p> <p>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 SNF stays:</p> <p>Days 1 - 10: \$0 copay per day</p> <p>Days 11 - 100: \$100 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 SNF stays:</p> <p>Days 1 - 20: \$0 copay per day</p> <p>Days 21 - 100: \$100 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>

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<p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>7. Hospice</p>	<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>

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OUTPATIENT CARE			
8. Doctor Office Visits	20% coinsurance	<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.</p> <p>\$0 to \$15 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.</p> <p>\$15 copay for each specialist visit for Medicare-covered benefits.</p>
9. Chiropractic Services	Routine care not covered. 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>In-Network \$0 copay for Medicare-covered chiropractic visits.</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 you get it from a chiropractor or other qualified providers.</p>	<p>In-Network \$0 copay for Medicare-covered chiropractic visits.</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 you get it from a chiropractor or other qualified providers.</p>
10. Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<p>In-Network \$0 copay for each Medicare-covered visit.</p> <p>\$0 copay for up to 12 routine visit(s) every year.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network \$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

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11. Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered individual therapy visit.</p> <p>\$10 copay for each Medicare-covered group therapy visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Mental Health visits.</p>
12. Outpatient Substance Abuse Care	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered individual visit.</p> <p>\$10 copay for each Medicare-covered group visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered visits.</p>
13. Outpatient Services/ Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$300 copay [or 10% of the cost] for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$300 copay [or 10% of the cost] for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$300 copay [or 10% of the cost] for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$300 copay [or 10% of the cost] for each Medicare-covered outpatient hospital facility visit.</p>

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<p>14. Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 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 \$50 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>

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<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$35 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.</p>	<p>General \$35 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.</p>
<p>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply. In-Network \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>General Authorization rules may apply. In-Network \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>

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OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	General Authorization rules may apply. In-Network 0% to 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.
20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance 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 \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.	In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 10% of the cost for Diabetes supplies.

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<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 \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services - diagnostic procedures and tests <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$75 copay for Medicare-covered diagnostic radiology services.</p> <p>\$75 copay for Medicare-covered therapeutic radiology services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services - diagnostic procedures and tests <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$75 copay for Medicare-covered diagnostic radiology services.</p> <p>\$75 copay for Medicare-covered therapeutic radiology services.</p>

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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.	General Authorization rules may apply. In-Network \$0 to \$15 copay for Medicare-covered bone mass measurement.	General Authorization rules may apply. In-Network \$0 to \$15 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.	In-Network \$0 copay for Medicare-covered colorectal screenings.
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. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
<p>25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>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.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>
<p>26. Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$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</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.</p>
<p>27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>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.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
<p>28. End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</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>In-Network</p> <p>\$0 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>	<p>In-Network</p> <p>\$0 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>
<p>29. Prescription Drugs</p>	<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</p> <p>10% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.windsorextra.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>Drugs covered under Medicare Part B General</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</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.windsorextra.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).

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
<p>29. Prescription Drugs, cont.</p>		<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>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 Windsor Medicare Extra Diabetes Plan (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</p>	<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>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 Windsor Medicare Extra Fusion Plan (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</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
		<p>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 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 Windsor Medicare Extra Diabetes Plan (HMO) approves the exception, you will pay Tier 4 - Non-Preferred Brand/Non-Preferred Generic cost-sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier Not all drugs on this tier are available</p>	<p>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 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 Windsor Medicare Extra Fusion Plan (HMO) approves the exception, you will pay Tier 4 - Non-Preferred Brand/Non-Preferred Generic cost-sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$15 copay for a three-month (90-day) supply of drugs in this tier Not all drugs on this tier are available</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
<p>29. Prescription Drugs, cont.</p>		<p>at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2 - Generic or Brand - \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$30 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3 - Preferred Brand - \$25 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$75 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4 - Non-Preferred Brand/Non-Preferred Generic - \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$135 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2 - Generic or Brand - \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$30 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3 - Preferred Brand - \$25 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$75 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4 - Non-Preferred Brand/Non-Preferred Generic - \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$135 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
		<p>Tier 5 - Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2 - Generic or Brand - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3 - Preferred Brand - \$25 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4 - Non-Preferred Brand/Non-Preferred Generic - \$45 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5 - Specialty - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (30-day) supply of drugs in this tier</p>	<p>Tier 5 - Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2 - Generic or Brand - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3 - Preferred Brand - \$25 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4 - Non-Preferred Brand/Non-Preferred Generic - \$45 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5 - Specialty - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (30-day) supply of drugs in this tier</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
<p>29. Prescription Drugs, cont.</p>		<p>- \$15 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2 - Generic or Brand - \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$30 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3 - Preferred Brand - \$25 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$75 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4 - Non-Preferred Brand/Non-Preferred Generic - \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$135 copay for a three-month (90-day) supply of drugs in this tier</p>	<p>- \$15 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2 - Generic or Brand - \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$30 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3 - Preferred Brand - \$25 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$75 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4 - Non-Preferred Brand/Non-Preferred Generic - \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$135 copay for a three-month (90-day) supply of drugs in this tier</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
		<p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 5 - Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Coverage Gap The plan covers few generics (less than 10% of formulary generic drugs)</p> <p>AND</p> <p>few brands (less than 10% of formulary brand drugs) through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (30-day) supply of all drugs covered in this tier - \$15 copay for a three-month (90-day) supply of all drugs covered in this tier</p>	<p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 5 - Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Coverage Gap The plan covers few generics (less than 10% of formulary generic drugs)</p> <p>AND</p> <p>few brands (less than 10% of formulary brand drugs) through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (30-day) supply of all drugs covered in this tier - \$15 copay for a three-month (90-day) supply of all drugs covered in this tier</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
<p>29. Prescription Drugs, cont.</p>		<p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Mail Order Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (30-day) supply of all drugs covered in this tier - \$15 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance.</p>	<p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Mail Order Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (30-day) supply of all drugs covered in this tier - \$15 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance.</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
		<p>Out-of-Network 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 Windsor Medicare Extra Diabetes Plan (HMO).</p> <p>Out-of-Network Initial Coverage 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 or Brand - \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2 - Generic or Brand - \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3 - Preferred Brand - \$25 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4 - Non-Preferred Brand/Non-Preferred Generic</p>	<p>Out-of-Network 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 Windsor Medicare Extra Fusion Plan (HMO).</p> <p>Out-of-Network Initial Coverage 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 or Brand - \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2 - Generic or Brand - \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3 - Preferred Brand - \$25 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4 - Non-Preferred Brand/Non-Preferred Generic</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
<p>29. Prescription Drugs, cont.</p>		<p>- \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5 - Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Tier 2 - Generic or Brand -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 Windsor Medicare Extra Diabetes Plan (HMO) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to Windsor Medicare Extra Diabetes Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>- \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5 - Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier 1- Preferred Generic or Brand - \$5 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Tier 2 - Generic or Brand -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 Windsor Medicare Extra Fusion Plan (HMO) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to Windsor Medicare Extra Fusion Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
		<p>Tier 3 - Preferred Brand -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 Windsor Medicare Extra Diabetes Plan (HMO) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to Windsor Medicare Extra Diabetes Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Tier 4 - Non-Preferred Brand/Non-Preferred Generic -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 Windsor Medicare Extra Diabetes Plan (HMO) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to Windsor Medicare Extra Diabetes Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Tier 3 - Preferred Brand -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 Windsor Medicare Extra Fusion Plan (HMO) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to Windsor Medicare Extra Fusion Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Tier 4 - Non-Preferred Brand/Non-Preferred Generic -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 Windsor Medicare Extra Fusion Plan (HMO) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to Windsor Medicare Extra Fusion Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
<p>29. Prescription Drugs, cont.</p>		<p>Tier 5 - Specialty -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 Windsor Medicare Extra Diabetes Plan (HMO) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to Windsor Medicare Extra Diabetes Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage 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. 	<p>Tier 5 - Specialty -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 Windsor Medicare Extra Fusion Plan (HMO) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to Windsor Medicare Extra Fusion Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage 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.

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
<p>30. Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network \$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - oral exams - cleanings - fluoride treatments - dental x-rays <p>Plan offers additional comprehensive dental benefits.</p> <p>\$200 limit for dental benefits every year</p>	<p>In-Network \$0 copay for Medicare-covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - oral exams - cleanings - fluoride treatments - dental x-rays <p>Plan offers additional comprehensive dental benefits.</p> <p>\$250 limit for dental benefits every year</p>
<p>31. Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network Hearing aids not covered.</p> <ul style="list-style-type: none"> - \$15 copay for Medicare-covered diagnostic hearing exams - \$30 copay for up to 1 routine hearing test(s) every year 	<p>In-Network Hearing aids not covered.</p> <ul style="list-style-type: none"> - \$15 copay for Medicare-covered diagnostic hearing exams - \$30 copay for up to 1 routine hearing test(s) every year

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
<p>32. Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - glasses - contacts - lenses - frames <p>- \$0 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>- \$0 copay for up to 1 routine eye exam(s) every year</p> <p>\$150 limit for eye wear every year.</p>	<p>In-Network</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - glasses - contacts - lenses - frames <p>- \$15 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>- \$30 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 limit for eye wear every year.</p>
<p>33. Physical Exams</p>	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage</p> <p>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.</p>	<p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p>	<p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p>

Section II

Benefit	Original Medicare	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
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>General Please visit our plan website to see our list of covered Over-the-Counter items.</p> <p>OTC items may be purchased only for the enrollee.</p> <p>Please contact the plan for specific instructions for using this benefit.</p> <p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Health Club Membership/Fitness Classes <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>General Please visit our plan website to see our list of covered Over-the-Counter items.</p> <p>OTC items may be purchased only for the enrollee.</p> <p>Please contact the plan for specific instructions for using this benefit.</p> <p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Health Club Membership/Fitness Classes <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
Transportation (Routine)	Not covered.	<p>In-Network \$3 copay for up to 20 one-way trip(s) to plan approved location every year.</p>	<p>In-Network \$0 copay for up to 100 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>

Premium Table - County Level

To determine your coverage area and monthly plan premium, please follow the directions listed below.

1. Locate your state on the left side of the grid.
2. Locate your county in the next column on the grid.
3. Look under the column with your plan name at the top of the page, and your premium will be listed.

State	County	Windsor Medicare Extra Diabetes Plan (HMO)	Windsor Medicare Extra Fusion Plan (HMO)
Alabama	Blount, Jefferson, Mobile, Shelby, St. Clair, Talladega and Walker	Plan 153 \$107	Plan 123 \$72
Arkansas	Arkansas, Ashley, Baxter, Benton, Calhoun, Carroll, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Desha, Franklin, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Johnson, Lee, Lincoln, Logan, Lonoke, Madison, Marion, Mississippi, Monroe, Montgomery, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Washington, White, Woodruff and Yell	Plan 154 \$135	Plan 129 \$41
Mississippi	Adams, Attala, Benton, Carroll, Claiborne, Clarke, Coahoma, Copiah, DeSoto, Forrest, Hinds, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Lowndes, Madison, Marshall, Newton, Panola, Pike, Prentiss, Rankin, Scott, Simpson, Smith, Sunflower, Tate, Tippah, Tunica, Union, Walthall, Warren, Washington, Winston, Yalobusha, Yazoo	Plan 155 \$79	Plan 135 \$67
South Carolina	Fairfield, Greenville, Kershaw, Newberry, Saluda and Spartanburg	Plan 156 \$132	Plan 141 \$74
Tennessee	Anderson, Bedford, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Chester, Claiborne, Cocke, Coffee, Crockett, Davidson, De Kalb, Decatur, Dyer, Fayette, Franklin, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lake, Lauderdale, Lawrence, Lewis, Loudon, Macon, Madison, Marshall, Maury, McMinn, McNairy, Meigs, Montgomery, Moore, Obion, Overton, Pickett, Polk, Rhea, Roane, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Wayne, Weakley and Williamson	Plan 156 \$132	Plan 141 \$74

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NOTE: Some of the benefits described in this section are not applicable to every plan in this booklet. When a benefit does not apply to all plans, the plans that do have the benefit are specifically noted. In addition to this booklet, you may also refer to your “Evidence of Coverage” for more details on the benefits covered under your plan or you can call Customer Service.

THE MANY EXTRAS FROM WINDSOR MEDICARE EXTRA

All Windsor Medicare Extra plans are developed with your health in mind. We work hard to include many benefits that make it easier and more affordable for you to be as healthy as possible. This section explains more about how to get the health care services available in your plan and it provides more information about some of the extra benefits available to you. Please refer to your “Evidence of Coverage” for more information about your plan benefits and services.

PHYSICIAN OF CHOICE (POC) FROM THE WINDSOR MEDICARE EXTRA NETWORK

As a member of Windsor Medicare Extra, you receive quality care from health care providers in your area. To help coordinate your health care needs, choose a network provider (see below for more information about network providers) to be your POC. With a few exceptions, your POC may be almost any provider from our provider directory who you feel is primarily responsible for your care and treatment. For example, your POC may be a primary care physician who provides your routine care, a specialist physician who treats a particular condition you have, any provider who is associated with a medical clinic in our network, or a nurse practitioner. Choosing a POC does not mean this is the only medical doctor or health care provider you are allowed to see. You may choose to see any of the other primary care or specialist providers in our plan network at any time without a referral from your POC.

If there is a particular doctor or other type of provider you want to list as your POC, first make sure the individual is listed in the provider directory. Since we continually add physicians to our

network, you may also want to access the provider information on our website. You may also call Customer Service to ask about your provider or to get help in selecting a POC that is accepting new patients. You should choose a POC when you enroll by placing his/her name on your enrollment application. You may change your POC at any time by completing a POC request form or by calling Customer Service.

REFERRALS

As a member of Windsor Medicare Extra, you are not required to get referrals for treatment by your POC or other network providers. You may choose to see any provider in our plan network at any time. To find out if a particular provider is in our plan network, consult your provider directory, search our website, or call Customer Service.

NETWORK PROVIDERS

To receive coverage for medically necessary services, you must (in most instances) receive those services from Windsor Medicare Extra network providers. Network providers contract with us to provide health care services to Windsor Medicare Extra members and follow plan rules. Our network providers are trained to handle all of your health care needs. You do not need a referral to seek care from specialists in the plan network. If you can't get the care you need from a network provider, your POC will work with Windsor Medicare Extra to request a referral to a non-network provider.

If you go to a non-network provider without preauthorization, you are responsible for paying any charges. Neither Windsor Medicare Extra nor Original Medicare will pay for these services. The only exceptions are:

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- Emergency services
- Urgently needed services
- Out-of-area, renal-dialysis services

CARE MANAGEMENT

If you are living with a serious illness and/or a chronic medical condition such as Diabetes or a mental health condition, specially-trained nurses or other health care professionals may be assigned to help you manage your care. These individuals will partner with you to help with your health care needs. Assistance is typically provided through a care coordination program that includes telephone education and monitoring.

The Windsor Medicare Extra Care Management professionals are available by telephone at 1-800-316-2273 (TTY: 1-866-460-7617) and fax at 1-615-782-7822, Monday – Friday, 8 a.m. - 5 p.m. Central Time.

If you are a part of the Windsor Medicare Extra Care Management Program, you will receive periodic educational materials in the mail in addition to regular telephone calls. This communication between you and your Windsor Medicare Extra health care professional does not replace the care you receive from your doctor(s), but is in addition to that care.

EMERGENCY CARE

Windsor Medicare Extra will cover you for emergency care anywhere! A “medical emergency” is when you believe your health is in serious danger. A medical emergency includes severe pain, a bad injury, a sudden illness, or a medical condition that quickly gets much worse.

If you are having a medical emergency, get medical help as soon as possible. Call 911 or go to the nearest hospital, physician’s office, or emergency facility. You do not need a referral or authorization. Windsor Medicare Extra will pay for all medically necessary

emergency services. We do ask that you contact your POC as soon as possible so follow-up care can be provided.

Please make sure we know about your emergency because we need to be involved in following up on your care.

You or someone you designate should tell us about your emergency care by calling Customer Service within 48 hours.

FORMULARY POLICY

Windsor Medicare Extra’s formulary is a list of prescription drugs included in your coverage. A committee of physicians chooses and approves the drugs on this formulary based on how safe and effective they are and how much they cost.

We may change our formulary during the year. Formulary changes may affect which drugs are covered and how much you pay when filling your prescription. The kinds of formulary changes we may make include:

- Adding or removing drugs from the formulary
- Adding prior authorizations, quantity limits, and/or step-therapy restrictions on a drug
- Moving a drug to a lower or higher tier

NOTE: When a drug is removed from our formulary, every effort is made to notify all affected members at least 60 days before the change becomes effective.

A Windsor Medicare Extra network provider should write or order your prescriptions. In addition, you must fill your prescriptions at Windsor Medicare Extra network pharmacies or through our mail-order pharmacy service. Some non-formulary and formulary drugs are covered only if your doctor gets approval from Windsor Medicare Extra before prescribing the drug (this is called “prior authorization”).

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HOW MUCH DO YOU PAY WHEN YOU FILL A PRESCRIPTION?

We want to help you manage your prescription-drug costs. The cost of your prescriptions will vary depending on the plan you select, the type of drug prescribed (generic or brand name), and whether you qualify for additional financial help.

To better understand the cost of prescription drugs, please see Section 2 of this booklet.

OUTPATIENT PRESCRIPTION DRUG BENEFIT EXCLUSIONS AND LIMITATIONS

Certain categories of prescription drugs are specifically excluded from the prescription drug benefit. Listed below are some types of excluded drugs (this is not a complete list of all excluded drugs).

- Drugs used to treat anorexia, weight loss or weight gain
- Drugs used to promote fertilization
- Drugs used for cosmetic purposes or hair growth
- Prescription vitamins and mineral products except prenatal vitamins and fluoride preparations
- Non-prescription drugs (except for brand and generic forms of Prilosec OTC)
- Experimental drugs
- Drugs that must be purchased exclusively from the manufacturer as a condition of sale
- Barbiturates
- Benzodiazepines
- Treatment of sexual or erectile dysfunction

There are also certain prescription drugs that our formulary doesn't cover, or that require pre-authorization. Please refer to your "Evidence of Coverage" or contact Customer Service for more

information about the outpatient prescription drug benefit and any limitations that may apply.

MEDICAL VISION BENEFITS

Windsor Medicare Extra covers all eye exams that diagnose and treat diseases and conditions of the eye, as covered by Medicare. For this type of medical care, you must see an eye care specialist physician (ophthalmologist) who is a network provider, but you do not need a referral. Do not see a provider listed in the Routine Vision section of the provider directory for these services.

Diabetic eye exams are considered medical eye exams, and you must see a network eye specialist (no referral necessary).

You are also covered for one pair of eyeglasses or contact lenses after each cataract surgery, as covered by Medicare. There is no copayment for Medicare-covered eye wear, but frame enhancements and lens enhancements are not covered.

ROUTINE VISION BENEFITS

Your Windsor Medicare Extra plans offer routine vision benefits in addition to medical vision benefits. As a Windsor Medicare Extra member, you are covered for one routine eye exam (refraction) every year. You may pay a copayment for each routine eye exam. See Section 2 of this booklet for more details.

When you need a routine eye exam, you can go to any network ophthalmologist listed in the specialist section of the provider directory who performs these services OR any network optometrist listed in the Routine Vision section of the provider directory, both without a referral. If your routine eye exam shows that you need other medical treatment or tests, you must see a network eye specialist (ophthalmologist).

The Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) also cover routine eye wear up to one pair of glasses (frames and lenses) and one pair of contacts

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every year up to the plan's dollar limit, which may be different depending on your plan. The costs of routine eye wear exceeding the plan's annual dollar limit are your responsibility. You must get your eye wear from a network provider listed in the Routine Vision section of the provider directory. Please see Section 2 of this booklet for more details.

ROUTINE HEARING BENEFITS

As a member of the Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO), you are covered for one routine hearing exam every year. You will pay a copayment for each routine hearing exam. Please see Section 2 of this booklet for more details.

DENTAL BENEFITS

If you join the Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO), we will help you care for your teeth. You may receive regular cleanings, check-ups, and any other dental services (including dentures, fillings, extractions, teeth whitening, etc.) up to \$200 each year. (Windsor Medicare Extra Fusion Plan (HMO) members receive \$250.) The costs of dental services exceeding this annual dollar limit will be your responsibility. You may receive dental services from any licensed dental provider of your choice.

If you choose to receive dental care from a provider not included in the Windsor Medicare Extra network, you must pay the provider in full or work out a payment arrangement for the services. Once you have paid your total balance, you can submit receipt(s) for the total payment amount along with a copy of the invoice or bill from the dentist. You will then be reimbursed up to the plan limit. Please refer to your "Evidence of Coverage" for the instructions on submitting your receipts and invoices for reimbursement or call Customer Service.

TRANSPORTATION

If you are a member of the Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO) and you need medical care but have limited access to transportation, you can get transportation assistance. Whether you need help getting to your doctor, to a hospital, or even to the pharmacy, Windsor Medicare Extra can help. Scheduling your transportation needs is easy, just call 1-866-420-6187, (TTY/TDD: 1-866-288-3133).

The number of trips is limited and a small copayment applies for some plans. Please refer to Section 2 of this booklet for more details, or call Customer Service if you have questions about this benefit.

POST-CARE NUTRITIONAL THERAPY

If you have recently stayed in a hospital or had certain surgical procedures, you may qualify for Windsor Medicare Extra's home-delivery meal program. As long as you meet specific medical criteria, this benefit covers the home delivery of one meal per day, up to 100 meals annually at no cost to you.

This benefit requires prior authorization from Windsor Medicare Extra and a prescription from your doctor. Please review your "Evidence of Coverage" document to see if you qualify or call Customer Service for more information.

MEDICAL ALERT SYSTEM

If you are a member of the Windsor Medicare Extra Diabetes Plan (HMO) and Windsor Medicare Extra Fusion Plan (HMO), you have access to a Medical Alert System. We want to help you feel more confident and secure while living alone. To do this, we offer a Medical Alert System benefit that can provide you access to help in emergency situations.

The medical alert device features a medical alarm button that instantly connects you to the 24-hour monitoring center in case of emergency.

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In addition, you can set up an emergency notification plan to inform family or caregivers of your emergency. To qualify for this benefit, you must meet one of these criteria:

- You live alone, spend part of the day by yourself, or live with a family member that is unable to respond to an urgent situation;
- You have concerns about your balance or falling;
- You have a medical condition for which urgent care might be required such as heart disease, lung disease, diabetes, seizures, or severe arthritis (in addition to other medical conditions not listed).

Please call Customer Service for more information about this benefit.

OVER-THE-COUNTER (OTC) NON-PRESCRIPTION DRUG BENEFIT

Each quarter Windsor Medicare Extra will provide you with a benefit to purchase qualifying over-the-counter (OTC) non-prescription drugs and health related products. This enables you to buy the items you need everyday, without the hassles. You can use this benefit for items like pain pills, denture care products, cold medicines, smoking cessation products and so much more.

When you join the plan, you will receive an OTC drug catalog plus an order form in the mail. You may order your products via the mail, or you can order by telephone or the Internet. Complete ordering instructions will be provided when you receive your catalog.

The products available to you are determined by CMS. You may review a complete list of covered OTC products on the web at www.WindsorExtra.com/otc.

OUR GOALS FOR YOUR HEALTH

Windsor Medicare Extra wants to help you be as healthy as possible. As a member of our plan, you have a wide range of medical and prescription-drug benefits. You also have access to extra benefits that support your overall health and well-being. If you have any questions or concerns about your plan or your benefits, please call Customer Service for assistance.

Windsor Medicare Extra is a product of Windsor Health Plan, Inc., a Medicare Advantage organization with a Medicare contract.

