



The Essence of Care

# Summary of Benefits

**FIDELIS SECURE COMFORT (HMO)  
FIDELIS SECURE COMFORT PLUS (HMO)  
FIDELIS SECURE INDEPENDENCE (HMO)**

**January 1, 2010 - December 31, 2010**

**MICHIGAN**

**Introduction to the Summary of Benefits Report for  
FIDELIS SECURE COMFORT (HMO), FIDELIS SECURE COMFORT PLUS (HMO)  
AND FIDELIS SECURE INDEPENDENCE (HMO)  
January 1, 2010 - December 31, 2010  
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Thank you for your interest in Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO). Our plan is offered by FIDELIS SECURECARE OF MICHIGAN, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

If you are living in a nursing home, you may be eligible to join this plan. If you are living in the community but require the same level of care as someone in a nursing home, you may be eligible to join this plan.

Please call Fidelis SecureCare 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 Fidelis SecureCare "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 Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (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 are living in a nursing home or you live in the community or in an assisted living facility and require the same level of care as someone in a nursing home, you may join or leave a plan at any time.

Please call Fidelis Secure Fidelis SecureCare 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 Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (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.

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**WHERE IS FIDELIS SECURE COMFORT (HMO), FIDELIS SECURE COMFORT PLUS (HMO) AND FIDELIS SECURE INDEPENDENCE (HMO) AVAILABLE?**

The service area for this plan includes: Allegan, Bay, Genesee, Jackson, Kalamazoo, Kent, Macomb, Muskegon, Oakland, Saginaw, Washtenaw, Wayne Counties, MI. You must live in one of these areas to join the plan.

**WHO IS ELIGIBLE TO JOIN FIDELIS SECURE COMFORT (HMO), FIDELIS SECURE COMFORT PLUS (HMO) AND FIDELIS SECURE INDEPENDENCE (HMO)?**

You can join Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (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 Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO) Fidelis Secure Independence (HMO) unless they are members of our organization and have been since their dialysis began.

**CAN I CHOOSE MY DOCTORS?**

Fidelis SecureCare 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.fidelissc.com](http://www.fidelissc.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 Fidelis SecureCare nor the Original Medicare Plan will pay for these services.

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

Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (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?**

Fidelis SecureCare 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 [http://www.fidelissc.com/ourplans/nc\\_partD.asp](http://www.fidelissc.com/ourplans/nc_partD.asp).

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**WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Fidelis SecureCare uses 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 [http://www.fidelissc.com/ourplans/nc\\_partD.asp](http://www.fidelissc.com/ourplans/nc_partD.asp).

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.

**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 Fidelis SecureCare, 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, The Michigan QIO is – MPRO (248)465-7300.

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As a member of Fidelis SecureCare, 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. 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, The Michigan QIO is – MPRO (248)465-7300.

**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 Fidelis SecureCare 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 Fidelis SecureCare 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.

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**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](http://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 877-372-8085 to obtain a copy of the plan ratings for this plan. TTY users call 888-844-5530.

**Please call Fidelis SecureCare of Michigan for more information about Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO) and Fidelis Secure Independence (HMO).**

Visit us at [www.fidelissc.com](http://www.fidelissc.com) or, call us:

Customer Service Hours:

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

Current and Prospective members should call toll-free (877)-372-8085 for questions related to the Medicare Advantage Program. (TTY/TDD (888)-844-5530).

Current and Prospective members should call locally (877)-372-8085 for questions related to the Medicare Advantage Program. (TTY/TDD (888)-844-5530).

Current and Prospective members should call toll-free (877)-372-8085 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (888)-844-5530)

Current and Prospective members should call locally (877)-372-8085 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (888)-844-5530)

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](http://www.medicare.gov) on the web.

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

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

Benefit Category	Original Medicare	Fidelis Secure Comfort (HMO)	Fidelis Secure Comfort Plus (HMO)	Fidelis Secure Independence (HMO)
<b>IMPORTANT INFORMATION</b>				
<p><b>1 - Premium and Other Important Information</b></p>	<p>In 2010, the monthly Part B Premium is \$110.50 and the yearly Part B deductible amount is \$155.</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 (over \$85,000 for singles, \$170,000 for married couples).</p> <p>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><b>General</b></p> <p>\$34.90 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b></p> <p>In 2010, the yearly Part B deductible amount is \$155 Contact the plan for services that apply.</p> <p>\$625 limit every year for Non-Medicare-covered benefits. Contact the plan for services that apply.</p>	<p><b>General</b></p> <p>\$70.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b></p> <p>\$500 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p> <p>\$625 limit every year for Non-Medicare-covered benefits. Contact the plan for services that apply.</p>	<p><b>General</b></p> <p>\$85.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b></p> <p>\$500 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>

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<b>2 - Doctor and Hospital Choice</b>  (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	<b>In-Network</b>  You must go to network doctors, specialists, and hospitals.  Referral required for network specialists (for certain benefits).	<b>In-Network</b>  You must go to network doctors, specialists, and hospitals.  Referral required for network specialists (for certain benefits).	<b>In-Network</b>  You must go to network doctors, specialists, and hospitals.  Referral required for network specialists (for certain benefits).
<b>SUMMARY OF BENEFITS</b>				
<b>INPATIENT CARE</b>				

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<p><b>3 - Inpatient Hospital Care</b>  (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010 the amounts for each benefit period are: Days 1 -60: \$1100 deductible Days 61 - 90: \$275 per day Days 91 - 150: \$550 per lifetime reserve day</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><b>In-Network</b></p> <p>In 2010 the amounts for each benefit period are:</p> <p>Days 1-60: \$1100 deductible Days 61-90: \$275 per day Days 91-150: \$550 per lifetime reserve day</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Plan covers 90 days 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><b>In-Network</b></p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 – 20: \$25 copay per day Days 21 – 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</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><b>In-Network</b></p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 – 20: \$25 copay per day Days 21 – 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</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><b>4 - Inpatient Mental Health Care</b></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><b>In-Network</b></p> <p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care")</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><b>In-Network</b></p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 – 20: \$25 copay per day</p> <p>Days 21 – 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:</p> <p>Days 1 – 60: \$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><b>In-Network</b></p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 – 20: \$25 copay per day</p> <p>Days 21 – 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:</p> <p>Days 1 – 60: \$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>

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<p><b>5 - Skilled Nursing Facility (SNF)</b>  (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010, the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$137.50 per day  100 days for each benefit period.  A "benefit period" starts the day you go into a hospital or SNF. 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><b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$0 copay for SNF services  Plan covers up to 100 days each benefit period  No prior hospital stay is required.</p>	<p><b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$0 copay for SNF services  Plan covers up to 100 days each benefit period  No prior hospital stay is required.</p>	<p><b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$0 copay for SNF services  Plan covers up to 100 days each benefit period  No prior hospital stay is required.</p>

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<b>6 - Home Health Care</b>  (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$0 copay for Medicare-covered home health visits.	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$0 copay for Medicare-covered home health visits.	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$0 copay for Medicare-covered home health visits.
<b>7 – Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<b>General</b>  You must get care from a Medicare-certified hospice.	<b>General</b>  You must get care from a Medicare-certified hospice.	<b>General</b>  You must get care from a Medicare-certified hospice.
<b>OUTPATIENT CARE</b>				

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<b>8 - Doctor Office Visits</b>	20% coinsurance	<p><b>General</b></p> <p>See "Physical Exams," for more information.</p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>20% of the cost for each specialist visit for Medicare-covered benefits.</p>	<p><b>General</b></p> <p>See "Physical Exams," for more information.</p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.</p>	<p><b>General</b></p> <p>See "Physical Exams," for more information.</p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.</p>

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<b>9 - Chiropractic Services</b>	<p>Routine care not covered</p> <p>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>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for each Medicare-covered visit.</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><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for each Medicare-covered visit.</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><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for each Medicare-covered visit.</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>
<b>10 - Podiatry Services</b>	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for each Medicare-covered podiatry visits.</p> <p>Routine podiatry visits covered up to 10 visits every year.</p>

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Benefit Category	Original Medicare	Fidelis Secure Comfort (HMO)	Fidelis Secure Comfort Plus (HMO)	Fidelis Secure Independence (HMO)
				Medicare-covered podiatry benefits are for medically-necessary foot care.
<b>11 - Outpatient Mental Health Care</b>	45% coinsurance for most outpatient mental health services.	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for each Medicare-covered individual or group therapy visit.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered Mental Health visits.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered Mental Health visits.</p>
<b>12 - Outpatient Substance Abuse Care</b>	20% coinsurance	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for Medicare-covered individual or group visits.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered visits.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered visits.</p>

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<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<b>13 - Outpatient Services/Surgery</b>	20% coinsurance for the doctor  20% of outpatient facility charges	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  20% of the cost for each Medicare-covered ambulatory surgical center visit.  20% of the cost for each Medicare-covered outpatient hospital facility visit.	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$0 copay for each Medicare-covered ambulatory surgical center visit.  \$0 copay for each Medicare-covered outpatient hospital facility visit.	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$0 copay for each Medicare-covered ambulatory surgical center visit.  \$0 copay for each Medicare-covered outpatient hospital facility visit.
<b>14 - Ambulance Services</b>  (medically necessary ambulance services)	20% coinsurance	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  20% of the cost for Medicare-covered ambulance benefits.  If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$50 copay for Medicare-covered ambulance benefits.  If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$50 copay for Medicare-covered ambulance benefits.  If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.

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<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<p><b>15 - Emergency Care</b></p> <p>(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><b>General</b></p> <p>20% of the cost (up to \$50) for Medicare-covered emergency room visits</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</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><b>General</b></p> <p>\$50 copay for Medicare-covered emergency room visits</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</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><b>General</b></p> <p>\$50 copay for Medicare-covered emergency room visits</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</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><b>16 - Urgently Needed Care</b></p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b></p> <p>20% of the cost for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>	<p><b>General</b></p> <p>\$20 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>	<p><b>General</b></p> <p>\$20 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>

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<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<p><b>17 - Outpatient Rehabilitation Services</b></p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for Medicare-covered Occupational Therapy visits.</p> <p>20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>				
<p><b>18 - Durable Medical Equipment</b></p> <p>(includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for Medicare-covered items.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered items.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered items.</p>

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<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<p><b>19 - Prosthetic Devices</b></p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	20% coinsurance	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for Medicare-covered items.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered items.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered items.</p>
<p><b>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b></p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance</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><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for Diabetes self-monitoring training.</p> <p>20% of the cost for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>

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<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<b>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<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><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> <li>- X-rays</li> <li>- diagnostic radiology services</li> <li>- therapeutic radiology services</li> </ul>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> <li>- X-rays</li> <li>- diagnostic radiology services</li> <li>- therapeutic radiology services</li> </ul>
<b>PREVENTIVE SERVICES</b>				
<b>22 - Bone Mass Measurement</b>  (for people with Medicare who are at risk)	<p>20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p><b>In-Network</b></p> <p>20% of the cost for Medicare-covered bone mass measurement.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered bone mass measurement.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered bone mass measurement.</p>

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<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<b>23 - Colorectal Screening Exams</b>  (for people with Medicare age 50 and older)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	<b>In-Network</b>  20% of the cost for Medicare-covered colorectal screenings.	<b>In-Network</b>  \$0 copay for Medicare-covered colorectal screenings.	<b>In-Network</b>  \$0 copay for Medicare-covered colorectal screenings.
<b>24 - Immunizations</b>  (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.	<b>In-Network</b>  \$0 copay for Flu and Pneumonia vaccines.  No referral needed for Flu and pneumonia vaccines.  20% of the cost for Hepatitis B vaccine.	<b>In-Network</b>  \$0 copay for Flu and Pneumonia vaccines.  No referral needed for Flu and pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.	<b>In-Network</b>  \$0 copay for Flu and Pneumonia vaccines.  No referral needed for Flu and pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.
<b>25 - Mammograms</b>  (Annual Screening) (for women with Medicare age 40 and older)	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.	<b>In-Network</b>  20% of the cost for Medicare-covered screening mammograms.	<b>In-Network</b>  \$0 copay for Medicare-covered screening mammograms.	<b>In-Network</b>  \$0 copay for Medicare-covered screening mammograms.

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<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<p><b>26 - Pap Smears and Pelvic Exams</b>  (for women with Medicare)</p>	<p>\$0 copay for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams</p>	<p><b>In-Network</b></p> <p>20% of the cost for Medicare-covered pap smears and pelvic exams.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p>
<p><b>27 - Prostate Cancer Screening Exams</b>  (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b></p> <p>20% of the cost for Medicare-covered prostate cancer screening.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>

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<b>28 - End-Stage Renal Disease</b>	<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><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for renal dialysis</p> <p>20% of the cost for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

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<b>29 - Prescription Drugs</b>	<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><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.fidelissc.com/ourplans/m_partD.asp">http://www.fidelissc.com/ourplans/m_partD.asp</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who - have limited incomes,-live in long term care facilities, or, have access to Indian/Tribal/Urban (Indian Health Service).</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <p>\$0 copay for Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.fidelissc.com/ourplans/m_partD.asp">http://www.fidelissc.com/ourplans/m_partD.asp</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who - have limited incomes,-live in long term care facilities, or, have access to Indian/Tribal/Urban (Indian Health Service).</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <p>\$0 copay for Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.fidelissc.com/ourplans/m_partD.asp">http://www.fidelissc.com/ourplans/m_partD.asp</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who - have limited incomes,-live in long term care facilities, or, have access to Indian/Tribal/Urban (Indian Health Service).</p>

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		<p>Your in-network prescription coverage may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</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 Fidelis Secure Comfort (HMO) for certain drugs.</p>	<p>Your in-network prescription coverage may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</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 Fidelis Secure Comfort Plus (HMO) for certain drugs.</p>	<p>Your in-network prescription coverage may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</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 Fidelis Secure Independence (HMO) for certain drugs.</p>

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Benefit Category	Original Medicare	Fidelis Secure Comfort (HMO)	Fidelis Secure Comfort Plus (HMO)	Fidelis Secure Independence (HMO)
		<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education 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><b>In-Network</b></p> <p>\$310 yearly deductible.</p> <p><b>Initial Coverage</b></p> <p>After you pay your yearly</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education 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 tier exception in this plan, you will pay Specialty cost sharing.</p> <p><b>In-Network</b></p> <p>\$0 yearly deductible.</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education 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 tier exception in this plan, you will pay Specialty cost sharing.</p> <p><b>In-Network</b></p> <p>\$0 yearly deductible.</p>

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Benefit Category	Original Medicare	Fidelis Secure Comfort (HMO)	Fidelis Secure Comfort Plus (HMO)	Fidelis Secure Independence (HMO)
		<p>deductible, you pay 25% until total yearly drug costs reach \$2,830.</p> <p>Retail Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>- one-month (31-day) supply</li> <li>- three-month (90-day) supply</li> </ul> <p>Long Term Care Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>- one-month (31-day) supply</li> </ul> <p>Mail Order</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>- three-month (90-day) supply</li> </ul> <p>Coverage Gap</p> <p>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><b>Initial Coverage</b></p> <p>You pay the following until total yearly drug costs reach \$2,830:</p> <p>Generic</p> <ul style="list-style-type: none"> <li>- \$5 copay for one-month (31-day) supply of drugs in this tier</li> <li>- \$10 copay for one-month (90-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$30 copay for one-month (31-day) supply of drugs in this tier</li> <li>- \$60 copay for one-month (90-day) supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$65 copay for one-month (31-day) supply of drugs in</li> </ul>	<p><b>Initial Coverage</b></p> <p>You pay the following until total yearly drug costs reach \$2,830:</p> <p>Generic</p> <ul style="list-style-type: none"> <li>- \$5 copay for one-month (31-day) supply of drugs in this tier</li> <li>- \$10 copay for one-month (90-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$30 copay for one-month (31-day) supply of drugs in this tier</li> <li>- \$60 copay for one-month (90-day) supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$65 copay for one-month (31-day) supply of drugs in</li> </ul>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

Benefit Category	Original Medicare	Fidelis Secure Comfort (HMO)	Fidelis Secure Comfort Plus (HMO)	Fidelis Secure Independence (HMO)
		<p>Catastrophic Coverage</p> <p>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>Out-of-Network</p> <p>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 Fidelis Secure Comfort (HMO).</p>	<p>this tier</p> <p>- \$130 copay for one-month (90-day) supply of drugs in this tier</p> <p>Specialty</p> <p>- 33% coinsurance for one-month (31-day) supply of drugs in this tier</p> <p>- 33% coinsurance for one-month (90-day) supply of drugs in this tier</p> <p><b>Long Term Care Pharmacy</b></p> <p>Generic</p> <p>- \$5 copay for one-month (31-day) supply of drugs in this tier</p> <p>- \$10 copay for one-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand</p> <p>- \$30 copay for one-month</p>	<p>this tier</p> <p>- \$130 copay for one-month (90-day) supply of drugs in this tier</p> <p>Specialty</p> <p>- 33% coinsurance for one-month (31-day) supply of drugs in this tier</p> <p>- 33% coinsurance for one-month (90-day) supply of drugs in this tier</p> <p><b>Long Term Care Pharmacy</b></p> <p>Generic</p> <p>- \$5 copay for one-month (31-day) supply of drugs in this tier</p> <p>- \$10 copay for one-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand</p> <p>- \$30 copay for one-month</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

Benefit Category	Original Medicare	Fidelis Secure Comfort (HMO)	Fidelis Secure Comfort Plus (HMO)	Fidelis Secure Independence (HMO)
		<p>You can get drugs the following way: - one-month (31-day) supply</p> <p>Out-of-Network Initial Coverage</p> <p>After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach \$2,830.</p> <p>Out-of-Network Coverage Gap</p> <p>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 Fidelis Secure Comfort (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fidelis Secure Comfort</p>	<p>(31-day) supply of drugs in this tier</p> <p>- \$60 copay for one-month (90-day) supply of drugs in this tier</p> <p>Non-Preferred Brand</p> <p>- \$65 copay for one-month (31-day) supply of drugs in this tier</p> <p>- \$130 copay for one-month (90-day) supply of drugs in this tier</p> <p>Specialty</p> <p>- 33% coinsurance for one-month (31-day) supply of drugs in this tier</p> <p>- 33% coinsurance for one-month (90-day) supply of drugs in this tier</p> <p><b>Mail Order</b></p> <p>Generic</p>	<p>(31-day) supply of drugs in this tier</p> <p>- \$60 copay for one-month (90-day) supply of drugs in this tier</p> <p>Non-Preferred Brand</p> <p>- \$65 copay for one-month (31-day) supply of drugs in this tier</p> <p>- \$130 copay for one-month (90-day) supply of drugs in this tier</p> <p>Specialty</p> <p>- 33% coinsurance for one-month (31-day) supply of drugs in this tier</p> <p>- 33% coinsurance for one-month (90-day) supply of drugs in this tier</p> <p><b>Mail Order</b></p> <p>Generic</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

Benefit Category	Original Medicare	Fidelis Secure Comfort (HMO)	Fidelis Secure Comfort Plus (HMO)	Fidelis Secure Independence (HMO)
		<p>(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</p> <p>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"> <li>- A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul>	<ul style="list-style-type: none"> <li>- \$10 copay for one-month (90-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$60 copay for one-month (90-day) supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$130 copay for one-month (90-day) supply of drugs in this tier</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>- 33% coinsurance for one-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Coverage Gap</b></p> <p>The plan covers many generics (65% - 99% of formulary generic drugs) through the coverage gap.</p> <p>You pay the following:</p>	<ul style="list-style-type: none"> <li>- \$10 copay for one-month (90-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$60 copay for one-month (90-day) supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$130 copay for one-month (90-day) supply of drugs in this tier</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>- 33% coinsurance for one-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Coverage Gap</b></p> <p>The plan covers many generics (65% - 99% of formulary generic drugs) through the coverage gap.</p> <p>You pay the following:</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
			<p>Retail Pharmacy</p> <p>Generic</p> <p>- \$5 copay for one-month (31-day) supply of drugs in this tier</p> <p>- \$10 copay for one-month (90-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy</p> <p>Generic</p> <p>- \$5 copay for one-month (31-day) supply of drugs in this tier</p> <p>Mail Order</p> <p>Generic</p> <p>- \$10 copay for one-month (90-day) supply of drugs in this tier</p> <p>For all other covered drugs, after your total yearly drug</p>	<p>Retail Pharmacy</p> <p>Generic</p> <p>- \$5 copay for one-month (31-day) supply of drugs in this tier</p> <p>- \$10 copay for one-month (90-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy</p> <p>Generic</p> <p>- \$5 copay for one-month (31-day) supply of drugs in this tier</p> <p>Mail Order</p> <p>Generic</p> <p>- \$10 copay for one-month (90-day) supply of drugs in this tier</p> <p>For all other covered drugs, after your total yearly drug</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
			<p>costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of:</p> <p>-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><b>Out-of-Network</b></p> <p>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</p>	<p>costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of:</p> <p>-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><b>Out-of-Network</b></p> <p>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</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

Benefit Category	Original Medicare	Fidelis Secure Comfort (HMO)	Fidelis Secure Comfort Plus (HMO)	Fidelis Secure Independence (HMO)
			<p>to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Fidelis Secure Comfort Plus (HMO).</p> <p><b>Out-of-Network Initial Coverage</b></p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,830.</p> <p>Generic</p> <p>- \$5 copay for one-month (29-day) supply of drugs in this tier</p> <p>Preferred Brand</p> <p>- \$30 copay for one-month (29-day) supply of drugs in this tier</p> <p>Non-Preferred Brand</p>	<p>to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Fidelis Secure Independence (HMO).</p> <p><b>Out-of-Network Initial Coverage</b></p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,830.</p> <p>Generic</p> <p>- \$5 copay for one-month (29-day) supply of drugs in this tier</p> <p>Preferred Brand</p> <p>- \$30 copay for one-month (29-day) supply of drugs in this tier</p> <p>Non-Preferred Brand</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

Benefit Category	Original Medicare	Fidelis Secure Comfort (HMO)	Fidelis Secure Comfort Plus (HMO)	Fidelis Secure Independence (HMO)
			<p>- \$65 copay for one-month (31-day) supply of drugs in this tier</p> <p>Specialty</p> <p>- 33% coinsurance for one-month (29-day) supply of drugs in this tier</p> <p><b>Out-of-Network Coverage Gap</b></p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Generic</p> <p>- \$5 copay for one-month (29-day) supply of drugs in this tier</p> <p>Preferred Brand</p> <p>- \$30 copay for one-month (29-day) supply of drugs in this tier</p>	<p>- \$65 copay for one-month (31-day) supply of drugs in this tier</p> <p>Specialty</p> <p>- 33% coinsurance for one-month (29-day) supply of drugs in this tier</p> <p><b>Out-of-Network Coverage Gap</b></p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Generic</p> <p>- \$5 copay for one-month (29-day) supply of drugs in this tier</p> <p>Preferred Brand</p> <p>- \$30 copay for one-month (29-day) supply of drugs in this tier</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

Benefit Category	Original Medicare	Fidelis Secure Comfort (HMO)	Fidelis Secure Comfort Plus (HMO)	Fidelis Secure Independence (HMO)
			<p>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 Fidelis Secure Comfort Plus (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fidelis Secure Comfort Plus (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Non-Preferred Brand</p> <p>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 Fidelis Secure Comfort Plus (HMO) for out-of-network purchases</p>	<p>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 Fidelis Secure Independence (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fidelis Secure Independence (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Non-Preferred Brand</p> <p>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 Fidelis Secure Independence (HMO) for out-of-network purchases</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
			<p>when you are in the coverage gap. However, you should still submit documentation to Fidelis Secure Comfort Plus (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty</p> <p>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 Fidelis Secure Comfort Plus (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fidelis Secure Comfort Plus (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Out-of-Network</b></p>	<p>when you are in the coverage gap. However, you should still submit documentation to Fidelis Secure Independence (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty</p> <p>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 Fidelis Secure Independence (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Fidelis Secure Independence (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Out-of-Network</b></p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
			<p><b>Catastrophic Coverage</b></p> <p>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"> <li>- A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs,</li> <li>or</li> <li>- 5% coinsurance.</li> </ul>	<p><b>Catastrophic Coverage</b></p> <p>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"> <li>- A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs,</li> <li>or</li> <li>- 5% coinsurance.</li> </ul>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<b>30 - Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- oral exams</li> <li>- cleanings</li> <li>- dental x-rays</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- oral exams</li> <li>- cleanings</li> <li>- dental x-rays</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- up to (1) oral exam(s) every year</li> <li>- up to (1) cleaning(s) every year</li> <li>- up to (1) dental x-ray(s) every year</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<b>31 - Hearing Services</b>	Routine hearing exams and hearing aids not covered.  20% coinsurance for diagnostic hearing exams.	<b>In-Network</b>  \$0 copay for hearing aids.  - 20% of the cost for Medicare-covered diagnostic hearing exams  - 0% of the cost for routine hearing tests  - 0% of the cost for hearing aid fitting evaluations	<b>In-Network</b>  \$0 copay for Medicare-covered diagnostic hearing exams  \$0 copay for:  - routine hearing tests  - fitting-evaluations for a hearing aid  \$0 copay for hearing aids	<b>In-Network</b>  \$0 copay for Medicare-covered diagnostic hearing exams  \$0 copay for:  - routine hearing tests  - fitting-evaluations for a hearing aid  \$0 copay for hearing aids

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<b>32 - Vision Services</b>	<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><b>In-Network</b></p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery</li> <li>- glasses</li> <li>- contacts</li> <li>- lenses</li> <li>- frames</li> </ul> <p>- 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.</p> <p>- 0% of the cost for routine eye exams</p>	<p><b>In-Network</b></p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery</li> <li>- glasses</li> <li>- contacts</li> <li>- lenses</li> <li>- frames</li> </ul> <p>\$0 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for routine eye exams</p>	<p><b>In-Network</b></p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye and routine eye exams</p> <ul style="list-style-type: none"> <li>- and up to 1 routine eye exam(s) every year</li> </ul> <p>\$ 0 copay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery</li> <li>- up to (1) pair(s) of glasses every two years</li> <li>- up to (1) pair(s) of contacts every two years</li> <li>- up to (1) pair(s) of lenses every two years</li> <li>- up to (1) frame(s) every two years</li> </ul> <p>\$200 limit for eye wear every two years</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
<b>33 - Physical Exams</b>	<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><b>In-Network</b></p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p>	<p><b>In-Network</b></p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p>	<p><b>In-Network</b></p> <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p>
<b>34 - Health/Wellness Education</b>	<p>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>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p><b>General</b></p> <p>Please visit our plan website to see our list of covered Over-the-Counter items. OTC items can be purchased only for the enrollee. Please contact the plan for the specific instructions for using this benefit.</p> <p><b>In-Network</b></p> <p>The plan covers the following health/wellness education benefits:</p> <p>- Other Wellness Benefits</p> <p>\$0 copay for each Medicare-</p>

**Medicare Summary of Benefits Report for  
Fidelis Secure Comfort (HMO), Fidelis Secure Comfort Plus (HMO), Fidelis Secure Independence (HMO)  
January 1, 2010 – December 31, 2010**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Fidelis Secure Comfort (HMO)</b>	<b>Fidelis Secure Comfort Plus (HMO)</b>	<b>Fidelis Secure Independence (HMO)</b>
				covered smoking cessation counseling session.
<b>Transportation (Routine)</b>	Not covered.	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for up to 12 round trip (s) to plan-approved location every year.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for up to 12 round trip (s) to plan-approved location every year.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for up to 12 round trip (s) to plan-approved location every year.</p>
<b>Acupuncture</b>	Not covered.	<p><b>In-Network</b></p> <p>This plan does not cover Acupuncture.</p>	<p><b>In-Network</b></p> <p>This plan does not cover Acupuncture.</p>	<p><b>In-Network</b></p> <p>This plan does not cover Acupuncture.</p>