

City of Arlington
Secure Horizons Schedule of Benefits Comparing 2009 with 2008
MA (Network Based)

State Network Type CMS Plan Filing Group Number	<i>2009 Changes in the Schedule of Benefits have been shaded.</i>	
	Texas MA-HMO H4590-803 018411	Texas MA-HMO H4590-803 018411
Plan Year	2009 Plan	2008 Plan
Medical Benefit	Z&P AND/OR Z8J AND/OR Z8X In-Network	Z2R AND/OR Z2M AND/OR Z2V In-Network
Annual Deductible	\$0	\$0
Physician Services		
- Primary Care Office Visit Copay	\$10	\$10
- Specialist Office Visit Copay	\$20	\$20
Medicare Required (Part'B') Drugs	20% Coinsurance	20% Coinsurance
Inpatient Hospital Copay	\$500 per admit	\$200 per admit
Inpatient Skilled Nursing Facility	\$0/day, days 1-20; \$75/day, days 21-100	\$0/day, days 1-20; \$50/day, days 21-100
Outpatient Copays		
- Lab Services	\$10	\$0
- Standard film X-rays	\$10	\$0
- Surgery & Observation	\$250 Copay	\$100 Copay
- All Other Procedures	\$25 Copay	\$25 Copay
Outpatient OT/PT/ST	\$25 Copay	\$25 Copay
Outpatient Rehabilitation Facility	\$25 Copay	\$25 Copay
Inpatient Mental Health / Substance Abuse	\$500 per admit	\$200 per admit
Partial Hospitalization	\$60 per day	\$60 per day
Outpatient Mental Health: Group Visits	\$10 Copay	\$10 Copay
Outpatient Mental Health: Individual Visits	\$20 Copay	\$20 Copay
Home Health Services	\$0	\$0
Durable Medical Equipment	20% Coinsurance	20% Coinsurance
Transplants	\$1,500	\$1,500
Renal Dialysis	20% Coinsurance	20% Coinsurance
Podiatry: 6 routine visits per year	\$20 Copay	\$20 Copay
Routine Eye Exam (Annual)	Refer to Ancillary Benefits Section Below	Refer to Ancillary Benefits Section Below
Medicare Required Dental	\$20 Copay	\$20 Copay
Medicare Required Chiropractic	\$20 Copay	\$20 Copay
Medicare Required Hearing	\$20 Copay	\$20 Copay
Emergency Room	\$50 Copay	\$50 Copay
Urgent Care Centers	\$35 Copay	\$35 Copay
Ambulance	\$100 Copay	\$50 Copay
Annual Global Out-of-Pocket Maximum (1)(2)	\$2,400	\$2,000
Part D Rx Benefit	9EH	9DH
Retail		
Generic Copay	\$4	\$4
Preferred Brand Copay	\$20	\$15
Non-Preferred Brand Copay	\$40	\$30
Preferred Specialty Drug Copay	\$40	\$30
Coverage in Coverage Gap?	Yes	Yes
Mail Order		
Generic Copay	\$8	\$8
Preferred Brand Copay	\$50	\$30
Non-Preferred Brand Copay	\$110	\$60
Preferred Specialty Drug Copay	\$120	\$60
Formulary	Secure Horizons Standard Formulary (with Bonus Drugs)	Secure Horizons Standard Formulary (with Bonus Drugs)
Ancillary Benefits		
Nurseline	NL8 - Nursing Hotline	NL8 - Nursing Hotline
Caregiver	CGV - Standard Caregiver	CGV - Standard Caregiver
Transportation	Not Covered	Not Covered
Chiropractor	Not Covered	Not Covered
Fitness Benefit	FTL - Silver Sneakers	FTL - Silver Sneakers
Vision Plan	V8T - \$20 Exam Copay; 1 exam per year; Materials not covered.	V8T - \$20 Exam Copay; 1 exam per year; Materials not covered.
Vision Plan (Hardware)	Not Covered	Not Covered
Hearing Plan	HHE - \$500, every 36 months	HHE - \$500, every 36 months
Hearing Plan (Hardware)	Not Covered	Not Covered
Dental	Not Covered	Not Covered
Deluxe Rider	Not Covered	Not Covered

(1) Annual Global Out-of-Pocket Maximums will apply to most medical benefits except office visit copays, and Part B drugs and Durable Medical Equipment obtained at a pharmacy.
(2) Annual Global Out-of-Pocket Maximums will apply in all legacy PHS, SRS and John Deere markets. It will NOT apply in legacy Oxford markets.