

2010 Plan Benefits Guide

SecureHorizons® MedicareDirect™ Rx Plan 55 (PFFS)

H5435-024

Select Counties Nationwide

wyohealth.com

WYOMING HEALTH INSURANCE ONLINE



Kendall K. Erickson
Health Insurance Specialist

449 S. WASHINGTON ST. - PO BOX 616

AFTON, WY 83110-0616

TOLL FREE (866) 944-9991

LOCAL (307) 885-0500

CELL (307) 248-1499

FAX (866) 844-5414

EMAIL: KENDALL@WYOHEALTH.COM

WEBSITE: [HTTP://WWW.WYOHEALTH.COM](http://WWW.WYOHEALTH.COM)

LICENSED IN WY, UT, & ID



ERICKSON CAPITAL
YO HABLO ESPAÑOL






SecureHorizons®
by UnitedHealthcare





Live Secure. Be Secure.™

Primary Benefit Coverage at a Glance

For more details about the following benefits, please refer to the Summary of Benefits and Comprehensive Formulary included in this kit.

SecureHorizons® MedicareDirect™ Rx Plan 55 (PFFS)

Benefits	Plan
 Monthly plan premium (You must continue to pay your Medicare Part B premium)	\$0
 Part D prescription drug coverage included	Yes
 Medical and Hospital Coverage	
Annual out-of-pocket maximum	\$4,900
Deductible	None
Primary care physician (PCP) office visit	\$15 copay
Specialist office visit	\$35 copay No referral needed
Annual routine physical	\$0 copay
Preventive services (Medicare-covered preventive exams such as mammograms, Pap smears, prostate cancer screenings, cardiovascular disease testing)	\$0 copay
Colorectal screening	\$0 copay
Immunizations (pneumonia and flu)	\$0 copay
Inpatient hospitalization	\$275 copay per day for days 1-6 \$0 thereafter
Outpatient surgery and hospital services	20% coinsurance
Emergency room (worldwide coverage)	\$50 copay
Ambulance services	\$150 copay
Durable medical equipment (wheelchairs, oxygen, etc.)	20% coinsurance

Benefits	Plan
  Medical and Hospital Coverage (cont.)	
Diabetes monitoring supplies (lancets, test strips, etc.)	\$0 copay
Routine foot care	\$35 copay; 6 visits each year
Routine vision	\$35 copay for routine exams; 1 exam(s) every year
Routine hearing	\$35 copay for annual hearing test
  Medicare Prescription Drug Coverage	
Prescription drug deductible	\$0
Prescription drugs (31-day supply) <ul style="list-style-type: none"> • Tier 1 – Preferred generic • Tier 2 – Preferred brand-name • Tier 3 – Non-preferred brand-name • Tier 4 – Specialty 	<ul style="list-style-type: none"> \$6 \$42 \$80 33%
Coverage gap (after the total prescription costs paid by you and the plan reaches \$2,830)	No coverage
Catastrophic coverage (after you have paid \$4,550 out-of-pocket)	The greater of \$2.50 for generic, \$6.30 for brand-name, or 5%.

