

# Summary of Benefits for MediBlue<sup>SM</sup> HMO Essential

**Available in Fairfield, Hartford and New Haven  
Counties in Connecticut**

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This plan is an HMO with a Medicare contract.

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# **Section 1: Introduction to the Summary of Benefits for MediBlue HMO Essential**

**January 1, 2009 – December 31, 2009**

**Thank you for your interest in MediBlue HMO. Our plan is offered by Anthem Health Plans, Inc., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call MediBlue 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 MediBlue HMO. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call MediBlue HMO at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY 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 MediBlue 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 MediBlue HMO Available?

The service area for this plan includes:

**Connecticut:** Fairfield, Hartford and New Haven counties.

You must live in one of these areas to join the plan.

## Who Is Eligible to Join MediBlue HMO?

You can join MediBlue 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 are generally not eligible to enroll in MediBlue HMO unless they are members of our organization and have been since their dialysis began.

## Can I Choose My Doctors?

MediBlue 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.anthem.com](http://www.anthem.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 MediBlue HMO nor the Original Medicare Plan will pay for these services.

## Does My Plan Cover Medicare Part B or Part D Drugs?

MediBlue HMO does cover Medicare Part B prescription drugs. MediBlue HMO does NOT cover Medicare Part D prescription drugs.

## 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 MediBlue 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 alpha 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.

## **Please call Anthem Blue Cross and Blue Shield for more information about MediBlue HMO.**

Visit us at [www.anthem.com/medicare](http://www.anthem.com/medicare) or call us:

**Customer Service Hours:** 8 a.m. to 8 p.m., 7 days a week

**Current members should call, toll free, 1-866-673-4157** for questions related to the Medicare Advantage program (TTY/TDD: 1-800-241-6894).

**Prospective members should call, toll free, 1-800-238-1143** for questions related to the Medicare Advantage program (TTY/TDD: 1-800-241-6894).

**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.

# Section 2: Summary of Benefits for MediBlue HMO Essential

If you have any questions about this plan’s benefits or costs, please contact Anthem Blue Cross and Blue Shield for details.

Benefit	Original Medicare	MediBlue HMO Essential
<p><b>1.</b> <i>Premium and Other Important Information</i></p>	<p>In 2008, the monthly Part B Premium was \$96.40 and will change for 2009, and the yearly Part B deductible amount was \$135 and will change for 2009.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b></p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b></p> <p>\$4,000 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>Expenses for the following services and supplies do not apply to the out-of-pocket limit, even when they are covered under your plan:</p> <ul style="list-style-type: none"> <li>▪ Health Education/Wellness</li> <li>▪ Eye Exams</li> <li>▪ Eye Wear</li> <li>▪ Hearing Exams</li> <li>▪ Hearing Aids</li> </ul>
<p><b>2.</b> <i>Doctor and Hospital Choice</i></p> <p>(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><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>

Benefit	Original Medicare	MediBlue HMO Essential
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***Inpatient Care***

<p><b>3.</b> <b><i>Inpatient Hospital Care</i></b>  (Includes substance abuse and rehabilitation services)</p>	<p>In 2008, the amounts for each benefit period were:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 60: \$1,024 deductible</li> <li>▪ Days 61 - 90: \$256 per day</li> <li>▪ Days 91 - 150: \$512 per lifetime reserve day</li> </ul> <p>These amounts will change for 2009.</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>For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$200 copay per day</p> <p>Days 8 - 90: \$0 copay per day</p> <ul style="list-style-type: none"> <li>▪ \$0 copay for additional hospital days</li> </ul> <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>4.</b> <b><i>Inpatient Mental Health Care</i></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>For hospital stays:</p> <p>Days 1 - 7: \$200 copay per day</p> <p>Days 8 - 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:</p> <p>Days 1 - 7: \$200 copay per day</p> <p>Days 8 - 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>

Benefit	Original Medicare	MediBlue HMO Essential
<p><b>5. Skilled Nursing Facility</b></p> <p>(In a Medicare-certified skilled nursing facility)</p>	<p>In 2008, the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 20: \$0 per day</li> <li>▪ Days 21 - 100: \$128 per day</li> </ul> <p>These amounts will change for 2009.</p> <p>100 days for each benefit period.</p> <p>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></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>For SNF stays:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 100: \$35 copay per day</li> </ul> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p>
<p><b>6. Home Health Care</b></p> <p>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered home health visits.</p>
<p><b>7. Hospice</b></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><b>General</b></p> <p>You must get care from a Medicare-certified hospice.</p>

Benefit	Original Medicare	MediBlue HMO Essential
<i>Outpatient Care</i>		
<p><b>8.</b> <i>Doctor Office Visits</i></p>	<p>20% coinsurance</p>	<p><b>General</b> See “Physical Exams” for more information.</p> <p><b>In-Network</b> \$20 copay for each primary care doctor visit for Medicare-covered benefits. \$20 to \$30 copay for each in-area, network urgent care Medicare-covered visit. \$30 copay for each specialist visit for Medicare-covered benefits.</p>
<p><b>9.</b> <i>Chiropractic Services</i></p>	<p>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>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$30 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>
<p><b>10.</b> <i>Podiatry Services</i></p>	<p>Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>In-Network</b> \$30 copay for each Medicare-covered visit. \$30 copay for up to one routine visit(s) every three months Medicare-covered podiatry benefits are for medically necessary foot care.</p>
<p><b>11.</b> <i>Outpatient Mental Health Care</i></p>	<p>50% coinsurance for most outpatient mental health services.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$25 copay for each Medicare-covered individual or group therapy visit.</p>
<p><b>12.</b> <i>Outpatient Substance Abuse Care</i></p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p>

Benefit	Original Medicare	MediBlue HMO Essential
		<p><b>In-Network</b> \$25 copay for Medicare-covered individual or group visits.</p>
<p><b>13. Outpatient Services/ Surgery</b></p>	<p>20% coinsurance for the doctor 20% of outpatient facility charges</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for each Medicare-covered ambulatory surgical center visit. \$30 to \$100 copay for each Medicare-covered outpatient hospital facility visit.</p>
<p><b>14. Ambulance Services</b>  (Medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p>
<p><b>15. Emergency Care</b>  (You may go to any emergency room if you reasonably believe you need emergency care)</p>	<p>20% coinsurance for the doctor 20% of facility charge, or a set copay per emergency room visit You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within three days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits.</p> <p><b>Out-of-Network</b> Worldwide coverage.</p> <p><b>In- and Out-of-Network</b> If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>
<p><b>16. Urgently Needed Care</b>  (This is NOT emergency care, and in most</p>	<p>20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$30 copay for Medicare-covered urgently needed care visits.</p>

Benefit	Original Medicare	MediBlue HMO Essential
cases, is out of the service area.)		
<p><b>17. Outpatient Rehabilitation Services</b></p> <p>(Occupational therapy, physical therapy, speech and language therapy)</p>	20% coinsurance	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$30 to \$50 copay for Medicare-covered occupational therapy visits.</p> <p>\$30 to \$50 copay for Medicare-covered physical and/or speech/language therapy visits.</p>

***Outpatient Medical Services and Supplies***

<p><b>18. Durable Medical Equipment</b></p> <p>(Includes wheel chairs, oxygen, 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>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>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b></p> <p>(Includes coverage for glucose</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>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p>

Benefit	Original Medicare	MediBlue HMO Essential
monitors, test strips, lancets, screening tests, and self-management training)		
<b>21.</b> <b><i>Diagnostic Tests, Labs, and Radiology Services</i></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>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>▪ lab services</li> <li>▪ diagnostic procedures and tests</li> </ul> <p>\$30 to \$90 copay for Medicare-covered X-rays.</p> <p>\$30 to \$90 copay for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p>

***Preventive Services***

<p><b>22.</b> <b><i>Bone Mass Measurement</i></b></p> <p>(For people with Medicare who are at risk)</p>	<p>20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered bone mass measurement</p>
<p><b>23.</b> <b><i>Colorectal Screening Exams</i></b></p> <p>(For people with Medicare age 50 and older)</p>	<p>20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered colorectal screenings.</p>

Benefit	Original Medicare	MediBlue HMO Essential
<p><b>24.</b> <b><i>Immunizations</i></b></p> <p>(Flu vaccine, Hepatitis B vaccine for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for flu and pneumonia vaccines</p> <p>20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>In-Network</b></p> <p>\$0 copay for flu and pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for flu and pneumonia vaccines.</p>
<p><b>25.</b> <b><i>Mammograms (Annual Screenings)</i></b></p> <p>(For women with Medicare age 40 and older)</p>	<p>20% coinsurance</p> <p>No referral needed.</p> <p>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><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered screening mammograms.</p>
<p><b>26.</b> <b><i>Pap Smears and Pelvic Exams</i></b></p> <p>(For women with Medicare)</p>	<p>\$0 copay for Pap smears</p> <p>Covered once every two 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>\$0 copay for Medicare-covered Pap smears and pelvic exams and</p> <ul style="list-style-type: none"> <li>▪ up to one additional Pap smear(s) and pelvic exam(s) every year</li> </ul>
<p><b>27.</b> <b><i>Prostate Cancer Screening Exams</i></b></p> <p>(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>\$0 copay for Medicare-covered prostate cancer screening.</p>
<p><b>28.</b> <b><i>End-Stage Renal Disease</i></b></p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for end-stage renal disease</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p>

Benefit	Original Medicare	MediBlue HMO Essential
	<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>In-Network</b></p> <p>10% of the cost for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for end-stage renal disease</p>
<p><b>29.</b> <i>Prescription Drugs</i></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><b><i>Drugs Covered Under Medicare Part B</i></b></p> <p><b>General</b></p> <p>Most drugs not covered.</p> <p>20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p><b><i>Drugs Covered Under Medicare Part D</i></b></p> <p>This plan does not offer prescription drug coverage.</p>
<p><b>30.</b> <i>Dental Services</i></p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>
<p><b>31.</b> <i>Hearing Services</i></p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for up to one routine hearing test(s) every year</p> <p>\$0 copay for up to one fitting-evaluation(s) for a hearing aid every year</p> <p>\$0 copay for up to two hearing aid(s) every three years.</p> <p>\$1,000 limit for hearing aids every three years.</p>

Benefit	Original Medicare	MediBlue HMO Essential
<b>32.</b> <b><i>Vision Services</i></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>General</b></p> <p>Authorization rules may apply.</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>▪ up to one pair(s) of glasses every two years</li> <li>▪ up to one pair(s) of contacts every two years</li> </ul> <p>\$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$20 copay for up to one routine eye exam(s) every year</p> <p>\$100 limit for eye wear every two years.</p> <p>Plan offers additional vision benefits.</p>
<b>33.</b> <b><i>Physical Exams</i></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 one exam(s) every year.</p>
<b><i>Health/Wellness Education</i></b>	<p>Smoking Cessation:</p> <p>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>In-Network</b></p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>▪ Health club membership/fitness classes</li> <li>▪ Nursing hotline</li> </ul>
<b><i>Transportation</i></b>  (Routine)	Not covered.	<p><b>In-Network</b></p> <p>This plan does not cover routine transportation.</p>

Benefit	Original Medicare	MediBlue HMO Essential
<i>Acupuncture</i>	Not covered.	<b>In-Network</b> This plan does not cover Acupuncture.