



senior plan
2007 summary of benefits

MedicareRx
Prescription Drug Coverage X

Sandia National Labs
January 1, 2007 – December 31, 2007

Lovelace
Senior Plan

SUMMARY OF BENEFITS FOR CONTRACT H3251

Sandia National Labs

January 1, 2007-December 31, 2007

Thank you for your interest in Lovelace Senior Plan. Our plan is offered by LOVELACE HEALTH PLAN, INC., a Medicare Advantage HMO plan. 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 Lovelace Senior Plan 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 Lovelace Senior Plan. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

How can I compare my options?

You can compare Lovelace Senior Plan 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 additional benefits, which may change from year to year.

Can I choose my doctors?

Lovelace Senior Plan 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 for an up-to-date list. Our number is listed at the end of this introduction.

What happens if I go to a doctor who's not in the network?

If you choose to go to a doctor outside our network, you must pay for these services yourself. Neither Lovelace Senior Plan nor the Original Medicare Plan will pay for these services.

Does my plan cover Medicare Part B or Part D drugs?

Lovelace Senior Plan 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?

Lovelace Senior Plan 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 current Pharmacy Network List or visit us at www.lovelaceseniorplan.com. Our customer service number is listed at the end of this introduction.

What is a prescription drug formulary?

Lovelace Senior Plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.lovelaceseniorplan.com

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with prescription drug plan costs?

If you qualify for extra help with your Medicare

SUMMARY OF BENEFITS FOR CONTRACT H3251

Sandia National Labs

prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Lovelace Senior Plan, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-Medicare (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

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 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Lovelace Senior Plan, 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.

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 Lovelace Senior Plan for more details.

Please call Lovelace Senior Plan for more information about this plan.

Customer Service Hours:

Monday through Friday
8:00am- 5:00pm Mountain Standard Time
Staff will be available to accept Part D Calls
Monday through Sunday from
8:00 am - 8:00 pm
(TTY/TDD # 800-288-5605).

Prospective members should call 505-262-3757 or 800-262-3757 or visit www.medicare.gov for more information about Medicare.
(TTY/TDD # 1-877-486-2048)

If you have special needs, this document may be available in other formats. Current members should call: 505-232-1883.

Please call Medicare at 1-800-MEDICARE
(TTY/TDD # 800-288-5605).

Sandia National Labs

Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	LOVELACE SENIOR PLAN
1–Premium and Other Important Information	You pay the Medicare Part B premium of \$93.50 each month.	Your employer will determine your premium beyond the Medicare Part B premium of \$93.50 each month for your plan benefits and your Medicare Part D prescription drug benefits.
2–Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	You must go to network doctors, specialists, and hospitals. You do NOT need a referral to go to network doctors, specialists, and hospitals. A separate doctor office visit copayment may apply for certain services.
SUMMARY OF BENEFITS INPATIENT CARE		
3–Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	You pay for each benefit period (3): Days 1 - 60: an initial deductible of \$992 Days 61 - 90: \$248 each day Days 91 - 150: \$496 each lifetime reserve day (4) Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4)	You pay \$200 for each Medicare-covered hospital stay. There is no copayment for additional days received at a network hospital. You are covered for unlimited days each benefit period. Except in an emergency, your provider must obtain authorization from Lovelace Senior Plan.
4–Inpatient Mental Health Care	You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.	You pay \$200 for each Medicare-covered hospital stay. Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your provider must obtain authorization from Lovelace Senior Plan.
5–Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	You pay for each benefit period (3), following at least a 3-day covered hospital stay: Days 1 - 20: \$0 for each day Days 21 - 100: \$124 for each day There is a limit of 100 days for each benefit period. (3)	There is no copayment for services received at a Skilled Nursing Facility. No prior hospital stay is required. You are covered for 100 days each benefit period. Authorization rules may apply for services. Contact plan for details.
6–Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no copayment for all covered home health visits.	There is no copayment for Medicare-covered home health visits. Authorization rules may apply for services. Contact plan for details.

Sandia National Labs

Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	LOVELACE SENIOR PLAN
7–Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must receive care from a Medicare-certified hospice.</p>	<p>You must receive care from a Medicare-certified hospice.</p>
SUMMARY OF BENEFITS OUTPATIENT CARE		
8–Doctor Office Visits	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay \$5 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$20 for each specialist visit for Medicare-covered services.</p> <p>You pay \$20 for each visit to the wound clinic with a limit of five copays in a 30-day period.</p> <p>See 32 – Physical Exams for more information</p>
9–Chiropractic Services	<p>You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.</p> <p>You pay 100% for routine care.</p> <p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay \$20 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p> <p>Prior authorization rules may apply.</p>
10–Podiatry Services	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay \$20 for each Medicare-covered visit (medically necessary foot care).</p>
11–Outpatient Mental Health Care	<p>You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. (1)(2)</p>	<p>For Medicare-covered Mental Health services, you pay \$20 for each individual therapy visit.</p> <p>For Medicare-covered Mental Health services, you pay \$15 for each group therapy visit</p> <p>\$25 per day partial hospitalization</p>
12–Outpatient Substance Abuse Care	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>For Medicare-covered services, you pay \$20 for each individual visit.</p> <p>– \$15 for each group visit(s)</p> <p>\$25 per day partial hospitalization</p>

Sandia National Labs

Summary of Benefits

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13–Outpatient Services/ Surgery	You pay 20% of Medicare-approved amounts for the doctor. (1)(2) You pay 20% of outpatient facility charges. (1)(2)	You pay \$75 for each Medicare-covered visit to an ambulatory surgical center. You pay \$75 for each Medicare-covered visit to an outpatient hospital facility.
14–Ambulance Services (medically necessary ambulance services)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2) Your pay 20% of facility charge or applicable.	You pay \$75 for Medicare-covered ambulance services.
15–Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	Copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2) You pay 20% of doctor charges. (1)(2) NOT covered outside the U.S. except under limited circumstances.	You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 24 hour(s) for the same condition. Worldwide coverage.
16–Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	You pay 20% of Medicare-approved amounts or applicable Copayment. (1)(2) NOT covered outside the U.S. except under limited circumstances.	You pay \$5 to \$50 for each Medicare-covered urgently needed care visit. Worldwide coverage. \$5 physician’s office \$20 contracted \$50 non-contracted
17–Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$10 for each Medicare-covered Occupational Therapy visit. You pay \$10 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit. You pay \$10 for each visit to cardiac rehab with a limit of five copays in a 30-day period. Authorization rules may apply for services. Contact plan for details.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18–Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$0 for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details. \$20 per month for oxygen
19–Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no copayment for Medicare-covered items. Prior authorization is required for external prosthetic appliances.

Sandia National Labs

Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	LOVELACE SENIOR PLAN
20–Diabetes Self-Monitoring Training and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no copayment for Diabetes self-monitoring training. There is no copayment for Diabetes supplies. Insulin and anti-diabetic oral agents are covered by your pharmacy benefit.
21–Diagnostic Tests, X-Rays, and Lab Services	You pay 20% of Medicare-approved amounts, except for approved lab services. (1)(2) There is no copayment for Medicare-approved lab services.	You pay: <ul style="list-style-type: none"> – \$0 for each Medicare-covered clinical/diagnostic lab service. – \$20 for each Medicare-covered radiation or chemotherapy visit (limited to 5 copays in a 30 day period.) – \$0 for each Medicare-covered X-ray visit. – \$50 for each Medicare-covered MRI, MRA – \$50 for each Medicare-covered CT, PET Scan, and Nuclear Medicine
PREVENTIVE SERVICES		
22–Bone Mass Measurement (for people with Medicare who are at risk)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no copayment for each Medicare-covered Bone Mass Measurement.
23–Colorectal Screening Exams (for people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. (1)(2)	\$5 for screening; \$20 specialist visit copay may apply; \$75 if performed in an outpatient facility.
24–Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	There is no copayment for the Pneumonia and Flu vaccines. You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1)(2) You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.	There is no copayment for the Pneumonia and Flu vaccines. No referral necessary for Medicare-covered influenza and pneumonia vaccines There is no copayment for the Hepatitis B vaccine.
25–Mammograms (Annual Screening) (for women with Medicare age 40 and older)	You pay 20% of Medicare-approved amounts. (2) No referral necessary for Medicare-covered screenings.	There is no copayment for Medicare-covered Screening Mammograms. No referral necessary for Medicare-covered screenings.
26–Pap Smears and Pelvic Exams (for women with Medicare)	There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. (2) You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)	There is no copayment for Medicare-covered Pap Smears and Pelvic exams.

BENEFIT	ORIGINAL MEDICARE	LOVELACE SENIOR PLAN
<p>27–Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services. (1)(2)</p>	<p>You pay \$5 for each Medicare-covered Prostate Cancer Screening Exam.</p>
<p>28–Outpatient Prescription Drugs</p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug.</p>	<p>There is no deductible.</p> <p>You pay the copayments below until you pay \$3850 in out-of-pocket costs:</p> <ul style="list-style-type: none"> – \$10 for a one-month (30 day) supply of Preferred Generic drugs – \$20 for a one-month (30 day) supply of Preferred Brand drugs – \$40 for a one-month (30 day) supply of Non-Preferred drugs – \$40 for a one-month (30 day) supply of Speciality Drug drugs <p>Mail Order</p> <ul style="list-style-type: none"> – \$30 for a three-month (90 day) supply of Preferred Generic drugs – \$60 for a three-month (90 day) supply of Preferred Brand drugs – \$120 for a three-month (90 day) supply of Non-Preferred drugs – \$120 for a three-month (90 day) supply of Speciality Drug drugs <p>After your yearly out-of-pocket drug costs reach \$3850 you pay the greater of:</p> <ul style="list-style-type: none"> – \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or – 5% coinsurance <p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.lovelaceseniorplan.com.</p>

Sandia National Labs

Summary of Benefits

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<p>28–Outpatient Prescription Drugs (continued)</p>		<p>People who have limited incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p> <p>In some cases the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization for from Lovelace Employer Group Senior Plan for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan’s service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>
<p>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)</p>		
<p>29–Dental Services</p>	<p>In general, you pay 100% for dental services.</p>	<p>In general, you pay 100% for dental services.</p> <p>\$20 copayment for Medicare-covered dental services provided in a physician’s office.</p> <p>\$75 copayment for Medicare-covered dental services provided in an outpatient surgery facility.</p> <p>Prior authorization is required.</p>
<p>30–Hearing Services</p>	<p>You pay 100% for routine hearing exams and hearing aids.</p> <p>You pay 20% of Medicare-approved amounts for diagnostic hearing exams. (1)(2)</p>	<p>You pay 100% for hearing aids.</p> <p>You pay:</p> <ul style="list-style-type: none"> – \$20 for each Medicare-covered hearing exam (diagnostic hearing exams – \$30 for each routine hearing test up to 1 test(s) every two years
<p>31 –Vision Services</p>	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2)</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings. (1)(2)</p> <p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</p> <p>You pay 100% for routine eye exams and glasses.</p>	<p>There is no copayment for the following items:</p> <ul style="list-style-type: none"> – Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery) <p>You pay:</p> <ul style="list-style-type: none"> – \$20 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye). – \$30 for each Routine eye exam, limited to 1 exam every year. <p>You are covered up to \$150 for eye wear annually.</p>

Sandia National Labs

Summary of Benefits

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32 –Physical Exams	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay 20% of the Medicare-approved amount.(1)(2)</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests.</p> <p>Please contact your plan for further details.</p> <p>You pay \$5 for Medicare covered services.</p> <p>You pay \$5 for each exam.</p> <p>You are covered up to 1 exam(s) every year.</p>
Health/Wellness Education	You pay 100%.	<p>You are covered for the following:</p> <ul style="list-style-type: none"> – Newsletter – Nursing Hotline – Disease Management
Transplants	Your Medicare deductible and coinsurance apply.	Medicare-covered transplants are covered with prior authorization.
Sleep Studies	You pay 20% of Medicare-approved amounts.	<p>Prior authorization is required.</p> <p>There is no copayment.</p>

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

(4) Lifetime reserve days can only be used once.

A Simple Way to Increase your Health Care Benefits

Open access – no referrals

Lovelace Senior Plan offers choice and convenience through our Open Access feature. This means you do not need a referral from your Primary Care Physician (PCP) to see some network specialists. Your first contact for advice and direction should be your primary care physician. Your PCP's role is to coordinate your overall healthcare. Your PCP should still be your contact for routine and preventive care, recommending specialists and coordinating hospitalizations and follow-up care. Here are examples of procedures and services that still require prior authorization by your healthcare provider: durable medical equipment, chiropractic treatment after initial evaluation, physical/occupational/speech therapy, cardiac rehab, evaluation for TMJ and diagnostic treatments such as MRI and CT scans. Additional information is available in your Evidence of Coverage.

Health Information — 24-hours a day / 7-days-a-week

Lovelace Senior Plan members can call NurseAdvice New Mexico. The toll-free phone number is 1-877-725-2552. You can call this number anytime day or night to talk to a nurse. The nurse will help you with your health concern. If you have an emergency, please call 911.

Bridges in Medicine

Complementary/Alternative Medicine is a multi-dimensional approach to comprehensive healthcare for today's world. Treatments include: Acupuncture, chiropractic, homeopathy, herbal medicine, biofeedback, rolfing, mediation, nutrition, feldenkrais, therapeutic touch, zero balancing, polarity Reiki, craniosacral, yoga therapy, behavioral therapy, curadismo and massage therapy.

- Access to all complementary/alternative care services must be coordinated through a Bridges in Medicine physician by calling 505-855-5545.
- An initial interview/exam is coordinated and conducted by a Bridges in Medicine physician.
- You pay a \$20 copayment for each office visit up to an annual combined limit of \$1500 for complementary/alternative medicine benefits.
- Thereafter you will pay 100% of each visit.

The \$1500 limit applies to the total cost of each visit, minus the copayment.

Silver Sneakers

The SilverSneakers® Fitness Program is the nation's leading exercise program designed exclusively for Medicare beneficiaries. Eligible members receive a standard fitness center membership where they can enjoy specialized low-impact SilverSneakers® classes focusing on improving increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination.



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