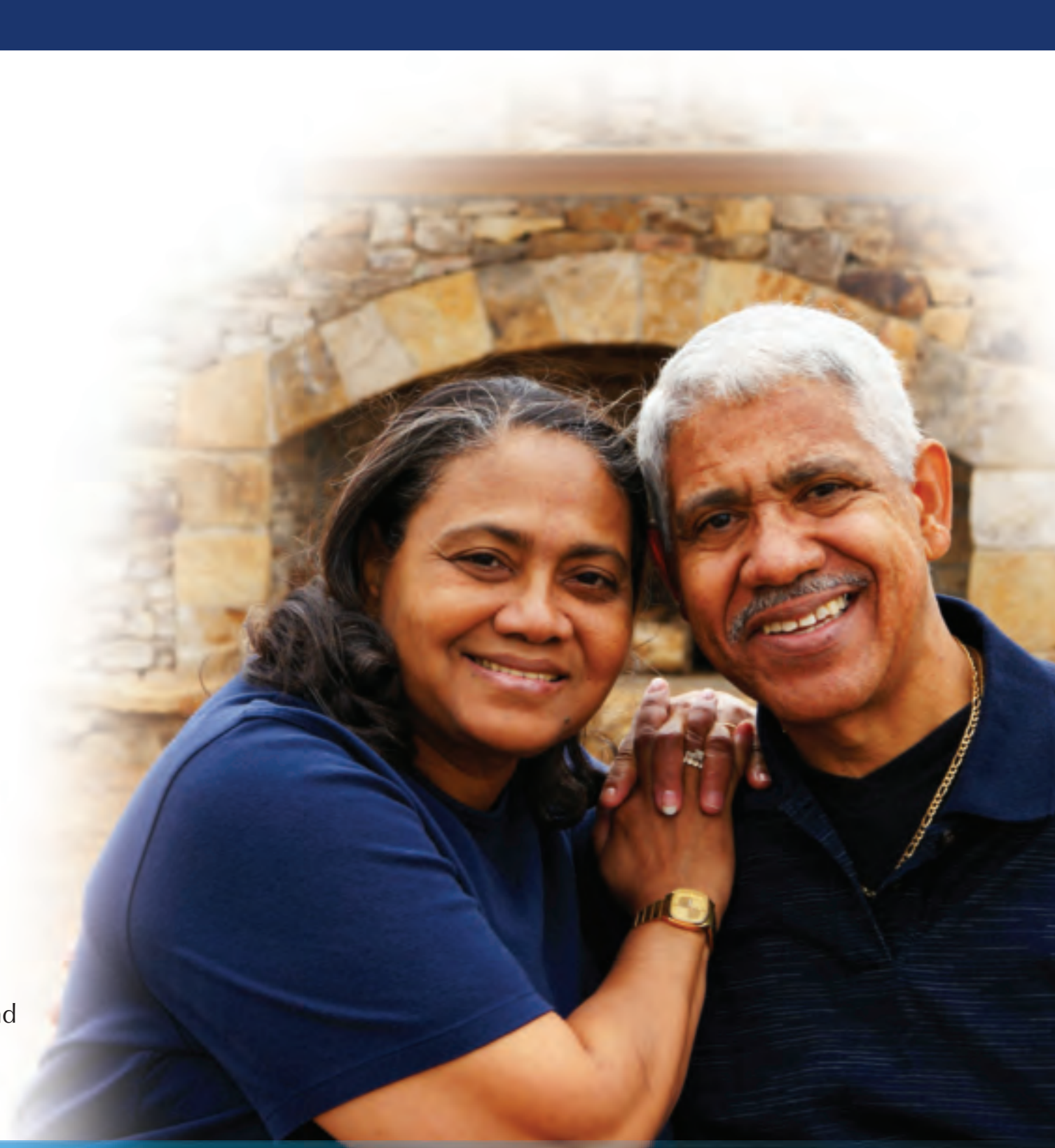


2010 Overview of Plans

For Area Medicare Beneficiaries

**From the company committed to
delivering quality healthcare
benefits and services**

Care Improvement Plus is a Medicare Advantage organization with a Medicare contract. The Care Improvement Plus contract with CMS is renewed annually and coverage availability beyond the end of the current contract year is not guaranteed.



Welcome to Care Improvement Plus

Making a difference in the lives of each of our members

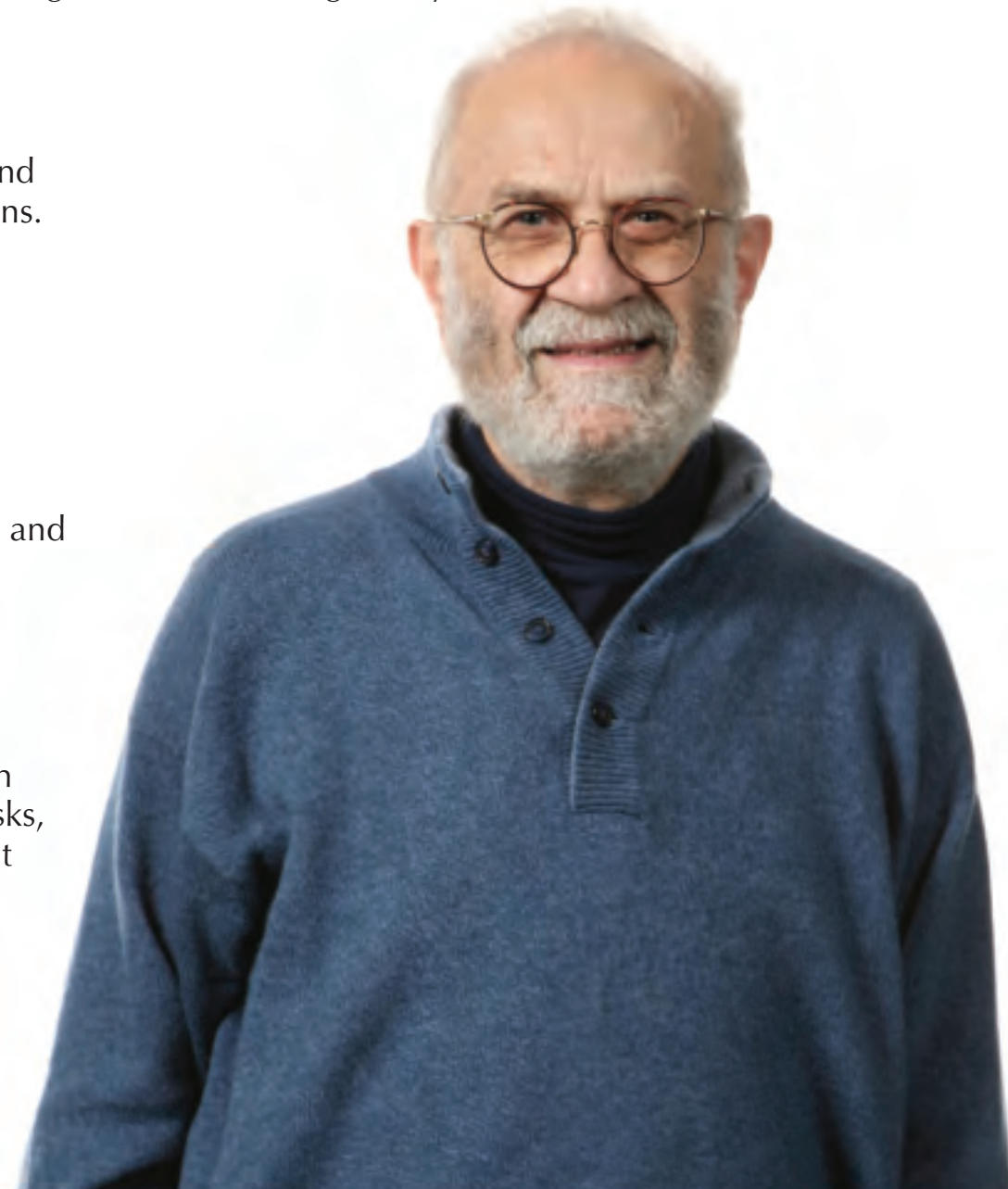
Care Improvement Plus has built a reputation as a unique Medicare Advantage Special Needs Plan, providing specialized benefits and services for Medicare beneficiaries with chronic health conditions, such as diabetes and/or heart failure. While we remain focused on serving Medicare beneficiaries with special needs, we have expanded our plan offerings for 2010. Whether you have diabetes and/or heart failure, or Medicare and full Medicaid, or Medicare only, we have a healthcare coverage solution that's right for you.

Affordable coverage

- We have worked hard to make our healthcare coverage options affordable.
- In addition, Care Improvement Plus offers a plan that coordinates with Medicare and Medicaid to offer beneficiaries the most affordable, comprehensive coverage options.

Quality care

- At Care Improvement Plus, we specialize in providing healthcare benefits and services **exclusively** for Medicare beneficiaries.
- Care Improvement Plus provides for a Medicare-approved Model of Care that includes the following benefits and services:
 - **Care Management** — supports people living with long-term chronic illnesses, and provides personalized care to meet individual needs of members, including:
 - Nursing support and a 24/7 nurse hotline
 - Health education and tools for better self-care
 - **HouseCalls Program** — an in-person visit with a healthcare professional who performs a clinical assessment to gather health information and provide health education and care coordination, identify urgent health problems or health risks, and provide advice on health-related topics to discuss at the next appointment with a healthcare provider.
 - **Pharmacy Support** — our specially trained pharmacists will review your medications to make sure you are receiving the right medications for your health conditions, and discuss any medication issues that they identify with your doctor.



With all Care Improvement Plus plans you get complete healthcare coverage, including:

- **Medicare Part A** (Hospital)
- **Medicare Part B** (Medical)
- **Medicare Part D** (Prescription Drugs)
 - Most Medicare-approved generic drugs are included
 - If you have Low-Income Subsidy you will have coverage through the coverage gap (donut hole)
 - \$0 deductible in all plans
- **Open access provider network**
 - Go to any provider who will accept payment from our plan
 - No referrals required
- **Additional benefits and services** – well beyond what's provided by Original Medicare
 - Vision benefits for eyewear and eye exams
 - Preventive dental coverage — denture benefits* and denture adjustments
 - Transportation
 - Care management
 - Preventive healthcare
 - Emergency care
 - Durable medical equipment
 - HouseCalls
 - Pharmacy Management Program
 - And more...






When can you enroll in a Care Improvement Plus Plan?

2

See page 16 for enrollment information.

Selecting the plan that's right for you



If you are a Medicare beneficiary and you ...	Then ...
<input checked="" type="checkbox"/> have <u>diabetes and/or heart failure</u>	<p>See the BLUE section for the Care Improvement Plus Chronic Conditions Special Needs Plans.</p>  <p>CARE IMPROVEMENT PLUS <i>Chronic Conditions Special Needs Plan</i></p>
<input checked="" type="checkbox"/> have <u>Full Medicaid</u>	<p>See the GREEN section for the Care Improvement Plus Dual Advantage Plan (Regional PPO)</p>  <p>CARE IMPROVEMENT PLUS <i>Medicare/Medicaid Special Needs Plan</i></p>
<input checked="" type="checkbox"/> have <u>Medicare Only</u> (such as spouses and caregivers of our Special Needs Plan members)	<p>See the RED section for the Care Improvement Plus Medicare Advantage Plan (Regional PPO).</p>  <p>CARE IMPROVEMENT PLUS <i>Medicare Advantage Preferred Provider Organization</i></p>

Care Improvement Plus offers Medicare Advantage Chronic Conditions Special Needs Plans for Medicare beneficiaries with diabetes and/or heart failure.**

We offer a choice of plan options. Find the plan that's right for you:

If you are a Medicare beneficiary with diabetes and/or heart failure and you...	Then ...
<input checked="" type="checkbox"/> Have full Medicaid (QMB, QMB+, or SLMB+)	Refer to Silver Rx section
<input checked="" type="checkbox"/> Do not have Medicaid or LIS (Low-Income Subsidy)	Refer to Gold Rx section
<input checked="" type="checkbox"/> Receive LIS (Low-Income Subsidy), but do not have full Medicaid	Refer to Gold Rx Advantage section





CARE IMPROVEMENT PLUS

Chronic Conditions Special Needs Plan



If you have diabetes and/or heart failure
and full Medicaid, consider the Silver Rx
(Regional PPO) Plan.†**

Who can enroll in our Silver Rx Plan?

To be eligible for this plan, you must:

- be entitled to Medicare benefits under Part A and be enrolled in Part B;
- have been diagnosed with diabetes and/or heart failure; and
- reside in Texas

Plan Highlights

- \$0 monthly plan premium and \$0 cost sharing options are available†
- Vision, Transportation, and Dental (including Dentures)
- Over-The-Counter benefit†††
- Care management services – health management care coordination, and a 24/7 nurse hotline

Silver Rx (Regional PPO) Plan

Benefits	What You Pay With Silver Rx Plan with Medicare Only	What You Pay With Silver Rx Plan with Medicare and <u>full Medicaid</u> *
Monthly Plan Premium	\$27.50 ⁽¹⁾	\$0 ⁽¹⁾
Annual Out-Of-Pocket Maximum	\$90,000	\$90,000
Retail Pharmacy (30-Day Supply)	\$9-Generic; \$43-Brand (preferred); \$95-Brand (non-preferred); 33% Specialty	\$0/\$1.10/\$2.50-Generic and \$0/\$3.30/\$6.30 for all other drugs. ⁽²⁾
Inpatient Hospital	\$1,100 deductible for each benefit period ⁽³⁾ Days 1-60: \$0 ⁽³⁾ ; Days 61-90: \$275 per day ⁽³⁾ ; Days 91-150: \$550 per lifetime reserve day ⁽³⁾⁽⁴⁾	\$0 ⁽³⁾⁽⁴⁾
Primary Care Physician Visit/ Specialist Visit	20% coinsurance/ 20% coinsurance	\$0 \$0
Emergency Care	20% coinsurance Worldwide coverage	\$0
Durable Medical Equipment (DME)	20% coinsurance for Medicare-covered items ⁽³⁾	\$0 ⁽³⁾
Diabetes Self-Monitoring and Supplies	20% coinsurance	\$0
Preventive Healthcare Services	20% coinsurance	\$0
Podiatry	20% coinsurance for each Medicare-covered visit \$0 copayment for each routine visit, up to 6 visits per year	\$0 copayment for each Medicare-covered visit \$0 copayment for each routine visit, up to 6 visits per year
Transportation	\$0 copayment for up to 24 one-way trips to plan-approved locations per year ⁽³⁾⁽⁵⁾	\$0 copayment for up to 24 one-way trips to plan-approved locations per year ⁽³⁾⁽⁵⁾
Vision (includes glasses and contact lenses)	20% coinsurance for Medicare-covered benefits \$10 copayment for a routine eye exam \$0 copayment; \$200 annually towards eyewear	\$0 copayment for Medicare-covered benefits \$0 copayment for a routine eye exam \$0 copayment; \$200 annually towards eyewear
Dental Care	20% coinsurance for Medicare-covered benefits \$15 copayment for a routine preventive office visit that includes \$0 copayment for dentures - 2 dental plates, either full or partial, once every 3 years; denture adjustments	\$0 copayment for Medicare-covered benefits \$0 copayment for a routine preventive office visit that includes \$0 copayment for dentures - 2 dental plates, either full or partial, once every 3 years; denture adjustments
Over-The-Counter drugs and other products	You receive \$19 monthly to spend on Over-The-Counter purchases	You receive \$19 monthly to spend on Over-The-Counter purchases

Cost sharing is the same in-network or out-of-network. Silver Rx Plan has an annual \$155 Part B deductible which is generally paid for those who have Medicaid.

(1) You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

(2) If you are in a Long Term Care Facility, you pay \$0 for your prescription drugs.

(3) Prior authorization required.

(4) Plan covers 60 lifetime reserve days. Lifetime reserve days can only be used once.

(5) A reimbursable out-of-network benefit amount applies for non-network providers. Contact plan for details.



CARE IMPROVEMENT PLUS

Chronic Conditions Special Needs Plan

If you are a Medicare beneficiary with diabetes and/or heart failure and do NOT receive Medicaid or LIS (Low-Income Subsidy), consider the Gold Rx (Regional PPO) Plan.

Who can enroll in the Gold Rx Plan?

To be eligible for this plan, you must:

- be entitled to Medicare benefits under Part A and be enrolled in Part B;
- have been diagnosed with diabetes and/or heart failure; and
- reside in Texas

Plan Highlights

- \$0 monthly plan premium†
- Vision, Transportation, and Dental
- Care management services – health management care coordination, and a 24/7 nurse hotline

Gold Rx (Regional PPO) Plan

Benefits	What You Pay with Gold Rx Plan
Monthly Plan Premium	\$0 ⁽¹⁾
Annual Out-Of-Pocket Maximum	\$3,400
Retail Pharmacy (30-Day Supply)	\$4-Generic; \$45-Brand (preferred); \$95-Brand (non-preferred); 33% Specialty
Inpatient Hospital	NO deductible; Days 1-10: \$225 ⁽²⁾ ; Days 11-90: \$0 ⁽²⁾ ; Days 91-150: \$0 ⁽²⁾⁽³⁾
Primary Care Physician Visit/ Specialist Visit	\$15 copayment/ \$35 copayment
Emergency Care	\$50 copayment; Worldwide coverage
Durable Medical Equipment (DME)	20% coinsurance for Medicare-covered items – in-network ⁽²⁾ 40% coinsurance for Medicare-covered items – out-of-network ⁽²⁾
Diabetes Self-Monitoring and Supplies	\$0 copayment
Preventive Healthcare Services	\$0 copayment
Podiatry	\$35 copayment for each Medicare-covered visit; \$0 copayment for each routine visit, up to 6 visits per year
Transportation	\$0 copayment for 12 one-way trips to plan-approved locations per year ⁽²⁾⁽⁴⁾
Vision (includes glasses and contact lenses)	\$35 for Medicare-covered benefits; \$10 copayment for routine eye exam \$0 copayment; \$150 annually towards eyewear
Dental Care	\$0 copayment for Medicare-covered benefits \$10 copayment for a routine preventive office visit that includes \$0 copayment for denture adjustments (any 2 of the 4 denture adjustments per year)

Cost sharing is the same in-network or out-of-network except for Home Health and Durable Medical Equipment.

(1) You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

(2) Prior authorization required.

(3) Plan covers 60 lifetime reserve days. Lifetime reserve days can only be used once.

(4) A reimbursable out-of-network benefit amount applies for non-network providers. Contact plan for details.



CARE IMPROVEMENT PLUS

Chronic Conditions Special Needs Plan



If you are a Medicare beneficiary with diabetes and/or heart failure and receive financial assistance through the government's Low-Income Subsidy (LIS) "Extra Help" program, consider the Gold Rx Advantage (Regional PPO) Plan.[†]

Who can enroll in our Gold Rx Advantage Plan?

To be eligible for this plan, you must:

- be entitled to Medicare benefits under Part A and be enrolled in Part B;
- have been diagnosed with diabetes and/or heart failure; and
- reside in Texas

Plan Highlights

- Your plan premium may be as low as \$0[†] a month, depending on your level of Low Income Subsidy
- Your prescription drug copays will be reduced
- Vision, Transportation, and Dental
- Care management services – health management care coordination, and a 24/7 nurse hotline

Gold Rx Advantage (Regional PPO) Plan

Benefits	What You Pay With the Gold Rx Advantage Plan if you have Medicare only	What You Pay With the Gold Rx Advantage Plan with Medicare and LIS
Monthly Plan Premium	\$12 ⁽¹⁾	As low as \$0 ⁽¹⁾ depending on your level of LIS
Annual Out-Of-Pocket Maximum	\$3,400	\$3,400
Retail Pharmacy (30-Day Supply)	\$4-Generic; \$45-Brand (preferred); \$95-Brand (non-preferred); 33% Specialty	\$0/\$1.10/\$2.50/15% for Generic and \$0/\$3.30/\$6.30/15% for all other drugs.
Inpatient Hospital	NO deductible; Days 1-10: \$220 ⁽²⁾ ; Days 11-90: \$0 ⁽²⁾ ; Days 91-150: \$0 ⁽²⁾⁽³⁾	NO deductible; Days 1-10: \$220 ⁽²⁾ ; Days 11-90: \$0 ⁽²⁾ ; Days 91-150: \$0 ⁽²⁾⁽³⁾
Primary Care Physician Visit/ Specialist Visit	\$10 copayment/ \$25 copayment	\$10 copayment/ \$25 copayment
Emergency Care	\$50 copayment Worldwide coverage	\$50 copayment Worldwide coverage
Durable Medical Equipment (DME)	20% coinsurance for Medicare-covered items – in-network ⁽²⁾ 40% coinsurance for Medicare-covered items – out-of-network ⁽²⁾	20% coinsurance for Medicare-covered items – in-network ⁽²⁾ 40% coinsurance for Medicare-covered items – out-of-network ⁽²⁾
Diabetes Self-Monitoring and Supplies	\$0 copayment	\$0 copayment
Preventive Healthcare Services	\$0 copayment	\$0 copayment
Podiatry	\$30 copayment for each Medicare-covered visit \$0 copayment for each routine visit, up to 6 visits per year	\$30 copayment for each Medicare-covered visit \$0 copayment for each routine visit, up to 6 visits per year
Transportation	\$0 copayment for 12 one-way trips to plan-approved locations per year ⁽²⁾⁽⁴⁾	\$0 copayment for 12 one-way trips to plan-approved locations per year ⁽²⁾⁽⁴⁾
Vision (includes glasses and contact lenses)	\$10 for Medicare-covered benefits \$10 copayment for routine eye exam; \$0 copayment; \$150 annually towards eyewear	\$10 for Medicare-covered benefits \$10 copayment for routine eye exam; \$0 copayment; \$150 annually towards eyewear
Dental Care	\$0 copayment for Medicare-covered benefits \$10 copayment for a routine preventive office visit that includes \$0 copayment for denture adjustments (any 2 of the 4 denture adjustments per year)	\$0 copayment for Medicare-covered benefits \$10 copayment for a routine preventive office visit that includes \$0 copayment for denture adjustments (any 2 of the 4 denture adjustments per year)

Cost sharing is the same in-network or out-of-network except for Home Health and Durable Medical Equipment.

(1) You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

(2) Prior authorization required.

(3) Plan covers 60 lifetime reserve days. Lifetime reserve days can only be used once.

(4) A reimbursable out-of-network benefit amount applies for non-network providers. Contact plan for details.



CARE IMPROVEMENT PLUS

Medicare/Medicaid Special Needs Plan

Care Improvement Plus Dual Advantage (Regional PPO) Plan is a Special Needs Plan designed specifically for area residents who have both Medicare and full Medicaid.⁺⁺

Care Improvement Plus currently covers more than 20,000 people who have both Medicare and full Medicaid. We understand it can be confusing as to what Medicare covers and what Medicaid covers. As a result, you may not be getting all the benefits, care and services you're entitled to.

Who can enroll in our Dual Advantage Plan?

To be eligible for this plan, you must be:

- A Medicare beneficiary living in Texas;
- Entitled to Medicare Part A, enrolled in Part B; and
- Enrolled in state Medicaid (QMB, QMB+, or SLMB+)

Plan Highlights

- \$0 monthly plan premium and \$0 cost sharing options for medical services⁺⁺
- Vision, Transportation, and Dental (including Dentures)
- Care management services – health management care coordination, and a 24/7 nurse hotline

Dual Advantage (Regional PPO) Plan

Benefits	What You Pay With Original Medicare	What You Pay With the Dual Advantage Plan with Medicare and <u>full Medicaid</u>
Monthly Plan Premium	You pay the Medicare Part B premium of \$96.40 ⁽¹⁾	\$0⁽¹⁾
Annual Out-Of-Pocket Maximum	There is no maximum.	\$90,000
Retail Pharmacy (30-Day Supply)	You pay 100% for most prescription drugs unless you enroll in a Medicare Part D Prescription Drug program ⁽²⁾	\$0/\$1.10/\$2.50-Generic and \$0/\$3.30/\$6.30 for all other drugs.⁽²⁾
Inpatient Hospital	\$1,100 deductible for each benefit period Days 1-60: \$0 Days 61-90: \$275 per day Days 91-150: \$550 per lifetime reserve day ⁽³⁾	\$0⁽³⁾⁽⁴⁾
Primary Care Physician Visit/Specialist Visit	20% coinsurance/ 20% coinsurance	\$0 \$0
Emergency Care	20% coinsurance	\$0
Durable Medical Equipment (DME)	You pay 20% coinsurance for Medicare-approved amounts	\$0⁽⁴⁾
Diabetes Self-Monitoring and Supplies	You pay 20% coinsurance for Medicare-approved amounts	\$0
Preventive Healthcare Services	You pay 20% coinsurance for Medicare-approved amounts	\$0
Podiatry	You pay 20% coinsurance for medically necessary foot care Routine care not covered	\$0 copayment for each Medicare-covered visit
Transportation	Not covered	\$0 copayment for up to 22 one-way trips to plan-approved locations per year ⁽⁴⁾⁽⁵⁾
Vision (includes glasses and contact lenses)	You pay 20% coinsurance for Medicare-approved amounts Routine eye exams not covered Medicare pays for 1 pair of eyeglasses or contact lenses after cataract surgery	\$0 copayment for Medicare-covered benefits \$0 copayment for routine eye exam \$0 copayment; \$200 annually towards eyewear
Dental Care	You pay 20% coinsurance for Medicare-approved amounts Routine dental not covered Dentures not covered	\$0 copayment for Medicare-covered benefits \$0 copayment for dentures - 2 dental plates, either full or partial, once every 3 years; denture adjustments \$0 copayment for a routine preventive office visit (oral exams, cleanings, X-rays)

Cost sharing is the same in-network or out-of-network. The Dual Advantage Plan has an annual \$155 Part B deductible which is generally paid for those who have Medicaid.

(1) If you are a full benefit dual beneficiary and your Part B premium is paid for by the State, you will not be responsible for paying your Part B premium.

(2) If you are in a Long Term Care Facility, you pay \$0 for your prescription drugs. Copayments are based on your low income subsidy (LIS) level.

(3) Plan covers 60 lifetime reserve days. Lifetime reserve days can only be used once.

(4) Prior authorization required.

(5) A reimbursable out-of-network benefit amount applies for non-network providers. Contact plan for details.



CARE IMPROVEMENT PLUS

Medicare Advantage Preferred Provider Organization

This Medicare Advantage (Regional PPO) Plan was specifically designed for beneficiaries who don't qualify for our Special Needs Plans (such as the spouses and caregivers of our Special Needs Plan members).

If you are a Medicare beneficiary and don't have a chronic illness or full Medicaid, this is the Care Improvement Plus plan for you.

Who can enroll in our Medicare Advantage Plan?

To be eligible for this plan, you must be:

- A Medicare beneficiary living in Texas; and
- Entitled to Medicare Part A and enrolled in Part B.

Plan Highlights

- \$0 deductible for prescription drug coverage
- Vision, Transportation, and Dental
- Care management services – health management care coordination, and a 24/7 nurse hotline



Medicare Advantage (Regional PPO) Plan

Benefits	What You Pay With the Medicare Advantage Plan
Monthly Plan Premium	\$33 ⁽¹⁾
Annual Out-Of-Pocket Maximum	\$3,400
Retail Pharmacy (30-Day Supply)	\$9-Generic; \$39-Brand (preferred); \$95-Brand (non-preferred); 33% Specialty
Inpatient Hospital	NO deductible; Days 1-10: \$295 ⁽²⁾ ; Days 11-90: \$0 ⁽²⁾ ; Days 91-150: \$0 ⁽²⁾⁽³⁾
Primary Care Physician Visit/ Specialist Visit	\$25 copayment/ \$40 copayment
Emergency Care	\$50 copayment; Worldwide coverage
Durable Medical Equipment (DME)	20% coinsurance for Medicare-covered items – in-network ⁽²⁾ 40% coinsurance for Medicare-covered items – out-of-network ⁽²⁾
Diabetes Self-Monitoring and Supplies	\$0 copayment
Preventive Healthcare Services	\$0 copayment
Podiatry	\$40 copayment for each Medicare-covered visit; \$0 copayment for each routine visit, up to 6 visits per year
Transportation	\$0 copayment for up to 12 one-way trips to plan-approved locations per year ⁽²⁾⁽⁴⁾
Vision (includes glasses and contact lenses)	\$10 for Medicare-covered benefits; \$10 copayment for routine eye exam \$0 copayment; \$150 annually towards eyewear
Dental Care	\$0 copayment for Medicare-covered benefits \$10 copayment for a routine preventive office visit that includes \$0 copayment for denture adjustments (any 2 of the 4 denture adjustments per year)

Cost sharing is the same in-network or out-of-network except for Home Health and Durable Medical Equipment.

(1) You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

(2) Prior authorization required.
(3) Plan covers 60 lifetime reserve days. Lifetime reserve days can only be used once.

(4) A reimbursable out-of-network benefit amount applies for non-network providers. Contact plan for details.



CARE IMPROVEMENT PLUS

Specialized Care for Medicare Beneficiaries

At Care Improvement Plus, our goal is to deliver the highest quality health plan benefits and services to our members. According to the results of our 2009 Member Satisfaction Survey¹, we are achieving that goal.

- 96% of Care Improvement Plus members are satisfied with the plan overall.
- 96% of members are satisfied with the plan's medical benefits.
- 92% of members are satisfied with the plan's prescription drug benefits.
- 99% of members who participated in the plan's care management program report overall satisfaction with it.
- 98% of members reported to be satisfied with access to plan providers.

With satisfied members like this and expanded coverage options for 2010, isn't it time you considered Care Improvement Plus?

Enrollment Periods

Initial Coverage Election Period (ICEP)

The Initial Coverage Election Period (ICEP) is the period during which an individual who is newly eligible for Medicare may make an initial enrollment request to enroll in a Medicare Advantage plan. Normally, this period begins 3 months before the individual's first entitlement to both Medicare Part A and Part B and ends 3 months after the month of eligibility. For most individuals, this means the ICEP begins 3 months before they turn age 65 and ends 3 months after the month in which they turn 65. For individuals who defer their enrollment into Part B (because, for example, they've continued to work), the ICEP is only the 3 months immediately preceding entitlement to Part B.

Special Election Period (SEP):

There are a number of circumstances under which individuals are eligible for a Special Election Period (SEP).

- If you have diabetes and/or heart failure and it is your first time joining a Special Needs Plan, you may enroll in a Care Improvement Plus Special Needs Plan ANYTIME of the year by exercising a "Special Election Period." Call 1-800-711-1656 (TTY: 1-800-713-1603), 7-days-a-week, 8:00 am – 8:00 pm for details
- If you are a full dual and have both Medicare and full Medicaid
- If you have recently moved to a new area or your current plan was terminated

If you want to know if you are eligible for an SEP, speak with your agent.

Effective Dates for SEP:

The effective date of coverage varies depending on which SEP you are using. However, in most cases, your effective date of coverage will be the first day of the month after the month of enrollment.

Annual Election Period (AEP) – November 15 – December 31

The Annual Election Period (AEP) is for individuals on Medicare who (a) have not yet joined a plan or (b) are already enrolled in a plan and want to switch, with coverage effective January 1.

Effective Dates for AEP:

Individuals who enroll in a Care Improvement Plus Plan during AEP will be given a January 1 effective date.

Open Enrollment Period (OEP) – January 1 – March 31

The Open Enrollment Period can be used by individuals who want to change coverage without adding or dropping prescription drug coverage. The OEP can be used for the following changes:

If you enrolled in a Medicare Advantage Plan with drug coverage, you can switch to a Care Improvement Plus MA-PD plan.

If you enrolled in Original Medicare and a stand-alone Medicare Prescription Drug Plan, you can switch to a Care Improvement Plus MA-PD plan – but must disenroll from the stand-alone drug plan.

If you enrolled in a Medicare Advantage plan without drug coverage, you cannot enroll in a Care Improvement Plus MA-PD during the OEP.

If you enrolled in a Medicare Advantage Plan and a separate prescription drug plan, you can enroll in a Care Improvement Plus MA-PD plan – but must disenroll from the stand-alone prescription drug plan.

If you enrolled in Original Medicare only, you cannot enroll in a Care Improvement Plus MA-PD plan during OEP. (The exception may be the Special Election Period.)

Effective Dates for OEP:

The effective date of coverage will be the first day of the month after the month you enroll.



CARE IMPROVEMENT PLUS

Specialized Care for Medicare Beneficiaries

*Denture benefits are only available in the Silver Rx (Regional PPO) Plan and Dual Advantage (Regional PPO) Plan.

**To be eligible for a Care Improvement Plus plan you must be a Medicare beneficiary living in Texas, and be entitled to Medicare Part A and enrolled in Part B.

To be eligible for a Care Improvement Plus Chronic Condition Special Needs Plan, you must have diabetes and/or heart failure.

To be eligible for Care Improvement Plus Dual Advantage (Regional PPO), you must be enrolled in state Medicaid (QMB, QMB+, or SLMB+) and be a dual eligible beneficiaries whom the State holds harmless for Part A and Part B cost sharing.

† You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. If you qualify for Low-Income Subsidy, you may receive full or partial help paying your monthly plan premium (Silver Rx or Gold Rx Advantage Plans). The Silver Rx (Regional PPO) Plan has \$0 premium and \$0 cost sharing for medical expenses for Medicare beneficiaries with full Medicaid.

†† If you are a full benefit dual beneficiary and your Part B premium is paid for by the State, you will not be responsible for paying your Part B premium.

††† Over-The-Counter (OTC) benefit is available to Silver Rx Plan members only.

The Care Improvement Plus Medicare Prescription Drug benefit (Medicare Part D) is only available to Care Improvement Plus members and cannot be purchased separately through our plan. By joining Care Improvement Plus, you will automatically disenroll from your current Part D plan.

Premiums, co-pays, coinsurance, and deductibles may vary based on the level of help that beneficiaries may receive. Contact the plan for further details.

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances when they cannot reasonably use network pharmacies.

The benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage.

This is an advertisement; for more information contact the plan.



CARE IMPROVEMENT PLUS

Specialized Care for Medicare Beneficiaries



CARE IMPROVEMENT PLUS

Specialized Care for Medicare Beneficiaries

351 West Camden Street, Suite 100 Baltimore, MD 21201