

Benefits	What You Pay With Dual Advantage With Medicare And Full Medicaid
Monthly Plan Premium	\$0
Maximum Out-of-Pocket	\$6,700
Primary Care Physician Visit	\$0 copayment
Specialist Visits	\$0 copayment
Inpatient Hospital Care	\$0
Emergency Care	\$0 copayment
Durable Medical Equipment (DME)	\$0 copayment
Prescription Drug Coverage (30-day supply): Annual Deductible Generic Preferred Brand Non-Preferred Brand Specialty	\$0 \$0/\$1.10/\$2.60 \$0/\$3.30/\$6.50 \$0/\$3.30/\$6.50 \$0/\$3.30/\$6.50
Preventive Services	\$0 copayment
Diabetes: <ul style="list-style-type: none"> • Self-Monitoring • Supplies 	\$0 copayment \$0 copayment
Routine Podiatry	\$0 copayment
Transportation	\$0 copayment (up to 22 one-way trips to plan-approved locations per year)
Vision Services: <ul style="list-style-type: none"> • Routine Eye Exam (1) per year • Annual Glaucoma Screening • Diagnosis and Treatment for diseases/conditions of the eye • Contact lenses, eyeglasses (lenses and frames) 	\$0 copayment in-network/20% coinsurance out-of-network \$0 copayment in-network \$0 copayment in-network \$200 yearly allowance
Preventive Dental covers: Up to (1) of each of the following <ul style="list-style-type: none"> • Office Visit (1) per year • Oral Exam (1) per year • Cleaning (1) per year • Dental x-rays (1) per year 	\$0 copayment
Dentures – 2 dental plates, full or partial once every 3 years	0% coinsurance/20% coinsurance out-of-network

Cost sharing is the same in and out of network except for dental care (dentures) and routine eye exams. In 2012 the annual Part B deductible amount is \$140.