

Provided by



Lovelace Medicare Plan (HMO) Sandia National Laboratories Summary of Benefits

January 1, 2015 - December 31, 2015

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Sandia Lovelace Medicare Advantage HMO	
You have choices about how to get your Medicare prescription drug benefits	<ul style="list-style-type: none"> • One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. • Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Lovelace Medicare Plan).
Tips for comparing your Medicare choices	<p>This Summary of Benefits booklet gives you a summary of what Lovelace Medicare Plan covers and what you pay.</p> <ul style="list-style-type: none"> • If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
Sections in this booklet	<ul style="list-style-type: none"> • Things to Know About Lovelace Medicare Plan • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Covered Medical and Hospital Benefits • Prescription Drug Benefits
	<p>This document is available in other formats such as Braille and large print.</p> <p>This document may be available in a non-English language. For additional information, call us at 1-888-731-7503 (TTY/TDD users should call 711).</p> <p>Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-888-731-7503 (TTY/TDD users should call 711).</p>
Hours of Operation	<p>Things to Know About Lovelace Medicare Plan</p> <ul style="list-style-type: none"> • From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time. • From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Sandia Lovelace Medicare Advantage HMO	
	<p>Lovelace Medicare Plan Phone Numbers:</p> <ul style="list-style-type: none"> • If you are a member of this plan, call toll-free 1-888-731-7503 TTY/TDD 711. • If you are not a member of this plan, call toll-free 1-888-731-7503 TTY/TDD 711.
	<p>Who can join?</p> <p>To join Lovelace Medicare Plan, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and be an employee of Sandia National Laboratories.</p>
	<p>Which doctors, hospitals, and pharmacies can I use?</p> <p>Lovelace Medicare Plan has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. Call us to request a copy of the provider and pharmacy directories.</p>
	<p>What do we cover?</p> <p>Like all Medicare health plans, we cover everything that Original Medicare covers - and more.</p> <p>Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less. Our plan members also get more than what is covered by Original Medicare. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. Call us to request a complete plan formulary (list of Part D prescription drugs) which lists any restrictions.</p>

Sandia Lovelace Medicare Advantage HMO

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you have any questions about this plan’s benefits or costs, please contact Lovelace Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Sandia Lovelace Medicare Advantage HMO	
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Premium	Your Employer will determine your premium beyond the Medicare Part B premium.
Deductible	N/A
MOOP (Maximum out of Pocket)	\$1,500
OUTPATIENT CARE AND SERVICES	
Cardiac and Pulmonary Rehabilitation Services	<p>\$10 copay for Medicare-covered cardiac rehabilitation services</p> <p>\$10 copay for Medicare-covered intensive cardiac rehabilitation services</p> <p>\$0 copay for Medicare-covered pulmonary rehabilitation services</p> <p>\$10 copay for supplemental cardiac rehabilitation services</p> <p>\$0 copay for supplemental pulmonary rehabilitation services</p> <p>No limit on the number of supplemental cardiac rehabilitation services</p> <p>No limit on the number of supplemental pulmonary rehabilitation services</p>
Emergency Care	<p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>Admitted within 24-hour(s) for the same condition, \$0 copay for emergency room visit.</p>
Urgent Care Facility	<p>\$30 - \$50 copay for Medicare-covered urgently-needed-care visits.</p> <p>Worldwide coverage.</p>
Partial Hospitalization	\$0 copay
Home Health Service	\$0 copay
Primary Care Physician Services	\$10 copay

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Chiropractic Services	Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position): \$30 copay \$30 copay for up to 36 supplemental routine chiropractic visit(s) every year.
Occupational Therapy Services	\$10 copay
Physician Specialist Services	\$30 copay
Outpatient Mental Health Specialty Services	\$20 copay
Foot Care (Podiatry Services)	\$25 copay
Psychiatric Services	\$20 copay
Physical Therapy and Speech Language Pathology Services	\$10 copay
Lab Services	\$0 copay
Diagnostic Procedures	\$0 copay
Therapeutic Radiology	\$0 copay
Medicare-covered X-rays	\$0 copay
Advanced Imaging (MRI, MRA, CT Scan, PET)	\$0 copay
Outpatient Hospital Services	\$150 copay
Ambulatory Surgical Center (ASC) Services	\$150 copay
Outpatient Substance Abuse	\$20 copay
Ambulance	\$75 copay
Transportation	\$0 copay for up to 4 one-way trip(s) to plan-approved location every year.
Durable Medical Equipment (DME)	\$0 copay
Prosthetics/Medical Supplies	\$0 copay

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Diabetes Supplies and Services	\$0 copay
Renal Dialysis	\$0 copay
Acupuncture and Other Alternative Therapies	\$15 copay per visit up to 20 visit(s) for acupuncture and other alternative therapies every year.
Over-the-counter RX	Not covered
Meal Benefit	Not covered
Medicare-covered Preventive Services	\$0 copay
Annual Physical Exam	Not covered
Kidney Disease Education Services	\$0 copay
Diabetes Self-Management Training	\$0 copay
Medicare Part B Rx Drugs (includes Part D home infusion drugs included in bundled services)	\$0 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$30 - \$100
Eye Exams	\$0-\$20 copay Medicare covered \$0 copay supplemental - 1 routine eye exam every calendar year.
Eye Wear	\$0 copay - 1 pair of eyeglasses (lenses and frames), contact lenses after cataract surgery. \$150 limit for every supplemental eye wear every year.
Hearing Exams	\$20 copay - diagnostic hearing exam \$30 copay - 1 supplemental routine hearing exam every year
Hearing Aids	\$300 limit every year

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Worldwide Emergency Benefit

\$50 copay

If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.

INPATIENT CARE

Inpatient Hospital - Acute

\$175/day (days 1-3)

Inpatient Hospital - Psychiatric

\$175/day (days 1-3)

Skilled Nursing Facility

\$0/day (days 1-20)
\$75/day (days 21-100)

Prescription Drug Benefits	Sandia Lovelace Medicare Advantage HMO		
Deductible	\$0		
Initial Coverage	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies</p>		
	Standard Retail Cost-Sharing		
	Tier	One-month Supply	Three-month Supply
	Tier 1 (Preferred Generic)	\$4 copay	\$8 copay
	Tier 2 (Non-Preferred Generic)	\$12 copay	\$24 copay
	Tier 3 (Preferred Brand)	\$20 copay	\$40 copay
	Tier 4 (Non-Preferred Brand)	\$40 copay	\$80 copay
Tier 5 (Specialty Tier)	25%	N/A	
Initial Coverage (continued)	Standard Mail Order Cost-Sharing		
	Tier	Three-month Supply	
	Tier 1 (Preferred Generic)	\$8 copay	
	Tier 2 (Non-Preferred Generic)	\$24 copay	
	Tier 3 (Preferred Brand)	\$40 copay	
Tier 4 (Non-Preferred Brand)	\$80 copay		
	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>		

Prescription Drug Benefits	Sandia Lovelace Medicare Advantage HMO		
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.</p>		
	Standard Retail Cost-Sharing		
	Tier	One-month Supply	Three-month Supply
	Tier 1 (Preferred Generic)	\$4 copay	\$8 copay
	Tier 2 (Non-Preferred Generic)	\$12 copay	\$24 copay
	Tier 3 (Preferred Brand)	\$20 copay	\$40 copay
	Tier 4 (Non-Preferred Brand)	\$40 copay	\$80 copay
	Tier 5 (Specialty Tier)	25%	N/A
	Standard Mail Order Cost-Sharing		
	Tier	Three-month Supply	
	Tier 1 (Preferred Generic)	\$8 copay	
Tier 2 (Non-Preferred Generic)	\$24 copay		
Tier 3 (Preferred Brand)	\$40 copay		
Tier 4 (Non-Preferred Brand)	\$80 copay		
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. 		

SECTION III: ADDITIONAL INFORMATION ABOUT BLUE CROSS MEDICARE ADVANTAGE PLAN

Benefit	Sandia Lovelace Medicare Advantage HMO
<p>SilverSneakers®</p> <p>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 and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination.</p>	<p>Included</p>

SilverSneakers® is a registered mark of Healthways, Inc. Healthways SilverSneakers® Fitness Program is a wellness program owned and operated by Healthways, Inc, an independent company.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-774-8592. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-774-8592. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-774-8592。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-774-8592。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-774-8592. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-774-8592. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-774-8592 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-774-8592. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-774-8592 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-774-8592. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1-877-774-8592. سيقوم شخص ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-774-8592 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-774-8592. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-774-8592. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-774-8592. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-774-8592. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-774-8592 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

This information is available for free in other languages. Please call our customer service number at 1-888-731-7503 TTY/TDD 711, 8:00 a.m. to 8:00 p.m., 7 days a week.

You must continue to pay your Medicare Part B premium. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

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