

Benefit Highlights

for *Community HealthFirst*™ Medicare Advantage Plans

Important information to help you choose the Medicare Advantage Plan that's right for you.

Community HealthFirst Medicare Advantage Plans offer you an easy way to expand your health care coverage beyond your original Medicare benefit – at a price that's affordable:

- **Medicare Advantage Plan – \$0 monthly premium**

Our standard plan helps you pay less out-of-pocket for coverage of medical expenses.

- **Medicare Advantage Plan with Pharmacy – \$30.00 monthly premium**

All the benefits of our standard plan plus coverage for prescription drugs with no deductible.

- **Medicare Advantage Special Needs Plan – \$30.00 monthly premium***

To qualify for this plan, you **must be eligible for both Medicare and Medicaid coverage**. It includes coverage for prescription drugs and dental benefits, along with the same coverage for health care as our standard Medicare Advantage Plan.

The chart on the following pages will help you compare the primary benefits of each plan to original Medicare coverage, and each other, so you can determine which plan will work best for you. Please note, however, **this is not a complete description of plan benefits**.

For more information about any of the Community HealthFirst Medicare Advantage Plans, please see the Summary of Benefits document or call our licensed Medicare Representatives at **1-800-944-1247** or for TTY/TDD call 1-866-816-2479, 7 days a week, between 8 a.m. and 8 p.m. You can also find complete benefit information on our web site at www.healthfirst.chpw.org.

*Community HealthFirst has designed this plan specifically for people in Washington State who are eligible for both Medicare and Medicaid. If eligible or already enrolled in Medicare (Parts A & B) and Medicaid, you may choose this option or you may choose any of our other Medicare Advantage Plan options. Member is responsible for paying the \$93.50 Part B premium [see footnote (3) inside] and \$30.00 Part D premium, which may or may not be covered by a third party such as Medicaid.

Benefits apply to the following counties:

Adams, Benton, Chelan, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Skagit, Stevens, Walla Walla, Whatcom and Yakima



Offered by

COMMUNITY HEALTH PLAN
of Washington

Committed to your health.

Important Things to Consider When Choosing Your Medicare Coverage

- How much care do you think you'll need? It's very important that you understand the types of things you currently see the doctor for and the level of care you may need in the future, as well.
- Where are the gaps in your basic Medicare coverage? What do you wish you had more coverage on?
- Cost – How much will the plan cover and how much will you pay out of your own pocket for things like monthly premiums and cost sharing on health care services or prescription drugs?
- Benefits – Do the plan benefits provide enough coverage to make up for the gaps in your original Medicare coverage? Does the plan offer any extra benefits and services, like eye exams, hearing aids or fitness programs that would be helpful to you?
- Doctor and hospital choice – Can you see the doctor(s) you want to see or go to the hospital you need to go to? Are the doctors in the plan accepting new patients?
- Convenience – Are the doctors in the plan easy for you to get to? What are their office hours? Do you want emergency coverage while traveling outside the U.S.?
- Prescription drugs – Are the prescription drugs you need on the plan's list of covered drugs (formulary)? Can you go to the pharmacy of your choice to get prescriptions filled?
- Do you qualify for the Limited Income Subsidy program? If you are single with annual income less than \$15,315 (or married with less than \$20,535), then you may qualify for help to pay for premiums and other out-of-pocket costs. For more information, you can call the 1-800-MEDICARE helpline available 24 hours a day, 7 days a week, or visit www.medicare.gov, or call Washington State Health Insurance Assistance program 1-800-397-4422.

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Compare	Original Medicare	Medicare Advantage 007	Medicare Advantage with Pharmacy 009	Medicare Advantage Special Needs 005**
Premium	\$93.50 Part B (3)	\$0 (3)	\$30.00 (3)	\$30.00 (3)(5)
Annual Out-of-Pocket Maximum	No maximum	\$5,000 per calendar year	\$5,000 per calendar year	None
Inpatient Hospital	You pay for each benefit period. Initial deductible of \$992 for Days 1–60, \$248 each day for Days 61–90, and \$496 each lifetime reserve day for Days 91–150. (4)(6)	\$600 per each stay. There is no copay for additional days at a network hospital.	\$625 per each stay. There is no copay for additional days at a network hospital.	You pay \$0 for each benefit period. (4)
Outpatient Services & Surgery	You pay 20%. (1)(2)	You pay 25%.	You pay 25%.	You pay 0%.
Doctor Office Visits	You pay 20%. (1)(2)	\$25 for each primary care visit. \$25 for each specialist visit.	\$25 for each primary care visit. \$25 for each specialist visit.	You pay 0%.
Prescription Drugs	You pay 100% for most prescription drugs.	You pay 25% for Part B drugs and 100% for most others.	You pay 25% for Part B drugs. \$0 deductible. See Summary of Benefits for complete information on copays. See Formulary for list of drugs covered.	You pay 0% for Part B drugs. See Summary of Benefits for complete information on copays. See Formulary for list of drugs covered.
Emergency Care	You pay 20%. (1)(2)	\$50 per visit, includes worldwide coverage.	\$50 per visit, includes worldwide coverage.	\$0 per visit, includes worldwide coverage.
Ambulance Services	You pay 20%. (1)(2)	\$150 per service	\$150 per service	You pay 0%.
Urgently Needed Care	You pay 20%. (1)(2)	\$40 per visit	\$40 per visit	You pay 0%.

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Compare	Original Medicare	Medicare Advantage 007	Medicare Advantage with Pharmacy 009	Medicare Advantage Special Needs 005**
Routine Physical Exam	You pay 20%. (1) (2)	1 exam per calendar year. No copay.	1 exam per calendar year. No copay.	\$0 per exam. Unlimited exams.
Routine Vision Services	You pay 100% for routine eye exams and eyeglasses.	\$0 for one routine exam per year. Eyewear coverage for up to \$200, every 2 years.	\$30 for one routine exam every 3 years. Eyewear coverage for up to \$100, every 3 years.	\$0 for one routine exam every 2 years. Eyewear coverage for up to \$360, every 2 years.
Chiropractic Services	You pay 20%.	You pay 25%.	You pay 25%.	You pay 0%.
Dental Services	You pay 100% for preventive dental services.	You pay 100% for preventive dental services.	You pay 100% for preventive dental services.	You pay 0% for Medicare-covered dental services. You pay \$0 for preventive services, up to \$1,200 every year.
Pharmacy Services	None	None	Mail Order for Prescription Drugs	Mail Order for Prescription Drugs

Note – All cost shares reflect Medicare-approved amounts and/or Medicare-covered visits.

- (1) In 2007, you pay a total of one \$131.00 deductible. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new Part B deductible.
- (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.
- (3) Most people will pay the standard Part B monthly premium of \$93.50. This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new Part B premium amount and deductible.
- (4) Lifetime reserve days can only be used once.
- (5) Allows for Medicaid coverage of Medicare Part B and Part D monthly premiums, resulting in a net \$0 monthly premium for the plan member.
- (6) These are the 2007 Medicare cost sharing amounts and will change effective January 1, 2008. Social Security will notify you of the new 2008 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2008.

**Special Needs Plan benefits apply to all the following counties: Adams, Benton, Chelan, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Yakima.

Contact Information

Customer Service:

Current Members: 1-800-942-0247
8 a.m. to 8 p.m., 7 days a week

Prospective Members: 1-800-944-1247
8 a.m. to 8 p.m., 7 days a week

TTY/TDD: 1-866-816-2479
8 a.m. to 8 p.m., 7 days a week

Web: www.healthfirst.chpw.org

Mailing Address: Community HealthFirst
PO Box 960
Seattle, WA 98111-0960

Community HealthFirst™ Medicare Advantage Plans are offered by Community Health Plan, which contracts with the Federal Government as a Medicare approved HMO. The Plan contract is renewed annually and availability of coverage beyond the current contract year is not guaranteed. Our Medicare Advantage Plans are available to people living in the plan service area that are entitled to Medicare Part A and are enrolled in Part B. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. You must receive all routine care from Plan network providers. You may only be enrolled in one Medicare approved prescription drug plan at a time and you must receive your Medicare prescription drug coverage through that plan. Pharmacy benefits are limited to the Community HealthFirst formulary. You must use a Plan network pharmacy except under non-routine circumstances. Benefits, premiums, cost sharing and limitations may vary by county or plan type. There are important conditions and/or time periods for enrollment. If you have questions on these, or anything else regarding our Medicare Advantage Plans, please contact our Customer Service at the number indicated in this document. Materials are available in alternate formats upon request.