

SmartSaver

From Blue Cross of California



A Medicare Advantage Medical Savings Account Plan

Service Area B

Summary of Benefits and Other-Value Added Services

Introduction to the Summary of Benefits for the SmartSaver Plan

Service Area B

January 1, 2007 - December 31, 2007
California

***SmartSaver is available to qualified residents of
the following California counties:***

***Butte, Colusa, Humboldt, Imperial, Marin,
Mariposa, Mendocino, Merced, Monterey, Orange,
Plumas, San Mateo, Sierra and Trinity.***

Thank you for your interest in SmartSaver. Our plan is offered by Blue Cross of California, a Medicare Advantage Medical Savings Account (MSA) Organization. This Summary of Benefits tells you some features of our plan. It does not list every service that we cover, or list every limitation or exclusion. To get a complete list of our benefits, please call SmartSaver and ask for the "Evidence of Coverage."

You Have Choices in your Healthcare.

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 Advantage Medicare Savings Account plan, like SmartSaver. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call SmartSaver at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, seven days a week.

How Can I Compare My Options?

You can compare SmartSaver 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 more benefits, which may change from year to year.

Where is SmartSaver Area B Available?

SmartSaver Area B is available to qualified residents of the California counties listed on the inside front cover of this booklet.

Who is Eligible to Join SmartSaver?

You can join SmartSaver if you are entitled to Medicare Part A and enrolled in Medicare Part B, and live in the service area. You cannot join SmartSaver if you have End-Stage Renal Disease, have elected the Medicare hospice benefit, have Medicaid, or are eligible for or covered under another health benefits program, including Veterans Affairs, Department of Defense or the Federal Employee Health Benefits program. Also, individuals who receive health benefits that would cover all or part of the annual deductible are not eligible to join SmartSaver.

Can I Choose My Own Doctors?

As a member of SmartSaver, you can use any Medicare doctor, specialist or hospital that accepts Medicare payment and accepts the terms, conditions and payment rate of the Blue Cross of California plan. Blue Cross of California has the right to determine if the service or treatment ordered by your healthcare provider is covered under the Blue Cross of California plan.

Does My Plan Cover Medicare Part B or Part D Drugs?

SmartSaver does cover Medicare Part B prescription drugs. SmartSaver does NOT cover Medicare Part D prescription drugs, however, you may join a Medicare prescription drug plan.

What Types of Drugs May be Covered under Medicare Part B?

The following outpatient prescription drugs may be covered under Medicare Part B. This may include, but is not limited to, the following types of drugs. Contact SmartSaver for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin alpha or Epogen®):** By injection if you have End-Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call your agent or Blue Cross of California for more information about this plan.

Customer Service Hours: Monday through Friday, 6:00 a.m. to 4:00 p.m. Pacific Time.

Current members should call 1-888-445-8916 (TTY/TDD 1-800-425-5705).

Prospective members should call 1-888-211-9813 (TTY/TDD 1-800-297-1538).

You can also visit us at www.bluecrossca.com.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact your agent or Blue Cross of California.

Important Information

Benefit Category	Original Medicare	SmartSaver Area B
1 - Premium and Other Important Information	<p>You pay the Medicare Part B premium of \$93.50 each month.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2007, some people will have to pay a higher premium because of their yearly income (more than \$80,000 for singles, \$160,000 for married couples). For more information, call Social Security at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778.</p>	<p>There is no additional premium beyond the Medicare Part B premium of \$93.50 each month for your plan benefits.</p> <p>You pay a \$3,500 yearly deductible for Medicare-covered services.</p> <p>(See "Yearly Deductible" on Page 14 for more information.)</p> <p>(See "MSA Deposited Funds" on Page 14 for more information.)</p>
2 - Doctor and Hospital Choice (For more information, see Emergency - #15, Urgently-Needed Care - #16.)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You may go to any doctor, specialist or hospital that accepts the plan's payment.</p> <p>(See "Doctor and Hospital Choice" on Page 14 for more information.)</p>

Inpatient Care

Benefit Category	Original Medicare	SmartSaver Area B
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>You pay for each benefit period (3):</p> <p>Days 1 – 60: an initial deductible of \$992</p> <p>Days 61 – 90: \$248 each day</p> <p>Day 91 – 150: \$496 each lifetime reserve day (4)</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4)</p>	<p>Once the yearly deductible is met, there is no copayment for inpatient hospital services received at a hospital.</p> <p>You are covered for 90 days each benefit period.</p>
<p>4 – Inpatient Mental Healthcare</p>	<p>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.</p>	<p>Once the yearly deductible is met, there is no copayment for services received at a hospital.</p> <p>Medicare beneficiaries may only receive 190 days in a psychiatric hospital in a lifetime.</p>
<p>5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>You pay for each benefit period (3), following at least a three-day covered hospital stay:</p> <p>Days 1 – 20: \$0 for each day</p> <p>Days 21 – 100: \$124 for each day</p> <p>There is a limit of 100 days for each benefit period. (3)</p>	<p>Once the yearly deductible is met, there is no copayment for services received at a skilled nursing facility.</p> <p>Three-day prior hospital stay is required.</p> <p>You are covered for 100 days each benefit period.</p>

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.

Inpatient Care

Benefit Category	Original Medicare	SmartSaver Area B
6 – Home Healthcare (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.	Once the yearly deductible is met, there is no copayment for Medicare-covered home health visits.
7 – Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.

Outpatient Care

Benefit Category	Original Medicare	SmartSaver Area B
8 – Doctor Office Visits	You pay 20% of Medicare-approved amounts. (1)(2)	Once the yearly deductible is met, there is no copayment for each primary care doctor office visit for Medicare-covered services. There is no copayment for each specialist visit for Medicare-covered services.
9 – Chiropractic Services	You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. You pay 100% for routine care. You pay 20% of Medicare-approved amounts. (1)(2)	Once the yearly deductible is met, there is no copayment for Medicare-covered chiropractic services (manual manipulation of the spine to correct subluxation).
10 – Podiatry Services	You pay 20% of Medicare-approved amounts. (1)(2) You are covered for medically-necessary foot care, including care for medical conditions affecting the lower limbs. You pay 100% for routine care.	Once the yearly deductible is met, there is no copayment for Medicare-covered podiatry services (medically-necessary foot care).
11 – Outpatient Mental Healthcare	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)	Once the yearly deductible is met, there is no copayment for each Medicare-covered visit for mental health services.

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.

Outpatient Care

Benefit Category	Original Medicare	SmartSaver Area B
12 – Outpatient Substance Abuse Care	You pay 20% of Medicare-approved amounts. (1)(2)	Once the yearly deductible is met, there is no copayment for each Medicare-covered visit.
13 – Outpatient Services/Surgery	<p>You pay 20% of Medicare-approved amounts for the doctor. (1)(2)</p> <p>You pay 20% of outpatient facility charges. (1)(2)</p>	<p>Once the yearly deductible is met, there is no copayment for each Medicare-covered visit to an ambulatory surgical center.</p> <p>Once the yearly deductible is met, there is no copayment for each Medicare-covered visit to an outpatient hospital facility.</p>
14 – Ambulance Services (medically-necessary ambulance services)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)	Once the yearly deductible is met, there is no copayment for Medicare-covered ambulance services.
15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>You pay 20% of the facility charge or applicable copayment for each emergency room visit. You do NOT pay this amount if you are admitted to the hospital for the same condition within three days of the emergency room visit. (1)(2)</p> <p>You pay 20% of doctor charges. (1)(2)</p> <p>NOT covered outside the United States except under limited circumstances.</p>	<p>Once the yearly deductible is met, there is no copayment for each Medicare-covered emergency room visit.</p> <p>NOT covered outside the United States except under limited circumstances.</p>

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Outpatient Care

Benefit Category	Original Medicare	SmartSaver Area B
<p>16 – Urgently-Needed Care (This is NOT emergency care and, in most cases, is out of the service area.)</p>	<p>You pay 20% of Medicare-approved amounts or applicable copayment. (1)(2)</p> <p>NOT covered outside the United States except under limited circumstances.</p>	<p>Once the yearly deductible is met, there is no copayment for each Medicare-covered urgently-needed care visit.</p> <p>NOT covered outside the United States except under limited circumstances.</p>
<p>17 – Outpatient Rehabilitation Services: (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>Once the yearly deductible is met, there is no copayment for each Medicare-covered occupational therapy visit.</p> <p>Once the yearly deductible is met, there is no copayment for each Medicare-covered physical therapy and/or speech/language therapy visit.</p>

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Outpatient Medical Services and Supplies

Benefit Category	Original Medicare	SmartSaver Area B
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	Once the yearly deductible is met, there is no copayment for Medicare-covered items.
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	Once the yearly deductible is met, there is no copayment for Medicare-covered items.
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)	Once the yearly deductible is met, there is no copayment for diabetes self-monitoring training. Once the yearly deductible is met, there is no copayment for diabetes supplies.
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.	Once the yearly deductible is met, there is no copayment for the following Medicare-covered service(s): <ul style="list-style-type: none"> · Clinical/diagnostic lab services · Radiation therapy · X-ray visits

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Preventive Services

Benefit Category	Original Medicare	SmartSaver Area B
22 – Bone Mass Measurement (for people with Medicare who are at risk)	You pay 20% of Medicare-approved amounts. (1)(2)	Once the yearly deductible is met, 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)	Once the yearly deductible is met, there is no copayment for Medicare-covered colorectal screening exams.
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.	Once the yearly deductible is met, there is no copayment for pneumonia and flu vaccines. No referral necessary for Medicare-covered influenza and pneumonia vaccines. Once the yearly deductible is met, there is no copayment for Medicare-covered 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.	Once the yearly deductible is met, 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 two years, annually for beneficiaries at high risk. (2) You pay 20% of Medicare-approved amounts for pelvic exams. (2)	Once the yearly deductible is met, there is no copayment for Medicare-covered pap smears and pelvic exams.

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Preventive Services

Benefit Category	Original Medicare	SmartSaver Area B
<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>Once the yearly deductible is met, there is no copayment for Medicare-covered prostate cancer screening exams.</p>
<p>28 – Prescription Drugs Drugs covered under Medicare Part B (Original Medicare) Drugs covered under Medicare Part D (Prescription Drug Benefit) General Information</p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.</p>	<p>You pay 100% for most prescription drugs. This plan does not cover Medicare Part D prescription drugs. Please contact the plan for details.</p>

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General Information

Benefit Category	Original Medicare	SmartSaver Area B
29 - Dental Services	In general, you pay 100% for dental services.	In general, you pay 100% for dental services.
30 - Hearing Services	<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>In general, you pay 100% for routine hearing exams and hearing aids.</p> <p>Once the yearly deductible is met, there is no copayment for the following services:</p> <ul style="list-style-type: none"> - Medicare-covered hearing exam (diagnostic hearing exams)
31 - Vision Services	<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>You pay 100% for non-Medicare-covered eye exams and glasses.</p> <p>Once the yearly deductible is met, there is no copayment for the following services:</p> <ul style="list-style-type: none"> - Medicare-covered eye exams (diagnosis and treatment for diseases and conditions of the eye) <p>Once the yearly deductible is met, 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)

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General Information

Benefit Category	Original Medicare	SmartSaver Area B
<p>32 - Physical Exams</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.</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. Please contact your plan for further details.</p> <p>You pay 100% for routine physical exams.</p>

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SmartSaver: Important Plan Information

SmartSaver was designed to provide Medicare beneficiaries with access to broad coverage for medically-necessary hospital and doctor services with no monthly plan premiums.

Special Features of SmartSaver include:

Doctor and Hospital Choice

You can go to any doctor or hospital that participates in the Medicare program.

If a member chooses to receive care from a provider who does not accept Medicare assignment, the member will be responsible for any excess charges up to the Medicare limiting charge (115% of the Medicare-allowed amount).

Yearly Deductible

This plan has a yearly deductible. Once the deductible is satisfied, the plan covers all Medicare-covered services with no copayment. Members must pay all costs for Medicare-covered services until the deductible is met. One hundred percent of Medicare allowable amounts for Medicare-covered services will be applied to the deductible. Costs for services not covered by Medicare will not be applied toward the deductible.

MSA Deposited Funds

Each member will receive \$1,375 to fund an individual MSA account. This account will be established for each member at ACS/Mellon Bank. Once SmartSaver receives funds from Medicare, SmartSaver will transfer funds to each member's account.

Funds can be used to pay for Medicare-covered services as well as services not covered by Medicare. Only expenses for Medicare-covered services will be considered "countable" expenses and will be applied towards the yearly deductible.

SmartSaver is backed by the stability and financial strength of Blue Cross of California. For more than 70 years, Blue Cross has been an industry leader and innovator serving the healthcare needs of generations of Californians.

SmartSaver is a MSA with a Medicare Advantage contract. To be accepted into SmartSaver, you must maintain Part A of Medicare and must continue to pay your Part B premiums. If you are not entitled to Medicare Part A benefits, you may be able to purchase Part A from the Social Security Administration. You must continue to pay the Part A premiums (if applicable).

Other Value-Added Services

Passport Savings Program*

As a SmartSaver member, you automatically receive membership in the Passport Savings Program at no separate charge.

With the Passport Savings Program, you receive year-round access to a wide range of discount programs and information services.

Here is an example of what the program consists of:

HealthyExtensions - Tells you about discounts offered by independent vendors to help members meet their personal fitness and wellness goals. Included are discounts on a variety of nutritional supplements and educational products.

PLUS, save on:

Eyewear

Gym Memberships

Hearing Aids

Weight Management Programs

Smoking Cessation Programs

These products and services are not subject to the Medicare appeals process. SmartSaver has arranged for the availability of these discount offers as a service to our members, however, we do not endorse, or in any way assume responsibility or liability for the goods and services offered. The companies making these offers are solely responsible for them and any products or services they furnish. Any disputes regarding these products and services must be settled between the SmartSaver member and the independent vendor offering the product or service.

* Discounts are offered by independent vendors and may be withdrawn or changed at any time without notice.



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