

**SCHEDULE OF COPAYMENTS AND LIMITATIONS
SELECT ADVANTAGE SILVER**

INPATIENT SERVICES	COST SHARING
Inpatient Hospital Care	You pay \$150 each day for days 1-10. \$0 each day for days 11-90 for a Medicare covered stay. There is a \$1,500 maximum out of pocket limit every year. You are covered for unlimited days each benefit period.
Inpatient Mental Health Care Includes mental health care services that require a hospital stay. There is a 190-day lifetime limit for inpatient services in a psychiatric hospital.	You pay \$150 each day for days 1-10. \$0 each day for days 11-90 for a Medicare covered stay. There is a \$1,500 maximum out of pocket limit every year. You are covered for unlimited days each benefit period. Separate Mental Health Out of Pocket Maximum. 190 day Lifetime Benefit Maximum in a Medicare approved Mental health Facility
Skilled Nursing Facility Care (No prior hospital stay is required)	You pay \$25 each day for days 1-100 for a stay at a Skilled Nursing Facility. You are covered for 100 days each Medicare benefit period.
Inpatient Services (When the hospital or SNF days are not or no longer covered.)	There is no copayment for Medicare covered inpatient services.
OUTPATIENT SERVICES	COST SHARING
Home Health Care	There is no copayment for Medicare covered home health visits.
Hospice Care	You must receive care from a Medicare certified hospice.
Physician Services, including Doctor Office Visits	You pay \$0 for each primary care doctor office visit for Medicare covered services. You pay \$15 for each specialist visit for Medicare covered services.
Chiropractic Services	You pay \$15 for each Medicare covered visit (manual manipulation of the spine to correct subluxation).
Podiatry Services	You pay \$15 for each Medicare covered visit (medically necessary foot care).
Outpatient Mental Health Care (Including partial hospitalization services)	For Medicare covered Mental Health services, you pay \$15 for each individual/group therapy visit.
Outpatient Substance Abuse Services	For Medicare covered services, you pay \$15 for each individual/group visit.
Outpatient Surgery	You pay \$100 for each Medicare covered visit to an ambulatory surgical center. You pay \$100 for each Medicare covered visit to an outpatient hospital facility.
Ambulance Services	You pay \$100 for Medicare covered ambulance services.
*Emergency Care	You pay \$50 for each Medicare covered emergency room visit.
*Urgently Needed Care	You pay \$0-\$15 for each Medicare covered urgently needed care visit.

Outpatient Rehabilitation Services (physical therapy, occupational therapy, cardiac rehabilitation, and speech and language therapy)	You pay \$15 for each Medicare covered Occupational Therapy visit. You pay \$15 for each Medicare covered Physical Therapy and/or Speech Language Therapy visit.
OUTPATIENT SERVICES	COST SHARING
Durable Medical Equipment and Related Supplies	You pay 20% of the cost for each Medicare covered item.
Prosthetic Devices and Related Supplies (other than dental)	You pay 20% of the cost for each Medicare covered item.
Diabetes Self-monitoring Training and Supplies	There is no copayment for Diabetes Self-Monitoring Training.
Medical Nutrition Therapy (For people with diabetes, renal (kidney) disease (but not on dialysis), and after a transplant when referred by their doctor.)	There is no copayment for Medical Nutrition Therapy.
Outpatient Diagnostic Tests, and Therapeutic Services and Supplies	There is no copayment for the following Medicare covered services: lab services, diagnostic procedures and tests, therapeutic radiology services. You pay \$15 for Medicare covered x-rays and diagnostic radiology services. .
**Certain Covered Injectables	You pay \$50 for certain covered injectable drugs.
Chemotherapy	You are covered in full for chemotherapy
Allergy Testing and Immunotherapy	You are covered in full for allergy testing. If there is a separate and distinct office visit evaluation and service, cost sharing may apply. You pay \$15 for each allergy immunotherapy treatment.
PREVENTIVE CARE AND SCREENING TESTS	COST SHARING
Bone Mass Measurements	There is no copayment for each Medicare covered Bone Mass Measurement. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Colorectal Screening	There is no copayment for each Medicare covered Colorectal Screening Exam. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Immunizations (Pneumonia vaccine, flu Shots, Hepatitis B vaccine)	There is no copayment for the Pneumonia and Flu vaccines. There is no copayment for the Hepatitis B vaccine. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Mammography Screening	There is no copayment for Medicare covered Screening Mammograms If there is a separate and distinct office visit evaluation and service, cost sharing may apply.

PREVENTIVE CARE AND SCREENING TESTS	COST SHARING
Pap smears, Pelvic Exams, and Clinical Breast Exam	You pay \$0 for each Medicare covered Pap Smear and Pelvic Exam. You pay \$0 for each additional Pap Smear and Pelvic Exam up to 1 Pap Smear(s) and Pelvic Exam(s) every year. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.

Prostate Cancer Screening Exams	There is no copayment for Medicare covered Prostate Cancer Screening exams. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Cardiovascular Disease Testing	There is no copayment for Medicare covered Cardiovascular screening blood tests. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Physical Exams	There is no copayment for routine physical exams. You are covered up to 1 exam every year. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.

OTHER SERVICES	COST SHARING
----------------	--------------

Renal Dialysis (Kidney)	There is no copayment for renal dialysis.
-------------------------	---

ADDITIONAL BENEFITS	COST SHARING
---------------------	--------------

Hearing Services	You pay \$15 for each Medicare covered hearing exam (diagnostic hearing exams). You pay \$15 for each routine hearing test up to 1 test every three years. You pay \$15 for each fitting-evaluation for a hearing aid up to 1 fitting-evaluation every three years. You are covered up to \$500 for hearing aids. One aid every three years.
------------------	---

Vision Care	You pay \$15 for each Medicare covered eye exam (diagnosis and treatment for diseases and conditions of the eye). You pay \$15 for each routine eye exam, limited to 1 exam every two years. You are covered up to \$100 for eyewear every two years. You are also covered for one pair of eyeglasses or contact lenses after each cataract surgery.
-------------	---

*This copayment will not be waived if the member is admitted to the hospital. Emergency care is **NOT** covered outside of the U.S. except under limited circumstances and as defined by Medicare. (Please see Evidence of Coverage for explanation of "under limited circumstances".) Urgent care is **NOT** covered outside of the U.S. **There will be a \$25 copayment for the following covered injectable drugs: **Lupron, Zoladex, Trelstar** †190-day Lifetime Maximum includes Mental Health and Substance Abuse Treatment received in a Medicare approved Mental Health Facility.

Note: A Medicare Advantage Private Fee-for Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at www.site65.com.

**SCHEDULE OF COPAYMENTS AND LIMITATIONS
SELECT ADVANTAGE GOLD**

.INPATIENT SERVICES	COST SHARING
Inpatient Hospital Care	You pay \$0 each day for days 1-10. \$0 each day for days 11-90 for a Medicare covered stay. You are covered for unlimited days each benefit period.
Inpatient Mental Health Care Includes mental health care services that require a hospital stay. There is a 190-day lifetime limit for inpatient services in a psychiatric hospital.	You pay \$0 each day for days 1-10. \$0 each day for days 11-90 for a Medicare covered stay. You are covered for unlimited days each benefit period. 190 day Lifetime Benefit Maximum in a Medicare approved Mental health Facility
Skilled Nursing Facility Care (No prior hospital stay is required)	You pay \$0 each day for days 1-100 for a stay at a Skilled Nursing Facility. You are covered for 100 days each benefit period.
Inpatient Services (When the hospital or SNF days are not or no longer covered.)	There is no copayment for Medicare covered inpatient services.
OUTPATIENT SERVICES	COST SHARING
Home Health Care	There is no copayment for Medicare covered home health visits.
Hospice Care	You must receive care from a Medicare certified hospice.
Physician Services, including Doctor Office Visits	You pay \$0 for each primary care doctor office visit for Medicare covered services. You pay \$0 for each specialist visit for Medicare covered services.
Chiropractic Services	You pay \$0 for each Medicare covered visit (manual manipulation of the spine to correct subluxation).
Podiatry Services	You pay \$0 for each Medicare covered visit (medically necessary foot care).
Outpatient Mental Health Care (Including partial hospitalization services)	For Medicare covered Mental Health services, you pay \$0 for each individual/group therapy visit.
Outpatient Substance Abuse Services	For Medicare covered services, you pay \$0 for each individual/group visit.
Outpatient Surgery	You pay \$0 for each Medicare covered visit to an ambulatory surgical center. You pay \$0 for each Medicare covered visit to an outpatient hospital facility.
Ambulance Services	You pay \$0 for Medicare covered ambulance services.
Emergency Care	You pay \$0 for each Medicare covered emergency room visit.
*Urgently Needed Care	You pay \$0 for each Medicare covered urgently needed care visit.
Outpatient Rehabilitation Services (physical therapy, occupational therapy, cardiac rehabilitation, and speech and language therapy)	You pay \$0 for each Medicare covered Occupational Therapy visit. You pay \$0 for each Medicare covered Physical Therapy and/or Speech Language Therapy visit.

OUTPATIENT SERVICES	COST SHARING
Durable Medical Equipment and Related Supplies	You pay \$0 for each Medicare covered item.
Prosthetic Devices and Related Supplies (other than dental)	You pay \$0 for each Medicare covered item.
Diabetes Self-monitoring Training and Supplies	There is no copayment for Diabetes Self-Monitoring Training.
Medical Nutrition Therapy (For people with diabetes, renal (kidney) disease (but not on dialysis), and after a transplant when referred by their doctor.)	There is no copayment for Medical Nutrition Therapy.
Outpatient Diagnostic Tests, and Therapeutic Services and Supplies	There is no copayment for the following Medicare covered services: clinical/diagnostic lab services or radiation therapy. You pay \$0 for each Medicare covered X-ray visit.
**Certain Covered Injectables	You pay \$0 for certain covered injectable drugs.
Chemotherapy	You are covered in full for chemotherapy
Allergy Testing and Immunotherapy	You are covered in full for allergy testing. You pay \$0 for each allergy immunotherapy treatment.
PREVENTIVE CARE AND SCREENING TESTS	COST SHARING
Bone Mass Measurements	There is no copayment for each Medicare covered Bone Mass Measurement. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Colorectal Screening	There is no copayment for each Medicare covered Colorectal Screening Exam. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Immunizations (Pneumonia vaccine, flu Shots, Hepatitis B vaccine)	There is no copayment for the Pneumonia and Flu vaccines. There is no copayment for the Hepatitis B vaccine. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Mammography Screening	There is no copayment for Medicare covered Screening Mammograms If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Pap smears, Pelvic Exams, and Clinical Breast Exam	You pay \$0 for each Medicare covered Pap Smear and Pelvic Exam. You pay \$0 for each additional Pap Smear and Pelvic Exam up to 1 Pap Smear(s) and Pelvic Exam(s) every year. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.

PREVENTIVE CARE AND SCREENING TESTS	COST SHARING
Prostate Cancer Screening Exams	There is no copayment for Medicare covered Prostate Cancer Screening exams. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Cardiovascular Disease Testing	There is no copayment for Medicare covered Cardiovascular screening blood tests. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Physical Exams	There is no copayment for routine physical exams. You are covered up to 1 exam every year. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
OTHER SERVICES	COST SHARING
Renal Dialysis (Kidney)	There is no copayment for renal dialysis.
ADDITIONAL BENEFITS	COST SHARING
Hearing Services	You pay \$0 for each Medicare covered hearing exam (diagnostic hearing exams). You pay \$0 for each routine hearing test up to 1 test every three years. You pay \$0 for each fitting-evaluation for a hearing aid up to 1 fitting-evaluation every three years. You are covered up to \$750 for hearing aids. One aid every three years.
Vision Care	You pay \$0 for each Medicare covered eye exam (diagnosis and treatment for diseases and conditions of the eye). You pay \$0 for each routine eye exam, limited to 1 exam every two years. You are covered up to \$100 for eyewear every two years.
<p>*Emergency care is NOT covered outside of the U.S. except under limited circumstances and as defined by Medicare. (Please see Evidence of Coverage for explanation of "under limited circumstances".) Urgent care is NOT covered outside of the U.S. 190-day Lifetime Maximum includes Mental Health and Substance Abuse Treatment received in a Medicare approved Mental Health Facility.</p>	
<p>Note: A Medicare Advantage Private Fee-for Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at www.site65.com.</p>	

**SCHEDULE OF COPAYMENTS AND LIMITATIONS
SELECT ADVANTAGE OPTION I**

.INPATIENT SERVICES	COST SHARING
Inpatient Hospital Care	You pay \$100 each day for days 1-10. \$0 each day for days 11-90 for a Medicare covered stay. There is a \$1,000 maximum out of pocket limit every year. You are covered for unlimited days each benefit period.
Inpatient Mental Health Care Includes mental health care services that require a hospital stay. There is a 190-day lifetime limit for inpatient services in a psychiatric hospital.	You pay \$100 each day for days 1-10. \$0 each day for days 11-90 for a Medicare covered stay. There is a \$1,000 maximum out of pocket limit every year. You are covered for unlimited days each benefit period. 190 day Lifetime Benefit Maximum in a Medicare approved Mental health Facility
Skilled Nursing Facility Care (No prior hospital stay is required)	You pay \$25 each day for days 1-100 for a stay at a Skilled Nursing Facility. You are covered for 100 days each benefit period.
Inpatient Services (When the hospital or SNF days are not or no longer covered.)	There is no copayment for Medicare covered inpatient services.
OUTPATIENT SERVICES	COST SHARING
Home Health Care	There is no copayment for Medicare covered home health visits.
Hospice Care	You must receive care from a Medicare certified hospice.
Physician Services, including Doctor Office Visits	You pay \$0 for each primary care doctor office visit for Medicare covered services. You pay \$15 for each specialist visit for Medicare covered services.
Chiropractic Services	You pay \$15 for each Medicare covered visit (manual manipulation of the spine to correct subluxation).
Podiatry Services	You pay \$15 for each Medicare covered visit (medically necessary foot care).
Outpatient Mental Health Care (Including partial hospitalization services)	For Medicare covered Mental Health services, you pay \$15 for each individual/group therapy visit.
Outpatient Substance Abuse Services	For Medicare covered services, you pay \$15 for each individual/group visit.
Outpatient Surgery	You pay \$100 for each Medicare covered visit to an ambulatory surgical center. You pay \$100 for each Medicare covered visit to an outpatient hospital facility.
Ambulance Services	You pay \$100 for Medicare covered ambulance services.
*Emergency Care	You pay \$50 for each Medicare covered emergency room visit.
*Urgently Needed Care	You pay \$0-\$15 for each Medicare covered urgently needed care visit.
Outpatient Rehabilitation Services (physical therapy, occupational therapy, cardiac rehabilitation, and speech and language therapy)	You pay \$15 for each Medicare covered Occupational Therapy visit. You pay \$15 for each Medicare covered Physical Therapy and/or Speech Language Therapy visit.

OUTPATIENT SERVICES	COST SHARING
Durable Medical Equipment and Related Supplies	You pay \$0 for each Medicare covered item.
Prosthetic Devices and Related Supplies (other than dental)	You pay \$0 for each Medicare covered item.
Diabetes Self-monitoring Training and Supplies	There is no copayment for Diabetes Self-Monitoring Training.
Medical Nutrition Therapy (For people with diabetes, renal (kidney) disease (but not on dialysis), and after a transplant when referred by their doctor.)	There is no copayment for Medical Nutrition Therapy.
Outpatient Diagnostic Tests, and Therapeutic Services and Supplies	There is no copayment for the following Medicare covered services: clinical/diagnostic lab services or radiation therapy. You pay \$15 for each Medicare covered X-ray visit.
**Certain Covered Injectables	You pay \$50 for certain covered injectable drugs.
Chemotherapy	You are covered in full for chemotherapy
Allergy Testing and Immunotherapy	You are covered in full for allergy testing. You pay \$15 for each allergy immunotherapy treatment.
PREVENTIVE CARE AND SCREENING TESTS	COST SHARING
Bone Mass Measurements	There is no copayment for each Medicare covered Bone Mass Measurement. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Colorectal Screening	There is no copayment for each Medicare covered Colorectal Screening Exam. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Immunizations (Pneumonia vaccine, flu Shots, Hepatitis B vaccine)	There is no copayment for the Pneumonia and Flu vaccines. There is no copayment for the Hepatitis B vaccine. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Mammography Screening	There is no copayment for Medicare covered Screening Mammograms If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Pap smears, Pelvic Exams, and Clinical Breast Exam	You pay \$0 for each Medicare covered Pap Smear and Pelvic Exam. You pay \$0 for each additional Pap Smear and Pelvic Exam up to 1 Pap Smear(s) and Pelvic Exam(s) every year. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.

PREVENTIVE CARE AND SCREENING TESTS	COST SHARING
Prostate Cancer Screening Exams	There is no copayment for Medicare covered Prostate Cancer Screening exams. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Cardiovascular Disease Testing	There is no copayment for Medicare covered Cardiovascular screening blood tests. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Physical Exams	There is no copayment for routine physical exams. You are covered up to 1 exam every year. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
OTHER SERVICES	COST SHARING
Renal Dialysis (Kidney)	There is no copayment for renal dialysis.
ADDITIONAL BENEFITS	COST SHARING
Hearing Services	You pay \$15 for each Medicare covered hearing exam (diagnostic hearing exams). You pay \$15 for each routine hearing test up to 1 test every three years. You pay \$15 for each fitting-evaluation for a hearing aid up to 1 fitting-evaluation every three years. You are covered up to \$500 for hearing aids. One aid every three years.
Vision Care	You pay \$15 for each Medicare covered eye exam (diagnosis and treatment for diseases and conditions of the eye). You pay \$15 for each routine eye exam, limited to 1 exam every two years. You are covered up to \$100 for eyewear every two years.
<p>*This copayment will not be waived if the member is admitted to the hospital. Emergency care is NOT covered outside of the U.S. except under limited circumstances and as defined by Medicare. (Please see Evidence of Coverage for explanation of "under limited circumstances".) Urgent care is NOT covered outside of the U.S. **There will be a \$25 copayment for the following covered injectable drugs: Lupron, Zoladex, Trelstar 190-day Lifetime Maximum includes Mental Health and Substance Abuse Treatment received in a Medicare approved Mental Health Facility.</p>	
<p>Note: A Medicare Advantage Private Fee-for Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at www.site65.com.</p>	

**SCHEDULE OF COPAYMENTS AND LIMITATIONS
SELECT ADVANTAGE OPTION II**

.INPATIENT SERVICES	COST SHARING
Inpatient Hospital Care	You pay \$0 each day for days 1-10. \$0 each day for days 11-90 for a Medicare covered stay. You are covered for unlimited days each benefit period.
Inpatient Mental Health Care Includes mental health care services that require a hospital stay. There is a 190-day lifetime limit for inpatient services in a psychiatric hospital.	You pay \$0 each day for days 1-10. \$0 each day for days 11-90 for a Medicare covered stay. You are covered for unlimited days each benefit period. 190 day Lifetime Benefit Maximum in a Medicare approved Mental health Facility
Skilled Nursing Facility Care (No prior hospital stay is required)	You pay \$0 each day for days 1-100 for a stay at a Skilled Nursing Facility. You are covered for 100 days each benefit period.
Inpatient Services (When the hospital or SNF days are not or no longer covered.)	There is no copayment for Medicare covered inpatient services.
OUTPATIENT SERVICES	COST SHARING
Home Health Care	There is no copayment for Medicare covered home health visits.
Hospice Care	You must receive care from a Medicare certified hospice.
Physician Services, including Doctor Office Visits	You pay \$0 for each primary care doctor office visit for Medicare covered services. You pay \$0 for each specialist visit for Medicare covered services.
Chiropractic Services	You pay \$0 for each Medicare covered visit (manual manipulation of the spine to correct subluxation).
Podiatry Services	You pay \$0 for each Medicare covered visit (medically necessary foot care).
Outpatient Mental Health Care (Including partial hospitalization services)	For Medicare covered Mental Health services, you pay \$0 for each individual/group therapy visit.
Outpatient Substance Abuse Services	For Medicare covered services, you pay \$0 for each individual/group visit.
Outpatient Surgery	You pay \$0 for each Medicare covered visit to an ambulatory surgical center. You pay \$0 for each Medicare covered visit to an outpatient hospital facility.
Ambulance Services	You pay \$0 for Medicare covered ambulance services.
Emergency Care	You pay \$0 for each Medicare covered emergency room visit.
*Urgently Needed Care	You pay \$0 for each Medicare covered urgently needed care visit.
Outpatient Rehabilitation Services (physical therapy, occupational therapy, cardiac rehabilitation, and speech and language therapy)	You pay \$0 for each Medicare covered Occupational Therapy visit. You pay \$0 for each Medicare covered Physical Therapy and/or Speech Language Therapy visit.
OUTPATIENT SERVICES	COST SHARING
Durable Medical Equipment and Related Supplies	You pay \$0 for each Medicare covered item.

Prosthetic Devices and Related Supplies (other than dental)	You pay \$0 for each Medicare covered item.
Diabetes Self-monitoring Training and Supplies	There is no copayment for Diabetes Self-Monitoring Training.
Medical Nutrition Therapy (For people with diabetes, renal (kidney) disease (but not on dialysis), and after a transplant when referred by their doctor.)	There is no copayment for Medical Nutrition Therapy.
Outpatient Diagnostic Tests, and Therapeutic Services and Supplies	There is no copayment for the following Medicare covered services: clinical/diagnostic lab services or radiation therapy. You pay \$0 for each Medicare covered X-ray visit.
Certain Covered Injectables	You pay \$0 for certain covered injectable drugs.
Chemotherapy	You are covered in full for chemotherapy
Allergy Testing and Immunotherapy	You are covered in full for allergy testing. You pay \$0 for each allergy immunotherapy treatment.
PREVENTIVE CARE AND SCREENING TESTS	COST SHARING
Bone Mass Measurements	There is no copayment for each Medicare covered Bone Mass Measurement. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Colorectal Screening	There is no copayment for each Medicare covered Colorectal Screening Exam. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Immunizations (Pneumonia vaccine, flu Shots, Hepatitis B vaccine)	There is no copayment for the Pneumonia and Flu vaccines. There is no copayment for the Hepatitis B vaccine. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Mammography Screening	There is no copayment for Medicare covered Screening Mammograms If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Pap smears, Pelvic Exams, and Clinical Breast Exam	You pay \$0 for each Medicare covered Pap Smear and Pelvic Exam. You pay \$0 for each additional Pap Smear and Pelvic Exam up to 1 Pap Smear(s) and Pelvic Exam(s) every year. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.

PREVENTIVE CARE AND SCREENING TESTS	COST SHARING
Prostate Cancer Screening Exams	There is no copayment for Medicare covered Prostate Cancer Screening exams. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Cardiovascular Disease Testing	There is no copayment for Medicare covered Cardiovascular screening blood tests. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
Physical Exams	There is no copayment for routine physical exams. You are covered up to 1 exam every year. If there is a separate and distinct office visit evaluation and service, cost sharing may apply.
OTHER SERVICES	COST SHARING
Renal Dialysis (Kidney)	There is no copayment for renal dialysis.
ADDITIONAL BENEFITS	COST SHARING
Hearing Services	You pay \$0 for each Medicare covered hearing exam (diagnostic hearing exams). You pay \$0 for each routine hearing test up to 1 test every three years. You pay \$0 for each fitting-evaluation for a hearing aid up to 1 fitting-evaluation every three years. You are covered up to \$1,000 for hearing aids. One aid every three years.
Vision Care	You pay \$0 for each Medicare covered eye exam (diagnosis and treatment for diseases and conditions of the eye). You pay \$0 for each routine eye exam, limited to 1 exam every two years. You are covered up to \$150 for eyewear every two years.
<p>*Emergency care is NOT covered outside of the U.S. except under limited circumstances and as defined by Medicare. (Please see Evidence of Coverage for explanation of "under limited circumstances".) Urgent care is NOT covered outside of the U.S. 190-day Lifetime Maximum includes Mental Health and Substance Abuse Treatment received in a Medicare approved Mental Health Facility.</p>	
<p>Note: A Medicare Advantage Private Fee-for Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at www.site65.com.</p>	