



# 2016 HMO Medicare Select Plan

## Medicare Supplement Insurance Outline of Coverage

The Medicare Select Supplement Plan from Physicians Plus provides comfort and security. It adds to Medicare's coverage to provide you with more complete and substantial benefits.

Neither Physicians Plus Insurance Corporation nor its agents are connected with Medicare.

**Medicare Select Sales**  
(608) 282-8940  
[www.pplusic.com](http://www.pplusic.com)



## **Premium Information**

We can only raise your premium if we raise the premiums for all policies like yours in this state. Your premium will change at your next renewal date (January 1) after you attain the following ages: 65, 70, 75, 80 and 85. Your premium will not increase on the basis of age after age 85. If your policy was issued as an under the age of 65 policy due to disability, when you turn 65, premiums will decrease to the age 65 rate at your next renewal date.

## **Disclosures**

Use this OUTLINE OF COVERAGE to compare benefits and premium among policies.

## **Read Your Policy Very Carefully**

This is only an OUTLINE OF COVERAGE describing your policy's most important features. The policy is your insurance contract. You must read the policy to understand all of the rights and duties of both you and your insurance company.

## **Right to Return Policy**

If you find that you ARE NOT satisfied with your policy, you may return it to Physicians Plus Insurance Corporation, 2650 Novation Parkway, Madison, Wisconsin 53713. If you return the policy within 30 days of receipt, we will treat the policy as if it had never been issued and return all payments.

## **Policy Replacement**

If you are replacing another health insurance policy, DO NOT cancel it until you receive your new policy and are sure you want to keep it.

## **Notice**

(1) This policy will not fully cover all of your medical costs. This policy provides basic Medicare hospital and physician benefits. It also includes benefits beyond those provided by Medicare. This policy is not a replacement for Medicare and is subject to certain limitations including choice of providers and area of service.

This policy does not provide benefits for custodial care such as help in walking, getting in and out of bed, eating, dressing, bathing and taking medicine.

(2) Neither Physicians Plus Insurance Corporation nor its agents are connected with Medicare.

(3) This is an HMO policy; except for Urgent Care, Emergency Care and Foreign Travel Care (up to the limits of the policy), all services must be provided by a participating Physicians Plus Insurance Corporation provider.



## Protect Yourself From the Limitations of Medicare

When Medicare was originally created, its purpose was to increase access to health care for older, retired or disabled Americans. It pays many health care costs for eligible persons, but Medicare was never intended to pay 100 percent of all medical bills. It was designed to offset the most pressing medical expenses by providing a foundation of benefits.

While Medicare provides considerable support, it does not cover the cost of all of the health care services that you might need. Because of Medicare's limitations, many eligible participants consider Medicare Supplement plans such as the Physicians Plus Select Plan.

The benefit options offered by the Medicare Supplement insurance from Physicians Plus supplement the coverage and benefits beyond what is offered by Medicare, allowing you to live your life on your terms, with the reassurance that you won't be completely exposed to expenses above and beyond those covered by Medicare.

## Physicians Plus Offers a Medicare Supplement Plan Right for You

At Physicians Plus, a managed care organization owned by Meriter Health Services and local doctors, we want to make the benefits of our Medicare Select Supplement Plan as clear as possible. Because when you know all you need to know about your coverage, valuable resources and other healthful choices in your life, we believe you will feel and live better.

Our Medicare Select plan is designed for the way our members want to live their lives today, with flexibility and a focus on staying healthy, while offering outstanding value and quality.

With the Select plan, you receive most Medicare hospital and physician benefits, and you pay no deductible and no coinsurance for expenses approved by Medicare. The Select plan enables you to visit any specialist within the Physicians Plus network and does not require prior authorization. The plan also covers members who become seriously ill or injured when traveling abroad. And that is only the start of what makes this an obviously healthy choice.

Medicare Select is perfect for anyone enrolled in Medicare Parts A and B who lives in the south central Wisconsin service area, travels outside this area less than a few weeks at a time and uses doctors from the Physicians Plus provider network (including UW Hospital and Clinics and Meriter Hospital). You get the peace of mind that comes from knowing that preventive care, medical visit, immunizations and up to 365 home health visits are fully covered.



## **The Pluses of Physicians Plus**

In addition to the Medicare Select plan benefits, you have around-the-clock access to our NursePlus<sup>SM</sup> call line, an easy-to-use health information resource staffed by experienced health care professionals. Also, should you require it, a specialist in chronic illness management will be available to you.

With PerkSpot, you can receive discounts on everything from cars and computers to theaters and restaurants. You can sign up, browse the PerkSpot web site for thousands of discounts and even receive featured weekly discounts via e-mail. All members are automatically eligible for PerkSpot discounts, and participation is free; all you have to do is sign up. For more information about the PerkSpot member discount program or how to sign up, visit [pplusic.com](http://pplusic.com).

And how would you like to get paid for learning how to live a more healthful life? The WellPlus program does exactly that. Choose from a variety of preventive health care programs, including mature lifestyles, alternative exercises, diet and nutrition and grandparenting.

### **Contact Physicians Plus**

**To learn more about the Medicare Select plan from Physicians Plus, call (608) 282-8940.**

**Neither Physicians Plus Insurance Corporation nor its agents are connected with Medicare.**

## **With Physicians Plus, the Doctors Are In**

Approximately 3,600 health care providers and 24 participating hospitals make up the Physicians Plus provider network, providing access to health care services in 20 counties throughout south central Wisconsin. Physicians Plus members have access to the doctors and clinics of Meriter Medical Clinics, UW Hospital and Clinics, Associated Physicians LLP, Wisconsin Heart and additional rural providers. At Physicians Plus, we work with all of our network providers to ensure that you receive the best care possible when you need it.



## **Important Considerations Before Buying Health Insurance**

One of the top concerns among Medicare recipients and those choosing to supplement their Medicare benefits is expense. While rates change due to the rising costs of medical care, increases in basic Medicare costs and other factors (such as moving into a new age range), no individuals will be singled out for a rate increase. Physicians Plus will only raise the premium for all policies like yours in this state. Such rate increases are strictly controlled and only occur annually.

Before you buy any health insurance, review the coverage offered by your current health insurance policies. The Select plan supplements Medicare but is subject to limitations. You need to know that this policy may not fully cover all of your medical costs.

When replacing an existing health insurance policy, cancel it only after receiving your new policy and determining that you want to keep it. If you are not satisfied with your Medicare Supplement policy from Physicians Plus, you may cancel it within 30 days without penalty.

For help understanding these and other issues regarding your health insurance, contact the Office of the Commissioner of Insurance, the state senior insurance counseling program or a representative from Physicians Plus. Once you do, we think you will discover that Physicians Plus offers a Medicare Supplement plan that is right for you, at a price that provides considerable value, and delivered by health insurance professionals who truly care about making sure that you have the coverage you need to maintain good health.

## **Medicare Insurance Must Meet State Standards**

The Wisconsin Insurance Commissioner sets standards for Medicare supplement insurance. This policy meets those standards. This policy, along with Medicare, may not cover all of your medical costs. You should carefully review all policy benefits, exclusions and limitations. For an explanation of these standards and other important information, see the “Wisconsin Guide to Health Insurance for People with Medicare” (do not buy this policy if you did not receive this notice). All benefits are paid according to the terms and conditions of the policy (Application, Schedule of Benefits and Medical Certificate). Please make sure you read all policy material carefully. If you have questions, please call Member Service at (608) 282-8900 or (800) 545-5015.

## **Your Satisfaction is Our Priority**

Situations might occasionally arise when you question or are unhappy with some aspect of the service you received through Physicians Plus. Since most questions about benefits and plan operations can normally be resolved on an informal basis, we encourage you to first try and resolve any problems with the appropriate physician, staff member or by calling Member Service at (608) 282-8900 or (800) 545-5015. Your complaint will be documented and investigated. If your complaint is not resolved to your satisfaction, you or an authorized representative may file a grievance with Physicians Plus. A grievance is defined as any dissatisfaction with services provided by, or claims practices of, Physicians Plus by or on behalf of you. To file a grievance, please submit your concerns with all pertinent information and documentation to Physicians Plus.



## Medicare Part A

Medicare Part A helps pay for care in hospitals and inpatient, critical-access hospitals (small facilities that provide limited outpatient and inpatient services to people in rural areas), skilled nursing facilities, hospice care and some home health care. The table below shows Medicare Part A and Medicare Select Plan coverage for specific services. **YOU PAY for any services not covered by Medicare A & B or the Medicare Select Plan.**

| Service Description   | Medicare Pays   | Medicare Select Plan Pays<br>(Must use Participating Providers)  |
|---|---|--|
| <b>Part A Deductible (\$1,288) 2016</b>   | \$0   | \$1,288  |
| <b>Hospitalization (Inpatient)</b><br>Semi-private room and board; general nursing and misc. hospital services and supplies. Includes meals, special care units, lab tests, prescription drugs, diagnostic x-rays, medical supplies, operation and recovery room, anesthesia and rehabilitation services. | <b>Day 1–60:</b> All but \$1,288 deductible per benefit period<br><b>Day 61–90:</b> All but \$322 a day per benefit period<br><b>Day 91–150:</b> All but \$644 per day (using 60 lifetime reserve days)<br><b>Day 151 and beyond:</b> \$0 | <b>Day 1–60:</b> \$1,288 deductible per benefit period<br><b>Day 61–90:</b> \$322 per day<br><b>Day 91–150:</b> \$644 per day<br><b>Day 151 and beyond:</b> 100% of Part A-eligible charges when Medicare days are exhausted |
| <b>Skilled Nursing Care (Inpatient)</b><br>Confinement must meet Medicare standards. You must have been in a hospital for at least three (3) days and enter the facility within 30 days after discharge.  | <b>Day 1–20:</b> 100% of the cost (after a three (3) day period of hospital confinement) per benefit period<br><b>Day 21–100:</b> All but \$161 per day per benefit period<br><b>Day 101 and beyond:</b> \$0 per benefit period           | <b>Day 1–20:</b> \$0<br><b>Day 21–100:</b> \$161<br><b>Day 101 and beyond:</b> No coverage; see below.   |
| <b>Other Skilled Nursing Care (Inpatient)</b><br>Catastrophic coverage for 30 days. Must be skilled care but does not have to be covered by Medicare.   | No coverage.  | 30 days at 100% per benefit period. Must meet Physicians Plus skilled care guidelines.   |
| <b>Psychiatric/Mental Health Care (Inpatient)</b><br>Includes substance abuse care.   | 190 days per lifetime.  | 175 days per lifetime after Medicare days are exhausted.   |
| <b>Blood (Inpatient)</b>  | All but the first three (3) pints of blood.   | The first three (3) pints of blood.  |
| <b>Kidney Disease Treatment (Inpatient and Outpatient)</b><br>Dialysis, transplant and donor related services.  | Limited.  | Up to \$30,000 per year. This policy will not duplicate other coverage.  |
| <b>Home Health Care</b>   | 100% of Medicare Approved Home Health care.   | 365 Home Health visits in addition to those covered by Medicare.   |

The table above is only a brief summary description of Medicare benefits. Contact your local Social Security Office or consult the “Medicare & You” handbook for details about Medicare.

## Medicare Part B

This provision helps pay for doctors' services, outpatient hospital care and some other medical services that Part A does not cover, such as physical and occupational therapy and some medically necessary home health care services. The table below shows Medicare Part B and Medicare Select coverage for specific services.



| Service Description  | Medicare Pays  | Medicare Select Plan Pays<br>(Must use Network Providers)   |
|--|--|---|
| <b>Part B Deductible (\$166) 2016</b>  | \$0  | \$166   |
| Part B eligible expenses for physicians services, medical services in and out patient physical and speech therapy, diagnostic tests and durable Medical Equipment. | After \$166 deductible, generally 80% of Medicare approved charges.  | \$166 deductible and 20% of Medicare approved amounts with no lifetime maximum.   |
| <b>Blood</b>   | 80% of costs except nonreplacement fees (blood deductible) for the first three (3) pints.  | 20% for the first three (3) pints of blood per benefit period.  |
| <b>Chiropractic</b>  | 80% of costs for manipulation of the spine to correct subluxation when provided by a chiropractor or other qualified professional.   | 20% for Medicare approved services. Includes coverage of usual and customary costs. 100% of Medically necessary non-Medicare approved services. |
| <b>Immunizations</b>   | Flu and Pneumococcal Pneumonia covered at 100% (Hepatitis B shot covered at 80% for those at medium to high risk).   | 20% for Medicare approved charges. 100% for other immunizations.  |
| <b>Mental Health &amp; Substance Abuse</b>   | 60% of outpatient mental health care services when furnished by a doctor, clinical psychologist, clinical social worker, clinical nurse specialist or physician's assistant in an office setting, clinic or hospital outpatient department. Medicare covers substance abuse treatment in an outpatient treatment center that is certified by Medicare. | 40% of Medicare approved charges.   |

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## Medicare Part B, continued

| Service Description                           | Medicare Pays  | Medicare Select Plan Pays<br>(Must use Network Providers)  |
|---|--|--|
| <b>Emergency Room</b>                         | Medicare covers 80% after deductible of emergency room services. Emergency services are not covered in foreign countries, except in Canada and Mexico in some instances.   | 20% of emergency room charges.   |
| <b>Breast Reconstruction</b>                  | Limited.   | Covers non-Medicare breast reconstruction of the affected tissue incident to a mastectomy.   |
| <b>Foreign Travel</b>                         | Not Covered.   | 80% up to lifetime limit of \$50,000 for medically necessary hospital services and supplies as a result of an injury or illness of sudden and unexpected onset after a \$250 separate deductible is satisfied. Follow-up care must be provided in the United States. |
| <b>Routine Wellness Exam</b>                  | Covered by Medicare.   | Covered by Medicare.   |
| <b>Routine Eye Exam &amp; Refraction</b>      | If covered by Medicare: One routine exam per calendar year.  |  |
| <b>Routine Hearing Exam</b>                   | If covered by Medicare: One routine exam per calendar year.  |  |
| <b>Other Routine Care</b>                     | Not Covered.   | Up to \$120 per calendar year.   |
| <b>Diabetic Supplies</b>                      | Medicare pays 80% after the Part B deductible. Part B covers some blood glucose test strips, blood glucose monitor, lancet devices and lancets, glucose control solutions for checking test strip accuracy and monitors. | Part B deductible then 20% of approved charges.  |
| <b>Diabetic Insulin, Syringes and Needles</b> | Insulin, syringes and needles are covered under Part D.  | Not Covered. (Covered by Part D.)  |
| <b>Insulin and Insulin Pump</b>               | Medicare pays 80% after the Part B deductible.   | Part B deductible then 20% of Approved Charges.  |

The table above is only a brief summary description of Medicare benefits. Contact your local Social Security Office or consult the “Medicare & You” handbook for details about Medicare.

## Limitations and Exclusions

### The following are NOT covered by this policy:

- a. Services and supplies provided while a member's coverage was not in effect under this policy.
- b. Any costs that Medicare has paid.
- c. Treatment, services and/or supplies that Medicare does not cover, including drugs provided in connection with such treatment, services and/or supplies, except as specifically provided by this policy including schedule of benefits.
- d. Any treatment, service and/or supply not specifically identified as covered by this policy; or services and supplies required in connection with, in follow up to, or as a result of a treatment, service or supply not covered under this policy.
- e. Services performed by a non-participating provider (except as specifically provided by this policy).
- f. Complications related to cosmetic body piercing, tattooing, implants or other services or procedures that are not medically necessary or not performed by a licensed medical professional.
- g. Services and supplies that are not medically necessary or are not appropriate to the treatment of an illness or injury as determined by Medicare and Physicians Plus.
- h. Services for which another party is liable as determined by Physicians Plus, including, but not limited to: Workers' Compensation, school-based programs, federally mandated programs, Medicare, work-related services including employment physicals, tests, and exams and exams requested or directed by a court of law. If benefits are paid or provided by Physicians Plus in a contested Workers' Compensation proceeding or whenever this exclusion may otherwise apply, Physicians Plus reserves all rights to recover the reasonable value of such benefits as provided in this policy.
- i. For purposes of subrogation, reimbursement or reimbursement under any provision stated in this policy, the value of covered services shall be the amount Physicians Plus paid for the covered service. Where a provider is paid on a capitated basis the value shall be based upon the usual, customary and reasonable charge or the allowed amount that would have otherwise applied to that covered service at the time the claim was processed.
- j. Services, supplies or other care for injury or illness for which there is other insurance, including but not limited to non-group insurance, providing medical payments or medical expense coverage, regardless of whether the other coverage is primary, excess or contingent to this certificate. If benefits subject to this provision are paid or provided by Physicians Plus, Physicians Plus reserves all rights to recover the reasonable value of such benefits as provided in this policy.
- k. Treatment, services and supplies incurred in connection with any injury or illness arising out of, or in the course of, any employment for wage or profit for which an employer is required to carry Workers' Compensation insurance. If Workers' Compensation or any similar law protects the member, this exclusion applies regardless of whether benefits under Workers' Compensation or any similar law have been claimed, paid, waived or compromised. If benefits are paid or provided by Physicians Plus in a contested Workers' Compensation proceeding, or whenever Workers' Compensation benefits may be payable, Physicians Plus reserves all rights to recover the reasonable value of such benefits.
- l. Treatment and services furnished by the U.S. Veterans Administration except when under applicable federal law. Treatment and services provided while held detained or imprisoned in a local, state or federal penal or correctional institution or facility or while in the custody of law enforcement officials, except as required by state or federal law. Persons who are injured or become ill while outside of the institution or facility and while on work release are not considered to be held, detained or imprisoned if they are otherwise eligible members.
- m. Treatment and services in connection with any illness or injury caused by a member's engagement in an illegal occupation; commission of, or an attempt to commit, a felony; or intentional use of illegal drugs.
- n. Reconstructive Surgery/Cosmetic Treatment, except as indicated in this policy. NOTE: Psychological reasons do not represent a medical or surgical necessity.
- o. Treatment to correct or reverse complications and/or dissatisfaction resulting from surgery, cosmetic treatment, or reconstruction when no functional impairment exists.

## Limitations and Exclusions, continued:

- p. Any services related to the purpose of medical research and/or clinical research trials (except for routine patient care that must be covered under section 632.87(6)(c) of the Wisconsin statutes when administered in a cancer clinical trial).
- q. Transportation expenses (except for covered ambulance transport as outlined in the benefits sections of this policy).
- r. Dentistry or dental or oral surgery processes, except as stated in the policy. This also excludes orthodontics, periodontics, orthognathic surgery, osteotomies and treatment for temporomandibular disorders.
- s. Care for cosmetic purposes. This does not apply to prompt repair of any accidental injury or to care that improves functioning of a malformed body member. Breast reconstruction of affected tissue incident to a mastectomy is not considered treatment for cosmetic purposes. (Exclusion does not apply where the Women's Health and Cancer Rights Act of 1988 mandates coverage.)
- t. Care that Physicians Plus determines is custodial care in any setting. This exclusion does not apply to services for which Medicare determines eligibility for coverage.
- u. Care that is free to you or would be free if you did not have this policy; care that you are entitled to, or have paid for you, in whole or in part due to any law or regulation.
- v. Care you receive outside the United States, except as provided under the Foreign Travel benefit of this plan. Does not include care if you are not a permanent resident of the United States.
- w. Charges for the measurement, fitting and adjustment of dentures.
- x. Eyeglasses and contact lenses and the measurement, fitting and adjustment of these lenses, except for the initial lenses after cataract surgery.
- y. Service of a blood donor.
- z. Organ transplants that are not eligible for Medicare benefits. This exclusion does not apply to kidney transplants, which are subject to the policy's kidney disease limitations. For purposes of this exclusion, organ transplants include bone marrow and stem cell transplants.
- aa. Routine foot care, which is care for corns, callosities, toenails (but not the complete removal of toenails), and hypertrophy or hyperplasia of the skin of your feet. This exclusion does not apply if the services are medically necessary because you have diabetes.
- bb. Fees in excess of Medicare allowable charges except when covered by the policy.



**Female**

| Age   | Monthly Premium | Quarterly Premium |
|-------|-----------------|-------------------|
| 0–64  | \$220           | \$660             |
| 65–69 | \$131           | \$393             |
| 70–74 | \$148           | \$444             |
| 75–79 | \$169           | \$507             |
| 80–84 | \$199           | \$597             |
| 85+   | \$240           | \$720             |

**Male**

| Age   | Monthly Premium | Quarterly Premium |
|-------|-----------------|-------------------|
| 0–64  | \$246           | \$738             |
| 65–69 | \$152           | \$456             |
| 70–74 | \$163           | \$489             |
| 75–79 | \$188           | \$564             |
| 80–84 | \$224           | \$672             |
| 85+   | \$255           | \$765             |

- Physicians Plus Insurance Corporation can raise your premium only if Physicians Plus raises the premium for all policies like yours.
- Your premium will also change at the next renewal date (January 1st) after you attain the following ages: 65, 70, 75, 80 and 85.
- Your premium will not increase on the basis of age after age 85.



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2650 Novation Parkway  
Madison, WI 53713