

If you have any questions about this plan's benefits or costs, please contact DaVita VillageHealth for details.

Section II—Summary of Benefits

IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
1 - Premium and Other Important Information	<ul style="list-style-type: none"> You pay the Medicare Part B premium of [\$ amount] each month. Most people will pay the standard monthly Part B premium. However, some people will have to pay a higher premium because of their yearly income (over \$80,000 for singles, \$160,000 for married couples). For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. 	<ul style="list-style-type: none"> You pay \$28.30 each month for your plan benefits including your Medicare Part D prescription drugs. You also continue to pay the Medicare Part B premium of [\$ amount] each month.
2 - Doctor and Hospital Choice	<ul style="list-style-type: none"> You may go to any doctor, specialist or hospital that accepts Medicare. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. 	<p data-bbox="946 1150 1287 1192">In or Out of Network</p> <ul style="list-style-type: none"> You may go to any doctor, specialist or hospital that accepts Medicare. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. Your co-pays will be the same if you go see in or out of network providers. No referral is required for doctors, specialists, and hospitals. You may have to pay a separate co-pay for certain doctor office visits.

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Section II—Summary of Benefits, cont.

INPATIENT CARE, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
<p>5 - Skilled Nursing Facility</p> <p>(in a Medicare-certified skilled nursing facility)</p>	<ul style="list-style-type: none"> You pay for each benefit period (3), following at least a 3-day covered hospital stay: <ul style="list-style-type: none"> Days 1 - 20: \$0 for each day Days 21 - 100: \$____ for each day <p>There is a limit of 100 days for each benefit period. (3)</p>	<p>In or out of network:</p> <ul style="list-style-type: none"> You pay for each benefit period (3): <ul style="list-style-type: none"> Days 1 - 20: \$0 for each day Days 21 - 100: \$____ for each day No prior hospital stay is required. You are covered for 100 days each benefit period. (3)
<p>6 - Home Health Care</p> <p>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>There is no copayment for all covered home health visits.</p>	<p>In or out of network:</p> <ul style="list-style-type: none"> You pay \$0 for Medicare-covered home health visits.
<p>7 - Hospice</p>	<ul style="list-style-type: none"> You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice. 	<p>In or out of network:</p> <ul style="list-style-type: none"> You must receive care from a Medicare-certified hospice.

(3) A benefit period begins the day you go to the 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.

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Section II—Summary of Benefits, cont.

INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
<p>3 - Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<ul style="list-style-type: none"> You pay for each benefit period (3): <ul style="list-style-type: none"> Days 1 - 60: an initial deductible of \$____ Days 61 - 90: \$____ for each day Days 91 - 150: \$____ for each lifetime reserve day(4) Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.(4) 	<p>In or out of network:</p> <ul style="list-style-type: none"> You pay for each benefit period (3): <ul style="list-style-type: none"> An initial deductible of \$____ Days 61 - 90: \$____ for each day You are covered for 60 lifetime reserve days. (4) <ul style="list-style-type: none"> You pay \$____ for each lifetime reserve day (4) You are covered for 90-days each benefit period. (3)
<p>4 - Inpatient Mental Health Care</p>	<ul style="list-style-type: none"> 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>In or out of network:</p> <ul style="list-style-type: none"> You pay for each benefit period (3): <ul style="list-style-type: none"> An initial deductible of \$____ Days 61 - 90: \$____ for each day You are covered for 60 lifetime reserve days. (4) <ul style="list-style-type: none"> You pay \$____ for each lifetime reserve day (4) Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.

(3) A benefit period begins the day you go to the 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.

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Section II—Summary of Benefits, cont.

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
8 - Doctor Office Visits	You pay 20% of Medicare-approved amounts. (1)(2)	In or out of network: <ul style="list-style-type: none">You pay 20% of the cost for each primary care doctor office visit for Medicare-covered services. (1)(2)You pay 20% of the cost for each specialist visit for Medicare-covered services. (1)(2)
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)	In or out of network: <ul style="list-style-type: none">You pay 20% of the cost for each Medicare-covered visit (manual manipulation of the spine to correct subluxation). (1)(2)
10 - Podiatry Services	<ul style="list-style-type: none">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.	In or out of network: <ul style="list-style-type: none">You pay 20% of the cost for each Medicare-covered visit (medically necessary foot care). (1)(2)

(1) Each year, you pay a total of one \$95 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

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Section II—Summary of Benefits, cont.

OUTPATIENT CARE, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
11 - Outpatient Mental Health Care	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)	In or out of network: <ul style="list-style-type: none"> You pay 50% of the cost for each Medicare-covered individual/group therapy visit. (1)(2)
12 - Outpatient Substance Abuse Care	You pay 20% of Medicare-approved amounts. (1)(2)	In or out of network: <ul style="list-style-type: none"> You pay 50% of the cost for each Medicare-covered individual/group therapy visit. (1)(2)
13 - Outpatient Services/Surgery	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts for the doctor. (1)(2) You pay 20% of outpatient facility charges. (1)(2) 	In or out of network: <ul style="list-style-type: none"> You pay 20% of the cost for each Medicare-covered visit to an ambulatory surgical center. (1)(2) You pay 20% of the cost for each Medicare-covered visit to an outpatient hospital facility. (1)(2)
14 - Ambulance Services (medically necessary ambulance services)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)	In or out of network: <ul style="list-style-type: none"> You pay 20% of the cost of Medicare-covered ambulance services. (1)(2)

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Section II—Summary of Benefits, cont.

OUTPATIENT CARE, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care).</p>	<p>You pay 20% of 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 3 days of the emergency room visit. (1) (2)</p> <p>You pay 20% of doctor charges. (1)(2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>In or out of network:</p> <ul style="list-style-type: none">• You pay 20% of the cost (up to \$50) for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital. (1) (2)• NOT covered outside the U.S. except under limited circumstances. Contact the plan for more details.• You pay \$0 for the emergency care if you are immediately admitted to the hospital.
<p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the services area.)</p>	<p>You pay 20% of Medicare-approved amounts or applicable copayment. (1)(2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>In or out of network:</p> <ul style="list-style-type: none">• You pay 20% of the cost for each Medicare-covered urgently needed care visit. (1) (2)• NOT covered outside the U.S. except under limited circumstances. Contact the plan for more details.

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Section II—Summary of Benefits, cont. OUTPATIENT CARE, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech Therapy and Language Therapy)	You pay 20% of Medicare-approved amounts. (1)(2)	In or out of network: <ul style="list-style-type: none">• You pay 20% of the cost of Medicare-covered Occupational Therapy visit. (1)(2)• After the total yearly costs (paid by both you and your plan) for Occupational Therapy reach \$1780, you pay 100% of your costs.• You pay 20% of the cost of Medicare-covered Physical Therapy and/or Speech/ Language Therapy visit.(1)(2)• After the total yearly costs (paid by both you and your plan) for Physical and/or Speech Language Therapy reach \$1780, you pay 100% of your costs.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

18 - Durable Medical Equipment (includes wheelchairs, oxygen,	You pay 20% of Medicare-approved amounts. (1)(2)	In or out of network: <ul style="list-style-type: none">• You pay 20% of the cost for each Medicare-covered item. (1)(2)
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	In or out of network: <ul style="list-style-type: none">• You pay 20% of the cost for each Medicare-covered item. (1)(2)

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Section II—Summary of Benefits, cont.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
<p>20 - Diabetes Self-Monitoring Training and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>In or out of network:</p> <ul style="list-style-type: none"> You pay 20% of the cost of Medicare-covered Diabetes self-monitoring training. (1)(2) You pay 20% of the cost of each Medicare-covered Diabetes supply item. (1)(2)
<p>21 - Diagnostic Tests, X-Rays, and Lab Services</p>	<p>You pay 20% of Medicare-approved amounts for diagnostic tests and X-Rays, except for approved lab services. (1)(2)</p> <p>There is no copayment for Medicare-approved lab services.</p> <p>Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>In or out of network:</p> <ul style="list-style-type: none"> You pay 0% of the cost for each Medicare-covered diagnostic/clinical lab service. You pay 20% of the cost for each Medicare-covered diagnostic procedure and test. (1)(2) You pay 20% of the cost for each Medicare-covered diagnostic radiology service. (1)(2) You pay 20% of the cost for each Medicare-covered radiation therapy service(1)(2) You pay 20% of the cost for each Medicare-covered X-Ray visit. (1)(2)

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Section II—Summary of Benefits, cont.

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
22 - Bone Mass Measurement	You pay 20% of Medicare-approved amounts. (1)(2)	In or out of network: <ul style="list-style-type: none"> You pay 20% of the cost for each Medicare-covered Bone Mass Measurement. (1)(2)
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. (1)(2)	In or out of network: <ul style="list-style-type: none"> You pay 20% of the cost of Medicare-covered Colorectal Screening exam. (1)(2)
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.	In or out of network: <ul style="list-style-type: none"> There is no copayment for the Pneumonia and Flu vaccines. No referral necessary for Medicare-covered Pneumonia and Flu vaccines. You pay 20% of the cost for the Hepatitis B vaccine. (1)(2)
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. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In or out of network: <ul style="list-style-type: none"> You pay 20% of the cost for each Medicare-covered screening mammogram. (2) No referral necessary for Medicare-covered screenings.

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Section II—Summary of Benefits, cont. PREVENTIVE SERVICES, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
<p>26 - Pap Smears and Pelvic Exams</p> <p>(for women with Medicare)</p>	<p>There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk.</p> <p>You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)</p>	<p>In or out of network:</p> <ul style="list-style-type: none"> You pay 0% of the cost for each Medicare-covered Pap Smear. (2) You pay 20% of the cost for each Medicare-covered Pelvic Exam. (2)
<p>27 - Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 and older)</p>	<p>There is no copayment for approved lab services (PSA test). (2)</p> <p>You pay of 20% of Medicare-approved amounts for other related services.(1)(2)</p> <p>You pay 20% of Medicare-approved amounts for the digital rectal exam. (1)(2)</p>	<p>In or out of network:</p> <ul style="list-style-type: none"> You pay \$0 for each Medicare-covered Prostate Cancer Screening test (PSA). (2) You pay 20% of the cost of Medicare-covered prostate cancer screening exams. (1)(2)
<p>28 - ESRD</p>	<p>You pay 20% of Medicare-approved amounts for dialysis services. (1)(2)</p>	<p>In or out of network:</p> <ul style="list-style-type: none"> You pay 20% of the cost for Medicare-covered dialysis services. (1)(2) You pay 20% of the cost for Medicare-covered Nutrition Therapy for Renal Disease. (1)(2) Your prescription drugs are covered under Medicare Part D; see page [11].

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Section II—Summary of Benefits, cont. PREVENTIVE SERVICES, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
29 - Prescription Drugs	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	
Drugs covered under Medicare Part B (Original Medicare)		This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [insert website address].
Drugs covered under Medicare Part D (Prescription Drug Benefit)		People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details. The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan/s service area (for instance when you travel).

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Section II—Summary of Benefits, cont.
PREVENTIVE SERVICES, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
Deductible		You pay an initial annual deductible of \$275 for drugs included in the formulary.
Initial Coverage		Before the total yearly drug costs (paid by both you and your plan) reach \$2510, you pay the following for prescription drugs: \$6 for a one month (31 day) supply of Formulary Generic drugs. \$30 for a one month (31 day) supply of Formulary Preferred Brand drugs. \$52 for a one month (31 day) supply of Formulary Brand drugs. 25% coinsurance for a one month (31 day) supply of Formulary Specialty drugs. \$18 for a three month (90 day) supply of Formulary Generic drugs. \$90 for a three month (90 day) supply of Formulary Preferred Brand drugs. \$156 for a three month (90 day) supply of Formulary Brand drugs. 25% coinsurance for a three month (90 day) supply of Formulary Specialty drugs.
In-Network Retail Pharmacy		

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Section II—Summary of Benefits, cont.
PREVENTIVE SERVICES, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
Mail Order		<p>\$12 for a three month (90 day) supply of Formulary Generic drugs.</p> <p>\$60 for a three month (90 day) supply of Formulary Preferred Brand drugs.</p> <p>\$104 for a three month (90 day) supply of Formulary Brand drugs.</p>
Long Term Care Pharmacy		<p>\$6 for a one month (31 day) supply of Formulary Generic drugs.</p> <p>\$30 for a one month (31 day) supply of Formulary Preferred Brand drugs.</p> <p>\$52 for a one month (31 day) supply of Formulary Brand drugs.</p> <p>25% coinsurance for a one month (31 day) supply of Formulary Specialty drugs.</p>
Coverage After You Reach Your Initial Coverage Limit		<p>After the total yearly drug costs (paid by both you and your plan) reach \$2510, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$4050.</p>
Catastrophic Coverage		<p>After the total yearly drug costs (paid by both you and your plan) reach \$5600, you pay the greater of:</p> <p>\$2.25 for generic (including brand drugs treated as generic) and \$5.60 for all other drugs, or 5% coinsurance.</p>

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Section II—Summary of Benefits, cont.
 PREVENTIVE SERVICES, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
General Information		<ul style="list-style-type: none"> • You may incur a cost in addition to the copay if you select a higher cost drug when a lesser cost drug is available. • In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition. • Certain prescription drugs will have maximum quantity limits. • Your provider must get prior authorization from DaVita VillageHealth for certain prescription drugs. • Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan’s service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy. • Please contact the plan for details.
30 - Dental Services	In general, you pay 100% for preventive dental services.	<p>In or out of Network:</p> <ul style="list-style-type: none"> • In general, you pay 100% for preventive dental services. • You pay 20% of the cost for each Medicare-covered dental service. (1)(2)

(1) Each year, you pay a total of one \$95 deductible.

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Section II—Summary of Benefits, cont.
 PREVENTIVE SERVICES, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
31 - 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 or out of Network:</p> <ul style="list-style-type: none"> You pay 100% for routine hearing exams and hearing aids. You pay 20% of the cost for each Medicare-covered hearing exam (diagnostic hearing exams). (1)(2)
32 - 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>In or out of Network:</p> <ul style="list-style-type: none"> You pay 100% for non-Medicare-covered eye exams and glasses. There is no copayment for Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery) (1)(2) You pay 20% of the cost for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) (1)(2)

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Section II—Summary of Benefits, cont. PREVENTIVE SERVICES, CONT.

BENEFIT	ORIGINAL MEDICARE	DAVITA VILLAGEHEALTH
33 - Physical Exams	<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>In or out of Network:</p> <ul style="list-style-type: none">• 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.<ul style="list-style-type: none">– This will not include laboratory tests. Please contact your plan for further details.– You pay 20% of the cost of the Medicare-covered amount. (1)(2)• You pay 100% for routine physical exams.

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