

2008 Benefit Highlights



VillageHealth of Georgia Benefits	Benefits for Medicare Beneficiaries		Benefits for Medicare Beneficiaries With Medicaid
24/7 access to a personal VillageHealth Nurse	Yes		Yes
Customized health programs and education for ESRD patients	Yes		Yes
Monthly Plan Premium	\$30.00		\$0*
Annual Medical Deductible	\$110.00		\$0*
Prescription Drug Copays	In-Network Pharmacy	Out-of-Network Pharmacy	In- or Out-of-Network Pharmacy
Annual Prescription Deductible	\$275		\$0*
Generic Drugs	\$6 Copay per 31-day supply	\$6 Copay per 10-day supply	\$1.05 or \$2.25 per script
Preferred Brand Drugs	\$30 Copay per 31-day supply	\$30 Copay per 10-day supply	\$3.10 or \$5.60 per script
Brand Name Drugs	\$45 Copay per 31-day supply	\$45 Copay per 10-day supply	\$3.10 or \$5.60 per script
Specialty Drugs	25% Coinsurance		*
When total yearly drug spending reaches \$2,510	You pay 100% of your prescription drug costs until your yearly out-of-pocket costs reach \$4,050		*
When total yearly drug spending reaches \$5,600	You pay the greater of \$2.25 for generic or \$5.60 for all other drugs, or 5% coinsurance		*

Benefits, copayments, coinsurance, and premiums may change on January 1, 2009. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Eligible beneficiaries must use network pharmacies to access their prescription drug benefits except under nonroutine circumstances when they cannot reasonably use network pharmacies. Other limitations or exclusions may apply.

*If you are eligible for Medicaid, the state may be required to cover Medicare cost-sharing that you would otherwise be required to pay. These amounts may differ based on what kind of Medicaid coverage you have.

www.villagehealth.com

If you have questions or would like to enroll, please call 866-838-1962 (TTY users dial 711) 8:00 AM to 8:00 PM, 7 days a week.