

**Secure Horizons Group Medicare Advantage With Part D
Wake Forest University Custom Plan
Benefits for 1/1/2008**

	2007 Inforce Plan Design	2008 Plan Design
Premium	\$153.84	\$154.54
WFU Contribution	\$84.00	\$87.00
Retiree Premium	\$69.84	\$67.54
<i>Variance</i>		<i>-\$2.30</i>
<u>Physician Services</u>		
- Primary Care OV Copay	\$5	\$5
- Specialist OV Copay	\$10	\$10
<i>Medicare Required (Part'B') Drugs</i>	20% Coins.	20% Coins.
Inpatient Hospital Copay	\$195/day	\$195/day
Inpatient SNF	\$95/day	\$95/day
<u>Outpatient Copays</u>		
- Lab Services	\$0	\$0
- Standard film X-rays	\$0	\$0
- Surgery & Observation	\$100 Copay	\$100 Copay
- All Other Procedures	10% Coins.	10% Coins.
Outpatient OT/PT/ST	10%Coins.	10%Coins.
Outpatient Rehabilitation Facility	10%Coins.	10%Coins.
Inpatient MH/SA	\$175/day	\$175/day
Partial Hospitalization	\$40/day	\$40/day
OP Mental Health: Group Visits	\$20 Copay	\$20 Copay
OP Mental Health: Individual Visits	\$30 Copay	\$30 Copay

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Home Health Services	\$0	\$0
DME	20% Coins.	20% Coins.
Transplants	\$1500 Copay	\$1500 Copay
Renal Dialysis	20% Coins.	20% Coins.
Podiatry: 6 routine visits per year	\$10 Copay	\$10 Copay
Routine Eye Exam (Annual)	\$10 Copay	\$10 Copay
Glasses/Contacts	\$55 Credit; Post-Cataract Surgery Only	\$75 Credit; Post- Cataract Surgery Only
Hearing Exam (Annual)	\$10 Copay	\$10 Copay
Hearing Aids	No Coverage	No Coverage
<i>Medicare Required Dental</i>	\$10 Copay	\$10 Copay
<i>Medicare Required Chiro</i>	\$10 Copay	\$10 Copay (12 add'l visits)
Emergency Room	\$50 Copay	\$50 Copay
Urgent Care Centers	\$25 Copay	\$25 Copay
Ambulance	\$150 Copay	\$150 Copay
Transportation	No Coverage	No Coverage
Annual Global OOP Maximum	\$2,400	\$2,400
Part D Rx Benefit		
Rx Generic Copay	\$3	\$10
Rx Preferred Brand Copay	\$25	\$25
Rx Non-Preferred Brand Copay	\$50	\$50
Rx Specialty Brand Copay	\$50	\$50
Coverage Gap	NO	NO
Mail Order Pharmacy	3x Retail	2x Retail