

2009 Summary of Benefits

Alliance Medicare PPO Value Plan

H2322

Individual Plan 006

Individual Plan 007

Individual Plan 005

Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland,
St. Clair, Washtenaw, and Wayne Counties, Michigan

January 1, 2009 – December 31, 2009

Alliance Medicare PPO
ALLIANCE HEALTH AND LIFE INSURANCE COMPANY *powered by* 

Summary of Benefits for Alliance Medicare PPO Value Plan January 1, 2009 – December 31, 2009 Southeastern Michigan (9 Counties)

Thank you for your interest in Alliance Medicare PPO Value Plan. Our plan is offered by ALLIANCE HEALTH AND LIFE INSURANCE, CO/Alliance Medicare PPO, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Alliance Medicare PPO Value Plan and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Alliance Medicare PPO Value Plan. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Alliance Medicare PPO Value Plan at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Alliance Medicare PPO Value Plan and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS ALLIANCE MEDICARE PPO PLAN AVAILABLE?

The service area for this plan includes: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne Counties, MI. You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

WHO IS ELIGIBLE TO JOIN

ALLIANCE MEDICARE PPO VALUE PLAN?

You can join Alliance Medicare PPO Value Plan if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Alliance Medicare PPO Value Plan unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Alliance Medicare PPO Value Plan has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at www.hap.org. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Alliance Medicare PPO Value Plan does cover Medicare Part B prescription drugs. Some Alliance Medicare PPO plans also cover Part D prescription drugs.

(Introduction continued on page 2)

Summary of Benefits for Alliance Medicare PPO Value Plan (continued)

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Alliance Medicare PPO Value Plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.hap.org/medicare. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Alliance Medicare PPO Value Plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or 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 www.hap.org/medicare.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Alliance Medicare PPO Value Plan, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Alliance Medicare PPO, if you have elected Part D coverage, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Alliance Medicare PPO Value Plan for more details. .

Summary of Benefits for Alliance Medicare PPO Value Plan (continued)

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These include, but are not limited to, the following types of drugs. Contact Alliance Medicare PPO Plan for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin** (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and infusion drugs** provided through DME.

**Please call Alliance Medicare PPO
for more information about Alliance Medicare PPO Value plan.**

Visit us at www.hap.org or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
8:00 a.m. - 8:00 p.m. Eastern

Current members should call toll-free (888)-658-2536 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug Program

Prospective members should call toll-free (800)-868-3153 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug Program

Current members should call locally (313)-664-9050 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug Program. (TTY/TDD (313)-664-8000)

Prospective members should call locally (800)-868-3153 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug Program. (TTY/TDD (313)-664-8000)

For more information about Medicare, call **1-800-MEDICARE** (1-800-633-4227).
TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the Web.

If you have special needs, this document may be available in other formats.

IMPORTANT INFORMATION

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
1 - Premium and Other Important Information	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>\$72 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In- and Out-of-Network \$500 yearly deductible. Contact the plan for services that apply.</p>
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network Referral required for network specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>

**ALLIANCE MEDICARE PPO VALUE PLAN
PLAN 007
Enhanced
Medicare Prescription Drug Benefit**

\$98 monthly plan premium in addition to your monthly Medicare Part B premium.

In- and Out-of-Network

\$500 yearly deductible.

Contact the plan for services that apply.

**ALLIANCE MEDICARE VALUE PPO PLAN
PLAN 005**

No Medicare Prescription Drug Benefit

\$48 monthly plan premium in addition to your monthly Medicare Part B premium.

In- and Out-of-Network

\$500 yearly deductible.

Contact the plan for services that apply.

In-Network

Referral required for network specialists (for certain benefits).

You may have to pay a separate copay for certain doctor office visits.

In-Network

Referral required for network specialists (for certain benefits).

You may have to pay a separate copay for certain doctor office visits.

SUMMARY OF BENEFITS

INPATIENT CARE

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period are: Days 1–60: \$1,068 deductible Days 61–90: \$267 per day Days 91–150: \$534 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. 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.</p> <p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p>	<p>In-Network \$250 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network \$500 copay for each hospital stay.</p>

**ALLIANCE MEDICARE PPO VALUE PLAN
PLAN 007
Enhanced
Medicare Prescription Drug Benefit**

In-Network

\$250 copay for each Medicare-covered hospital stay.

\$0 copay for additional hospital days.

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Out-of-Network

\$500 copay for each hospital stay.

**ALLIANCE MEDICARE VALUE PPO PLAN
PLAN 005**

No Medicare Prescription Drug Benefit

In-Network

\$250 copay for each Medicare-covered hospital stay.

\$0 copay for additional hospital days.

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Out-of-Network

\$500 copay for each hospital stay.

SUMMARY OF BENEFITS

INPATIENT CARE, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
4 - Inpatient Mental Health Care	<p>190 day limit in a Psychiatric Hospital.</p> <p>For each benefit period after at least a 3-day covered hospital stay:</p>	<p>In-Network \$250 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network \$500 copay for each hospital stay.</p>
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. 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 \$0 copay.</p>	<p>In-Network In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>Out-of-Network For each SNF stay: Days 1 - 20: \$100 copay per SNF day Days 21 - 100: \$130 copay per SNF day.</p>

**ALLIANCE MEDICARE PPO VALUE PLAN
PLAN 007
Enhanced
Medicare Prescription Drug Benefit**

**ALLIANCE MEDICARE VALUE PPO PLAN
PLAN 005
No Medicare Prescription Drug Benefit**

In-Network

\$250 copay for each Medicare-covered hospital stay.

You get up to 190 days in a Psychiatric Hospital in a lifetime.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Out-of-Network

\$500 copay for each hospital stay.

In-Network

\$250 copay for each Medicare-covered hospital stay.

You get up to 190 days in a Psychiatric Hospital in a lifetime.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Out-of-Network

\$500 copay for each hospital stay.

In-Network

In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:

Days 1 - 20: \$0 per day

Days 21 - 100: \$133.50 per day

You will not be charged additional cost sharing for professional services.

Plan covers up to 100 days each benefit period.

No prior hospital stay is required.

Out-of-Network

For each SNF stay:

Days 1 - 20: \$100 copay per SNF day

Days 21 - 100: \$130 copay per SNF day.

In-Network

In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:

Days 1 - 20: \$0 per day

Days 21 - 100: \$133.50 per day

You will not be charged additional cost sharing for professional services.

Plan covers up to 100 days each benefit period.

No prior hospital stay is required.

Out-of-Network

For each SNF stay:

Days 1 - 20: \$100 copay per SNF day

Days 21 - 100: \$130 copay per SNF day.

SUMMARY OF BENEFITS

INPATIENT CARE, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)		In-Network \$0 copay for Medicare-covered home health visits. Out-of-Network 20% for home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	In-Network You must get care from a Medicare-certified hospice.

OUTPATIENT CARE

8 - Doctor Office Visits	20% co-insurance	General See "Physical Exams," for more information. Authorization rules may apply. In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits. \$30 copay for each in-area, network urgent care Medicare-covered visit. \$25 copay for each specialist visit for Medicare-covered benefits. Out-of-Network 20% for each primary care doctor visit. 20% for each specialist visit.
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**ALLIANCE MEDICARE PPO VALUE PLAN
PLAN 007
Enhanced
Medicare Prescription Drug Benefit**

**ALLIANCE MEDICARE VALUE PPO PLAN
PLAN 005
No Medicare Prescription Drug Benefit**

In-Network

\$0 copay for Medicare-covered home health visits.

Out-of-Network

20% for home health visits.

In-Network

\$0 copay for Medicare-covered home health visits.

Out-of-Network

20% for home health visits.

In-Network

You must get care from a Medicare-certified hospice.

In-Network

You must get care from a Medicare-certified hospice.

General

See “Physical Exams,” for more information.

Authorization rules may apply.

In-Network

\$10 copay for each primary care doctor visit for Medicare-covered benefits.

\$30 copay for each in-area, network urgent care Medicare-covered visit.

\$25 copay for each specialist visit for Medicare-covered benefits.

Out-of-Network

20% for each primary care doctor visit.

20% for each specialist visit

General

See “Physical Exams,” for more information.

Authorization rules may apply.

In-Network

\$10 copay for each primary care doctor visit for Medicare-covered benefits.

\$30 copay for each in-area, network urgent care Medicare-covered visit.

\$25 copay for each specialist visit for Medicare-covered benefits.

Out-of-Network

20% for each primary care doctor visit.

20% for each specialist visit

SUMMARY OF BENEFITS

OUTPATIENT CARE, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
9 - Chiropractic Services	Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p>Out-of-Network 20% of the cost for chiropractic benefits.</p>
10 - Podiatry Services	Routine care not covered. 20% co-insurance for medically necessary foot care, including care for medical condition affecting the lower limbs.	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network 20% of the cost for podiatry benefits.</p>
11 - Outpatient Mental Health Care	50% co-insurance for most outpatient mental health services.	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network 20% of the cost for Mental Health benefits.</p> <p>20% of the cost for Mental Health benefits with a psychiatrist.</p>

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Enhanced
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**ALLIANCE MEDICARE VALUE PPO PLAN
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General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered visits.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

Out-of-Network

20% of the cost for chiropractic benefits.

General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered visits.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

Out-of-Network

20% of the cost for chiropractic benefits.

General

Authorization rules may apply.

In-Network

\$25 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

Out-of-Network

20% of the cost for podiatry benefits.

General

Authorization rules may apply.

In-Network

\$25 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

Out-of-Network

20% of the cost for podiatry benefits.

General

Authorization rules may apply.

In-Network

\$25 copay for each Medicare-covered individual or group therapy visit.

Out-of-Network

20% of the cost for Mental Health benefits.

20% of the cost for Mental Health benefits with a psychiatrist.

General

Authorization rules may apply.

In-Network

\$25 copay for each Medicare-covered individual or group therapy visit.

Out-of-Network

20% of the cost for Mental Health benefits.

20% of the cost for Mental Health benefits with a psychiatrist.

SUMMARY OF BENEFITS

OUTPATIENT CARE, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
12 - Outpatient Substance Abuse Care	20% co-insurance	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered individual or group visits.</p> <p>Out-of-Network 20% of the cost for outpatient substance abuse benefits.</p>
13 - Outpatient Services/Surgery	20% co-insurance for the doctor 20% of outpatient facility	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Additional facility charges apply.</p> <p>Out-of-Network 20% of the cost for ambulatory surgical center benefits.</p> <p>20% of the cost for outpatient hospital facility benefits.</p>
14 - Ambulance Services (medically necessary ambulance services)	20% co-insurance	<p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network 20% of the cost for ambulance benefits.</p>
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% co-insurance for the doctor. 20% of facility charge, or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.	<p>In-Network \$50 for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage</p> <p>In- and Out-of-Network If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.</p>

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General
Authorization rules may apply.

In-Network
\$25 copay for Medicare-covered individual or group visits.

Out-of-Network
20% of the cost for outpatient substance abuse benefits.

General
Authorization rules may apply.

In-Network
\$25 copay for Medicare-covered individual or group visits.

Out-of-Network
20% of the cost for outpatient substance abuse benefits.

General
Authorization rules may apply.

In-Network
\$0 copay for Medicare-covered ambulatory surgical center visit.

\$0 copay for each Medicare-covered outpatient hospital facility visit.

Additional facility charges apply.

Out-of-Network
20% of the cost for ambulatory surgical center benefits.

20% of the cost for outpatient hospital facility benefits.

General
Authorization rules may apply.

In-Network
\$0 copay for Medicare-covered ambulatory surgical center visit.

\$0 copay for each Medicare-covered outpatient hospital facility visit.

Additional facility charges apply.

Out-of-Network
20% of the cost for ambulatory surgical center benefits.

20% of the cost for outpatient hospital facility benefits.

In-Network
\$50 copay for Medicare-covered ambulance benefits.

Out-of-Network
20% of the cost for ambulance benefits.

In-Network
\$50 copay for Medicare-covered ambulance benefits.

Out-of-Network
20% of the cost for ambulance benefits.

In-Network
\$50 for Medicare-covered emergency room visits.

Out-of-Network
Worldwide coverage

In- and Out-of-Network
If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.

In-Network
\$50 for Medicare-covered emergency room visits.

Out-of-Network
Worldwide coverage

In- and Out-of-Network
If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.

SUMMARY OF BENEFITS

OUTPATIENT CARE, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
15 - Emergency Care (continued) (You may go to any emergency room if you reasonably believe you need emergency care.)	NOT covered outside the U.S. except under limited circumstances.	
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.	General \$30 for Medicare-covered urgently needed care visits. If you are immediately admitted to the hospital, you pay \$0 for the urgent care visit.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% co-insurance	In-Network \$15 copay for Medicare-covered Occupational Therapy visits. \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. Out-of-Network 20% of the cost for Occupational Therapy benefits. 20% of the cost for Physical and/or Speech/Language Therapy visits.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% co-insurance	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 50% of the cost for durable medical equipment.
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**ALLIANCE MEDICARE PPO VALUE PLAN
PLAN 007
Enhanced
Medicare Prescription Drug Benefit**

**ALLIANCE MEDICARE VALUE PPO PLAN
PLAN 005
No Medicare Prescription Drug Benefit**

General

\$30 for Medicare-covered urgently needed care visits.

If you are immediately admitted to the hospital, you pay \$0 for the urgent care visit.

General

\$30 for Medicare-covered urgently needed care visits.

If you are immediately admitted to the hospital, you pay \$0 for the urgent care visit.

In-Network

\$15 copay for Medicare-covered Occupational Therapy visits.

\$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

In-Network

\$15 copay for Medicare-covered Occupational Therapy visits.

\$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

Out-of-Network

20% of the cost for Occupational Therapy benefits.

20% of the cost for Physical and/or Speech/Language Therapy visits.

Out-of-Network

20% of the cost for Occupational Therapy benefits.

20% of the cost for Physical and/or Speech/Language Therapy visits.

General

Authorization rules may apply.

In-Network

20% of the cost for Medicare-covered items.

Out-of-Network

50% of the cost for durable medical equipment.

General

Authorization rules may apply.

In-Network

20% of the cost for Medicare-covered items.

Out-of-Network

50% of the cost for durable medical equipment.

SUMMARY OF BENEFITS

OUTPATIENT MEDICAL SERVICES AND SUPPLIES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% co-insurance	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p> <p>Out-of-Network 50% of the cost for prosthetic devices.</p>
20 - Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p> <p>Out-of-Network 20% of the cost for Diabetes self-monitoring training. 20% of the cost for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p>
21 - Diagnostic Tests, X-Rays, and Lab Services	20% co-insurance for diagnostic tests and x-rays. \$0 copay for Medicare-covered lab services. Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services. \$0 copay for Medicare-covered diagnostic procedures and tests. \$0 copay for Medicare-covered X-rays. \$0 copay for Medicare-covered diagnostic radiology services. \$0 copay for Medicare-covered therapeutic radiology services. Additional facility charges apply.</p>

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General
Authorization rules may apply.

In-Network
20% of the cost for Medicare-covered items.

Out-of-Network
50% of the cost for prosthetic devices.

General
Authorization rules may apply.

In-Network
20% of the cost for Medicare-covered items.

Out-of-Network
50% of the cost for prosthetic devices.

General
Authorization rules may apply.

In-Network
\$0 copay for Diabetes self-monitoring training.

\$0 copay for Nutrition Therapy for Diabetes.

\$0 copay for Diabetes supplies.

Out-of-Network
20% of the cost for Diabetes self-monitoring training.

20% of the cost for Nutrition Therapy for Diabetes.

20% of the cost for Diabetes supplies.

General
Authorization rules may apply.

In-Network
\$0 copay for Diabetes self-monitoring training.

\$0 copay for Nutrition Therapy for Diabetes.

\$0 copay for Diabetes supplies.

Out-of-Network
20% of the cost for Diabetes self-monitoring training.

20% of the cost for Nutrition Therapy for Diabetes.

20% of the cost for Diabetes supplies.

General
Authorization rules may apply.

In-Network
\$0 copay for Medicare-covered lab services.

\$0 copay for Medicare-covered diagnostic procedures and tests.

\$0 copay for Medicare-covered X-rays.

\$0 copay for Medicare-covered diagnostic radiology services.

\$0 copay for Medicare-covered therapeutic radiology services.

Additional facility charges apply.

General
Authorization rules may apply.

In-Network
\$0 copay for Medicare-covered lab services.

\$0 copay for Medicare-covered diagnostic procedures and tests.

\$0 copay for Medicare-covered X-rays.

\$0 copay for Medicare-covered diagnostic radiology services.

\$0 copay for Medicare-covered therapeutic radiology services.

Additional facility charges apply.

SUMMARY OF BENEFITS

OUTPATIENT MEDICAL SERVICES AND SUPPLIES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
21 - Diagnostic Tests, X-Rays, and Lab Services (continued)	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.	Out-of-Network 20% of the cost for diagnostic procedures, tests and lab services. 20% of the cost for therapeutic radiology services. 20% of the cost for outpatient x-rays. 20% of the cost for diagnostic radiology services.

PREVENTIVE SERVICES

22 - Bone Mass Measurement (for people with Medicare who are at risk)	20% co-insurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered bone mass measurement. Additional facility charges apply. Out-of-Network 20% of the cost for Medicare-covered bone mass measurement.
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	20% co-insurance Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings \$0 copay for additional screenings Additional facility charges apply. No limit on the number of covered colorectal screenings. Out-of-Network 20% of the cost for colorectal screenings

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Out-of-Network

20% of the cost for diagnostic procedures, tests and lab services.

20% of the cost for therapeutic radiology services.

20% of the cost for outpatient x-rays.

20% of the cost for diagnostic radiology services

Out-of-Network

20% of the cost for diagnostic procedures, tests and lab services.

20% of the cost for therapeutic radiology services.

20% of the cost for outpatient x-rays.

20% of the cost for diagnostic radiology services

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered bone mass measurement.

Additional facility charges apply.

Out-of-Network

20% of the cost for Medicare-covered bone mass measurement.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered bone mass measurement.

Additional facility charges apply.

Out-of-Network

20% of the cost for Medicare-covered bone mass measurement.

In-Network

\$0 copay for Medicare-covered colorectal screenings

\$0 copay for additional screenings

Additional facility charges apply.

No limit on the number of covered colorectal screenings.

Out-of-Network

20% of the cost for colorectal screenings

In-Network

\$0 copay for Medicare-covered colorectal screenings

\$0 copay for additional screenings

Additional facility charges apply.

No limit on the number of covered colorectal screenings.

Out-of-Network

20% of the cost for colorectal screenings

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
24 - Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% co-insurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>Out-of-Network 20% of the cost for immunizations.</p>
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	<p>20% co-insurance</p> <p>No referral needed.</p> <p>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.</p>	<p>In-Network \$0 copay for</p> <ul style="list-style-type: none"> - Medicare-covered screening mammograms, and - additional screening mammograms <p>No limit on the number of covered screening mammograms.</p> <p>Out-of-Network 20% of the cost for screening mammograms.</p>
26 - Pap Smears and Pelvic Exams (for women with Medicare)	<p>\$0 copay for Pap smears.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% co-insurance for Pelvic Exams</p>	<p>In-Network \$0 copay for pap smears and pelvic exams.</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams and additional pap smears and pelvic exams.</p> <p>Additional facility charges apply.</p> <p>No limit on the number of covered pap smears and pelvic exams.</p> <p>Out-of-Network 20% of the cost for pap smears and pelvic exams.</p>

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In-Network

\$0 copay for Flu and Pneumonia vaccines.

\$0 copay for Hepatitis B vaccine.

No referral needed for Flu and pneumonia vaccines.

Out-of-Network

20% of the cost for immunizations.

In-Network

\$0 copay for Flu and Pneumonia vaccines.

\$0 copay for Hepatitis B vaccine.

No referral needed for Flu and pneumonia vaccines.

Out-of-Network

20% of the cost for immunizations.

In-Network

\$0 copay for

- Medicare-covered screening mammograms, and
- additional screening mammograms

No limit on the number of covered screening mammograms.

Out-of-Network

20% of the cost for screening mammograms.

In-Network

\$0 copay for

- Medicare-covered screening mammograms, and
- additional screening mammograms

No limit on the number of covered screening mammograms.

Out-of-Network

20% of the cost for screening mammograms.

In-Network

\$0 copay for pap smears and pelvic exams.

\$0 copay for Medicare-covered pap smears and pelvic exams and additional pap smears and pelvic exams.

Additional facility charges apply.

No limit on the number of covered pap smears and pelvic exams.

Out-of-Network

20% of the cost for pap smears and pelvic exams.

In-Network

\$0 copay for pap smears and pelvic exams.

\$0 copay for Medicare-covered pap smears and pelvic exams and additional pap smears and pelvic exams.

Additional facility charges apply.

No limit on the number of covered pap smears and pelvic exams.

Out-of-Network

20% of the cost for pap smears and pelvic exams.

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<p>20% co-insurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% co-insurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>\$0 copay for additional screening(s).</p> <p>Additional facility charges apply.</p> <p>No limit on the number of covered prostate cancer screening.</p> <p>Out-of-Network 20% of the cost for prostate cancer screening.</p>
28 - End-Stage Renal Disease	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End Stage Renal Disease.</p> <p>Out-of-Network \$0 copay for renal dialysis.</p> <p>20% of the cost for Nutrition Therapy for End Stage Renal Disease</p>
29 - Prescription Drugs	<p>Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)</p>	<p>DRUGS COVERED UNDER MEDICARE PART B</p> <p>General \$0 copay for Part B-covered drugs.</p> <p>DRUGS COVERED UNDER MEDICARE PART D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.hap.org/medicare on the web.</p>

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**ALLIANCE MEDICARE VALUE PPO PLAN
PLAN 005
No Medicare Prescription Drug Benefit**

In-Network

\$0 copay for Medicare-covered prostate cancer screening.

\$0 copay for additional screening(s).

Additional facility charges apply.

No limit on the number of covered prostate cancer screening.

Out-of-Network

20% of the cost for prostate cancer screening..

In-Network

\$0 copay for Medicare-covered prostate cancer screening.

\$0 copay for additional screening(s).

Additional facility charges apply.

No limit on the number of covered prostate cancer screening.

Out-of-Network

20% of the cost for prostate cancer screening.

General

Authorization rules may apply.

General

Authorization rules may apply.

In-Network

\$0 copay for renal dialysis.

\$0 copay for Nutrition Therapy for End Stage Renal Disease.

Out-of-Network

\$0 copay for renal dialysis.

20% of the cost for Nutrition Therapy for End Stage Renal Disease

In-Network

\$0 copay for renal dialysis.

\$0 copay for Nutrition Therapy for End Stage Renal Disease.

Out-of-Network

\$0 copay for renal dialysis.

20% of the cost for Nutrition Therapy for End Stage Renal Disease

DRUGS COVERED UNDER MEDICARE PART B

General

\$0 copay for Part B-covered drugs.

DRUGS COVERED UNDER MEDICARE PART B

General

Most drugs not covered.

DRUGS COVERED UNDER MEDICARE PART D

General

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.hap.org/medicare on the web.

\$0 copay for Part B-covered drugs.

DRUGS COVERED UNDER MEDICARE PART D

General

This plan does not offer prescription drug coverage.

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
29 - Prescription Drugs (continued)		<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing 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).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Alliance Medicare PPO for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network \$0 deductible.</p>

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**ALLIANCE MEDICARE VALUE PPO PLAN
PLAN 005
No Medicare Prescription Drug Benefit**

Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long term care facilities, or
- have access to Indian/Tribal/Urban (Indian Health Service).

The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing 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).

Total yearly drug costs are the total drug costs paid by both you and the plan.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from Alliance Medicare PPO for certain drugs.

The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.

You must go to certain pharmacies for a very limited number of drugs, due to the special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.

If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

In-Network
\$0 deductible.

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
29 - Prescription Drugs (continued)		<p>INITIAL COVERAGE You pay the following until total yearly drug costs reach \$2,700:</p> <p>RETAIL PHARMACY</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$12.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$35 copay for a one-month (30-day) supply of drugs in this tier - \$87.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (30-day) supply of drugs in this tier - \$137.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (30-day) supply of drugs in this tier - \$137.50 copay for a three-month (90-day) supply of drugs in this tier <p>LONG TERM CARE PHARMACY</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$35 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (31-day) supply of drugs in this tier

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INITIAL COVERAGE

You pay the following until total yearly drug costs reach \$2,700:

RETAIL PHARMACY

Tier 1

- \$2 copay for a one-month (30-day) supply of drugs in this tier
- \$5 copay for a three-month (90-day) supply of drugs in this tier

Tier 2

- \$35 copay for a one-month (30-day) supply of drugs in this tier
- \$87.50 copay for a three-month (90-day) supply of drugs in this tier

Tier 3

- \$55 copay for a one-month (30-day) supply of drugs in this tier
- \$137.50 copay for a three-month (90-day) supply of drugs in this tier

Tier 4

- \$55 copay for a one-month (30-day) supply of drugs in this tier
- \$137.50 copay for a three-month (90-day) supply of drugs in this tier

LONG TERM CARE PHARMACY

Tier 1

- \$2 copay for a one-month (31-day) supply of drugs in this tier

Tier 2

- \$35 copay for a one-month (31-day) supply of drugs in this tier

Tier 3

- \$55 copay for a one-month (31-day) supply of drugs in this tier

Tier 4

- \$55 copay for a one-month (31-day) supply of drugs in this tier

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
29 - Prescription Drugs (continued)		<p>INITIAL COVERAGE, continued</p> <p>MAIL ORDER</p> <p>Tier 1 - \$12.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2 - \$87.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3 - \$137.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4 - \$137.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>COVERAGE GAP After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>

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INITIAL COVERAGE, continued

MAIL ORDER

Tier 1

- \$5 copay for a three-month (90-day) supply of drugs in this tier

Tier 2

- \$87.50 copay for a three-month (90-day) supply of drugs in this tier

Tier 3

- \$137.50 copay for a three-month (90-day) supply of drugs in this tier

Tier 4

- \$137.50 copay for a three-month (90-day) supply of drugs in this tier

COVERAGE GAP

The plan covers all Preferred Generics, some Brands through the gap.

You pay the following:

RETAIL PHARMACY

Tier 1

- \$2 copay for a one-month (30-day) supply of drugs in this tier
- \$5 copay for a three-month (90-day) supply of drugs in this tier

LONG TERM CARE PHARMACY

Tier 1

- \$2 copay for a one-month (31-day) supply of drugs in this tier

MAIL ORDER

Tier 1

- \$5 copay for a three-month (90-day) supply of drugs in this tier

For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
29 - Prescription Drugs (continued)		<p>CATASTROPHIC COVERAGE After your total yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or - 5% co-insurance. <p>OUT-OF-NETWORK Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Alliance Medicare PPO.</p> <p>OUT-OF-NETWORK INITIAL COVERAGE You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> - \$35 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> - \$55 copay for a one-month (30-day) supply of drugs in this tier

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CATASTROPHIC COVERAGE

After your total yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:

- \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or
- 5% co-insurance.

OUT-OF-NETWORK

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Alliance Medicare PPO.

OUT-OF-NETWORK INITIAL COVERAGE

You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:

Tier 1

- \$2 copay for a one-month (30-day) supply of drugs in this tier

Tier 2

- \$35 copay for a one-month (30-day) supply of drugs in this tier

Tier 3

- \$55 copay for a one-month (30-day) supply of drugs in this tier

Tier 4

- \$55 copay for a one-month (30-day) supply of drugs in this tier

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
29 - Prescription Drugs (continued)		OUT-OF-NETWORK, continued OUT-OF-NETWORK COVERAGE GAP After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Alliance Medicare PPO for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Alliance Medicare PPO so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year

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OUT-OF-NETWORK, continued

OUT-OF-NETWORK COVERAGE GAP

This plan covers all Preferred Generics, some Brands through the gap.

You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:

Tier 1

- \$2 copay for a one-month (30-day) supply of drugs in this tier

Tier 2

After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Alliance Medicare PPO for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Alliance Medicare PPO so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Tier 3

After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Alliance Medicare PPO for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Alliance Medicare PPO so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Tier 4

After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Alliance Medicare PPO for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Alliance Medicare PPO so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

(Prescription Drugs continued on next page)

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
		<p>OUT-OF-NETWORK, continued</p> <p>OUT-OF-NETWORK CATASTROPHIC COVERAGE After your total yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance
<p>30 - Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network \$0 copay for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>Out-of-Network 20% of the cost for comprehensive dental benefits.</p>
<p>31 - Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% co-insurance for diagnostic hearing exams.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - routine hearing tests - up to 1 fitting-evaluation(s) for a hearing aid <p>\$0 copay for</p> <ul style="list-style-type: none"> - for up to 1 inner-ear hearing aid(s) - for up to 1 outer-ear hearing aid(s) - for up to 1 over-the-ear hearing aid(s) <p>\$400 limit for hearing aids every year.</p> <p>Out-of-Network 20% of the cost for hearing exams.</p> <p>20% of the cost for hearing aids.</p>

**ALLIANCE MEDICARE PPO VALUE PLAN
PLAN 007
Enhanced
Medicare Prescription Drug Benefit**

**ALLIANCE MEDICARE VALUE PPO PLAN
PLAN 005
No Medicare Prescription Drug Benefit**

OUT-OF-NETWORK, continued

OUT-OF-NETWORK CATASTROPHIC COVERAGE

After your total yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:

- \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or
- 5% co-insurance.

In-Network

\$0 copay for Medicare-covered dental benefits.

In general, preventive dental benefits (such as cleaning) not covered.

Out-of-Network

20% of the cost for comprehensive dental benefits.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered diagnostic hearing exams.

\$0 copay for:

- routine hearing tests
- up to 1 fitting-evaluation(s) for a hearing aid

\$0 copay for

- for up to 1 inner-ear hearing aid(s)
- for up to 1 outer-ear hearing aid(s)
- for up to 1 over-the-ear hearing aid(s)

\$400 limit for hearing aids every year.

Out-of-Network

20% of the cost for hearing exams.

20% of the cost for hearing aids.

In-Network

\$0 copay for Medicare-covered dental benefits.

In general, preventive dental benefits (such as cleaning) not covered.

Out-of-Network

20% of the cost for comprehensive dental benefits.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered diagnostic hearing exams.

\$0 copay for:

- routine hearing tests
- up to 1 fitting-evaluation(s) for a hearing aid

\$0 copay for

- for up to 1 inner-ear hearing aid(s)
- for up to 1 outer-ear hearing aid(s)
- for up to 1 over-the-ear hearing aid(s)

\$400 limit for hearing aids every year.

Out-of-Network

20% of the cost for hearing exams.

20% of the cost for hearing aids.

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
32 - Vision Services	<p>20% co-insurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye and routine eye exams.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery. - up to 1 pair(s) of glasses. - up to 1 pair(s) of contacts. <p>\$80 limit for eye wear.</p> <p>Out-of-Network 20% of the cost for eye exams.</p> <p>20% of the cost for eye wear.</p>
33 - Physical Exams	<p>20% co-insurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$0 copay for routine exams.</p> <p>No limit on the number of covered exams.</p> <p>Out-of-Network 20% of the cost for routine exams.</p>
34 - Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>General Authorization rules may apply.</p> <p>In-Network This plan covers the following health/wellness education benefits.</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training - Nutritional benefit - Additional Smoking Cessation - Health Club Membership /Fitness Classes. <p>Out-of-Network 20% of the cost for Health and Wellness services.</p>

**ALLIANCE MEDICARE PPO VALUE PLAN
PLAN 007
Enhanced
Medicare Prescription Drug Benefit**

In-Network

\$0 copay for diagnosis and treatment for diseases and conditions of the eye and routine eye exams.

\$0 copay for:

- one pair of eyeglasses or contact lenses after cataract surgery.
- up to 1 pair(s) of glasses.
- up to 1 pair(s) of contacts.

\$80 limit for eye wear.

Out-of-Network

20% of the cost for eye exams.

20% of the cost for eye wear.

In-Network

\$0 copay for routine exams.

No limit on the number of covered exams.

Out-of-Network

20% of the cost for routine exams.

General

Authorization rules may apply.

In-Network

This plan covers the following health/wellness education benefits.

- Written health education materials, including Newsletters
- Nutritional Training
- Nutritional benefit
- Additional Smoking Cessation
- Health Club Membership /Fitness Classes.

Out-of-Network

20% of the cost for Health and Wellness services.

**ALLIANCE MEDICARE VALUE PPO PLAN
PLAN 005**

No Medicare Prescription Drug Benefit

In-Network

\$0 copay for diagnosis and treatment for diseases and conditions of the eye and routine eye exams.

\$0 copay for:

- one pair of eyeglasses or contact lenses after cataract surgery.
- up to 1 pair(s) of glasses.
- up to 1 pair(s) of contacts.

\$80 limit for eye wear.

Out-of-Network

20% of the cost for eye exams.

20% of the cost for eye wear.

In-Network

\$0 copay for routine exams.

No limit on the number of covered exams.

Out-of-Network

20% of the cost for routine exams.

General

Authorization rules may apply.

In-Network

This plan covers the following health/wellness education benefits.

- Written health education materials, including Newsletters
- Nutritional Training
- Nutritional benefit
- Additional Smoking Cessation
- Health Club Membership /Fitness Classes.

Out-of-Network

20% of the cost for Health and Wellness services.

SUMMARY OF BENEFITS

PREVENTIVE SERVICES, continued

BENEFIT CATEGORY	ORIGINAL MEDICARE	ALLIANCE MEDICARE VALUE PPO PLAN PLAN 006 Basic Medicare Prescription Drug Benefit
35 - Transportation (Routine)	Not covered.	In-Network This plan does not cover routine transportation.
36 - Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.

**ALLIANCE MEDICARE PPO VALUE PLAN
PLAN 007
Enhanced
Medicare Prescription Drug Benefit**

**ALLIANCE MEDICARE VALUE PPO PLAN
PLAN 005
No Medicare Prescription Drug Benefit**

In-Network

This plan does not cover routine transportation.

In-Network

This plan does not cover routine transportation.

In-Network

This plan does not cover Acupuncture.

In-Network

This plan does not cover Acupuncture.

SUMMARY OF BENEFITS

OPTIONAL SUPPLEMENTAL PACKAGE #1

Premium and Other Important Information

General

Package: 1 – Delta Dental Option 1

\$23.10 monthly premium, in addition to your monthly plan premium monthly Medicare Part B premium, for the following optional benefits:

- Dental Services

\$800 limit every year for these benefits.

OPTIONAL SUPPLEMENTAL PACKAGE #2

Premium and Other Important Information

General

Package: 2 – Delta Dental Option 2

\$43.90 monthly premium, in addition to your monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:

- Dental Services

\$1,500 limit every year for these benefits

Important Information About Your Alliance Medicare PPO Value Plan Benefits



Why choose Alliance Medicare PPO Value Plan?

Alliance Medicare PPO Value Plan is Preferred Provider Organization (PPO) offered by Alliance Health & Life Insurance Company (Alliance). Alliance is a wholly-owned subsidiary of Health Alliance Plan (HAP), a non-profit Michigan based company that's been serving Medicare beneficiaries for over 20 years. With Alliance Medicare PPO Value Plan you'll have the peace of mind that comes from knowing you have a committed partner in your community.

Freedom to choose your doctors

As an Alliance Medicare PPO Value Plan member, you can select from a wide choice of 8,500 doctors and hospitals within our nine-county network. You also have the freedom to receive medical care from any Medicare-participating doctor, specialist or hospital, anywhere in the country.

There's no need for a referral even within our network of doctors. Alliance Medicare PPO Value Plan covers your care, both in- or out-of-network. Except for emergency and urgently-needed care, or out-of-area renal dialysis services, your costs may be higher when using out-of-network providers.

Responsive customer service

When you become an Alliance Medicare PPO Value Plan member, you will receive personal and professional attention. During the first two years, you'll have one person you can call – your Personal Service Coordinator – who can explain plan details, answer questions, and assist in finding any resources you may need. In the years that follow, call any of our experienced Customer Service Representatives whenever you need extra assistance or information.

What do the experts think?

Health Alliance Plan (HAP), Alliance Medicare PPO Value Plan's parent company is accredited by the National Committee for Quality Assurance (NCQA). NCQA is an independent non-profit organization whose mission is to evaluate and report on the quality of the nation's Managed Care Organizations. NCQA is the leading health plan accreditation organization in the country. HAP has received Excellent ratings from NCQA for its Medicare Advantage HMO since 2004.

Rich benefits and affordable out-of-pocket costs

Alliance Medicare PPO Value Plan offers quality health care with affordable premiums and a combination of benefits designed to meet your needs, including:

- Your choice of prescription drug coverage
- Hospitalization
- Skilled nursing care and home health benefits
- Doctor office visits
- Physical, occupational, and speech therapy
- Routine eye exams and eyeglasses (subject to limitations)
- Routine hearing exams with up to \$400 per year for standard hearing aids
- Worldwide emergency and urgent care covered

Alliance Medicare PPO Value Plan has an upfront deductible of \$500. This means that you pay the first \$500 of health care costs before the plan's benefits begin. Benefits marked with an asterisk (*) in this Section are subject to the deductible.

Details about each of these benefits are provided in the previous section of this document. We also offer the following:

- An exciting flexible health options benefit – up to \$20 per month or \$(240 annually)
- Optional dental benefits (for a low additional cost)

See page 37 for more details about these benefits.

Important Information About Your Alliance Medicare PPO Value Plan Benefits



Procedures in an Ambulatory Surgery or Hospital Outpatient Facility

Benefits for services provided in an ambulatory surgery or hospital outpatient facility include coverage for a wide range of procedures in addition to outpatient surgery.

For some in-network procedures, you pay a \$50 facility copay. No additional copay is charged for pre-test or post-procedure check ups. As an example, a regular diagnostic colonoscopy, might cost \$1,500 - \$1,800 for the physician, anesthesiologist, and facility. ¹With Alliance Medicare PPO Value Plan you pay only a \$50 facility copay for in-network services.

For the following procedures, if provided in one of these settings in-network, you pay \$25 per visit: Renal dialysis, chemotherapy, or radiation therapy.

There are no copays for traditional film x-rays and mammograms, even if they are provided in an outpatient facility setting when you use your in-network benefits.

Out-of-network services are provided at the out-of-network charges are detailed in the Summary of Benefits chart.

Your \$500 yearly upfront deductible applies to procedures in an ambulatory surgery or hospital outpatient facility. The copay, if any, applies after the deductible has been satisfied

¹Actual amount billed to HAP in 2008

An open door to healthy living plus a new flexible health options benefit!

Good health makes it possible for you to do the things you want to do.

Because Alliance Medicare PPO Value Plan believes that preventive services are critical to good health, we do not limit the number of routine physical exams you receive. Alliance Medicare PPO Value Plan also places no limits on certain medically appropriate preventive services, including screening mammograms, pap smears, pelvic exams, bone mass measurements, colorectal screening exams, and prostate cancer screening exams.

Immunizations are an important part of good health. For this reason, Alliance Medicare PPO Value Plan covers all medically appropriate immunizations at no additional cost to you (the doctor office visit charge may apply). These immunizations include, but are not limited to, flu shots, pneumonia vaccine, Hepatitis B vaccine, and Tetanus vaccine.

As part of our commitment to preventive services, Alliance Medicare PPO Value Plan encourages you to take an active role in protecting your health by learning all you can about wellness and prevention and any medical condition you may have. Nutritional Training and Smoking Cessation Assistance are available at no cost to Alliance Medicare PPO Value Plan members.

As a member of Alliance Medicare PPO Value Plan, you can take advantage of our **flexible health options benefit**. Members receive a benefit of up to \$20 monthly* (\$240 annually) toward the cost of the following membership, service, or program:

Choose activities you enjoy — fitness classes, aerobics, swimming, yoga, Tai Chi, weight training, or something else that's fun for you through membership at any gym, fitness facility or health club. If you travel, just choose an organization that has facilities anywhere in the U.S. — or worldwide.

Choose the weight management program that will work for you — membership in a qualified program, such as Weight Watchers®, LA Weight Loss® or Jenny Craig®.

Choose health services that you prefer — chiropractic services (not otherwise covered by Medicare) and even acupuncture.

*Unused amounts cannot be carried over month to month

Important Information About Your Alliance Medicare PPO Value Plan Benefits



What prescription drug coverage works best for you?

The Summary of Benefits chart describes two different Medicare Part D prescription drug plans from which you can choose. If you have coverage through another qualifying program such as the Veterans Administration, you can select one of our medical plans without prescription coverage.

	BASIC COVERAGE	ENHANCED COVERAGE
Deductible	\$0	\$0
Initial Coverage Limit	\$2,700	\$2,700
Copays	\$5 / \$35 / \$55	\$2 / \$35 / \$55
Coverage Gap (donut hole)	HAP negotiated prices	\$2 generics HAP negotiated prices on all other drugs
Catastrophic Coverage	\$2.40/\$6.00 or 5% whichever is greater	

**see Section 29 of the Summary of Benefits chart for details*

With more than 2,000 pharmacies in our network – including nationwide chains that contract with Alliance, such as Walgreens and Kmart, you’re sure to find one or more that are convenient for you.

Is dental coverage important to you?

Good oral and dental health is important to overall health and quality of life. Our optional dental coverage can help reduce your out-of-pocket costs for dental services and protect against unexpected expenses. You can go to any dentist you want. Generally, your costs will be lower if you choose a dentist within our network. The following chart summarizes some of the key plan benefits you can receive with our dental coverage:

Optional Dental Premium	\$23.10/month	\$43.90 /month
	DELTA DENTAL 1 Member Pays	DELTA DENTAL 2 Member Pays
Deductible	\$0	\$0
Diagnostic and preventive services	50%	0%
Emergency pain treatment	50%	0%
X-rays	50%	30%
Oral surgery services	50%	30%
Fillings & other restorative services	50%	30%
Crowns & other major restorative services	50%	50%
	DELTA DENTAL 1 Plan Pays	DELTA DENTAL 2 Plan Pays
Yearly maximum for all covered services	\$800	\$1,500

IMPORTANT FACTS ABOUT ALLIANCE MEDICARE PPO VALUE PLAN

Am I eligible?

You can join Alliance Medicare PPO Value Plan if you're enrolled in Medicare Part A and Part B, and living within the plan's service area (see page 1). You must continue to pay your Part B premium after you enroll, if it's not paid for by Medicaid or another third party.

Am I covered when I travel?

Yes. As a member of Alliance Medicare PPO Value Plan, you are covered for emergencies and urgent care whenever you travel – worldwide. You are also covered, at the in-network level, for out-of-area renal dialysis. Plus, you have out-of-network coverage for your other benefits when you use Medicare-participating providers. When you use out-of-network physicians and other providers, you may have higher out-of-pocket costs (except for emergency or urgently needed services, or out-of-area renal dialysis). If you choose a plan with prescription drug coverage, you can go to any pharmacy in our nationwide network; or you can use our mail-order service to have your prescriptions delivered. Except in an emergency or other non-routine situation, there is no coverage for drugs purchased at a non-network pharmacy.

If You Are Not Already a Member, Call today.

To enroll in our Medicare plan, you can use one of the following five options:

1. Call a HAP Medicare sales representative:

toll-free at (800) 868-3153
TDD (313) 664-8000

Monday through Friday, 8:00 a.m. to 5:00 p.m.

2. Mail a completed enrollment form to

HAP Medicare Division, 2850 W. Grand Boulevard,
Detroit, MI 48202

3. Enroll online at the HAP Web site at
www.hap.org/medicare

4. Enroll online through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at
www.medicare.gov

5. Come to a HAP Medicare workshop where you can talk with other Medicare beneficiaries. A Medicare sales representative will be available to assist you. Call us for dates and locations near you. For accommodations of persons with special needs, call (800) 449-1515 Monday through Friday, 8:00 a.m. to 6:00 p.m.

**We look forward to welcoming you as a member
of Alliance Medicare PPO Value Plan.**

Medicare
Solutions
powered by 