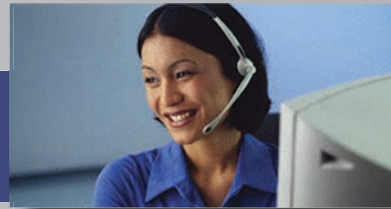
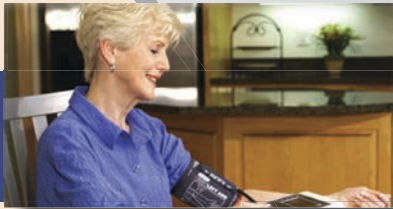




Fresenius Health Partners
PPO SNP
Accountable Kidney Care

Underwritten by Sterling Life Insurance



2012 SUMMARY OF BENEFITS

January 1, 2012 – December 31, 2012

Section I

Introduction to Summary of Benefits

Thank you for your interest in Fresenius Health Partners (PPO SNP). Our plan is offered by STERLING LIFE INSURANCE COMPANY, a Medicare Advantage Preferred Provider Organization (PPO) Special Needs Plan (SNP), with a point-of-service option (POS). This plan is designed for people who meet specific enrollment criteria.

If you have been diagnosed with End-stage renal disease requiring dialysis (any mode of dialysis) you may be eligible to join this plan.

Please call Fresenius Health Partners (PPO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Fresenius Health Partners (PPO SNP) 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 Fresenius Health Partners (PPO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you have one or more of the listed diseases you may enroll in the plan at any time but you may only leave the plan at certain times.

Please call Fresenius Health Partners (PPO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD 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 Fresenius Health Partners (PPO SNP) 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 FRESENIUS HEALTH PARTNERS (PPO SNP) AVAILABLE?

The service area for this plan includes:

Caswell, Chatham, Cleveland, Durham, Granville, Lee, Orange, Wake Counties, NC.

Claiborne, Cocke, Hardeman, Knox, Monroe, Roane, Sevier, Shelby Counties, TN.

You must live in one of these areas to join the plan.

If you move out of the state or county where you currently live to a state listed above, you must call Customer Service to update your information. If you don't, you may be disenrolled from Fresenius Health Partners (PPO SNP). If you move to a state not listed above, please call Customer Service to find out if Sterling Life Insurance Company, has a plan in your new state or county.

WHO IS ELIGIBLE TO JOIN FRESENIUS HEALTH PARTNERS (PPO SNP)?

You can join Fresenius Health Partners (PPO SNP) if you are entitled to Medicare Part A and enrolled in Part B and live in the service area.

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You must have been diagnosed by your doctor with End-stage renal disease requiring dialysis (any mode of dialysis) to join this plan.

Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Fresenius Health Partners (PPO SNP) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, 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. For an updated list, visit us at www.WindsorSterlingPlans.com. 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?

Generally, you are restricted to a doctor who is part of your network. However, we will cover your care from any provider for emergency or urgently needed care. Also, our point of service benefit allows you to get care from providers not in your network under certain conditions. For more information, please call the customer service number listed at the end of this introduction.

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

Fresenius Health Partners (PPO SNP) 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.WindsorSterlingPlans.com. Our customer service number is listed at the end of this introduction.

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

Fresenius Health Partners (PPO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Fresenius Health Partners (PPO SNP) 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.WindsorSterlingPlans.com.

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 MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

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* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, 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 Fresenius Health Partners (PPO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a

grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Fresenius Health Partners (PPO SNP), 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. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we 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 Fresenius Health Partners (PPO SNP) for more details.

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

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Fresenius Health Partners (PPO SNP) 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 Alfa 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 administered through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Sterling Life Insurance Company for more information about Fresenius Health Partners (PPO SNP).

Visit us at www.FMCHP.com or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8:00 a.m. - 11:00 p.m., Central

Current and Prospective members should call toll-free (866)-307-3625 for questions related to the Medicare Advantage Program. (TTY/TDD (877)-736-2535).

Current and Prospective members should call locally (866)-307-3625 for questions related to the Medicare Advantage Program. (TTY/TDD (877)-736-2535).

Current and Prospective members should call toll-free (866)-307-3625 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-736-2535)

Current and Prospective members should call locally (866)-307-3625 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-736-2535)

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For more information about Medicare, please call Medicare at 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.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

If you have any questions about this plan's benefits or costs, please contact Sterling Life Insurance Company for details.

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
IMPORTANT INFORMATION		
<p>1. Premium and Other Important Information</p>	<p>In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>NC - \$32.00</p> <p>TN - \$30.00</p> <p>Monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network</p> <p>\$6,700 out-of-pocket limit. All plan services included.</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<p>In and Out-of-Network</p> <p>In 2011 the annual Part B deductible amount was \$162 and may change for 2012.</p> <p>\$6,700 out-of-pocket limit. All plan services included.</p> <p>\$600 plan coverage limit every year for Non-Medicare Supplemental benefits. Contact the plan for services that apply.</p>
<p>2. Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</p>
<p>INPATIENT CARE</p>		
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible</p> <p>Days 61 - 90: \$283 per day</p> <p>Days 91 - 150: \$566 per lifetime reserve day</p>	<p>In-Network</p> <p>Plan covers 150 days each benefit period.</p> <p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
	<p>These amounts may change for 2012.</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>Days 61 - 90: \$283 per day</p> <p>Days 91 - 150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</p> <p>You will not be charged additional cost sharing for professional services</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>4. Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible</p> <p>Days 61 - 90: \$283 per day</p> <p>Days 91 - 150: \$566 per lifetime reserve day</p>	<p>In-Network</p> <p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible</p> <p>Days 61 - 90: \$283 per day</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
	<p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>Days 91 - 150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</p> <p>Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$141.50 per day</p> <p>These amounts may change for 2012.</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</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>Plan covers up to 100 days each benefit period</p> <p>3-day prior hospital stay is required.</p> <p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$141.50 per day</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
	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.	These amounts may change for 2012. You will not be charged additional cost sharing for professional services
6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered 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.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
OUTPATIENT CARE		
8. Doctor Office Visits	20% coinsurance	In-Network 20% of the cost for each primary care doctor visit for Medicare-covered benefits.

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		20% of the cost for each specialist visit for Medicare-covered benefits.
9. Chiropractic Services	Supplemental 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.	In-Network 20% of the cost for each Medicare-covered visit Medicare-covered chiropractic visits are 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.
10. Podiatry Services	Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network 20% of the cost for each Medicare-covered visit Medicare-covered podiatry benefits are for medically-necessary foot care.
11. Outpatient Mental Health Care	40% coinsurance for most outpatient mental health services Specified copayment for outpatient partial hospitalization program services furnished	General Authorization rules may apply.

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
	<p>by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>In-Network</p> <p>20% to 40% of the cost for each Medicare-covered individual therapy visit</p> <p>20% to 40% of the cost for each Medicare-covered group therapy visit</p> <p>20% to 40% of the cost for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>20% to 40% of the cost for each Medicare-covered group therapy visit with a psychiatrist</p> <p>40% of the cost for Medicare-covered partial hospitalization program services</p>
<p>12. Outpatient Substance Abuse Care</p>	<p>20% coinsurance</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% to 40% of the cost for Medicare-covered individual visits</p> <p>20% to 40% of the cost for Medicare-covered group visits</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
<p>13. Outpatient Services/Surgery</p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for each Medicare-covered ambulatory surgical center visit</p> <p>20% of the cost for each Medicare-covered outpatient hospital facility visit</p>
<p>14. Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for Medicare-covered ambulance benefits.</p>
<p>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p>	<p>General</p> <p>20% of the cost (up to \$65) for Medicare-covered emergency room visits</p> <p>This amount applies toward your in and out-of-network plan deductible.</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
	<p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>20% of the cost for Medicare-covered urgently-needed-care visits</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the urgently-needed-care visit.</p>
<p>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>General</p> <p>Authorization rules may apply.</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<p>In-Network</p> <p>20% of the cost for Medicare-covered Occupational Therapy visits</p> <p>20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% to 20% of the cost for Medicare-covered items</p>
<p>19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
<p>20. Diabetes Programs and Supplies</p>	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-management training</p> <p>0% to 20% of the cost for Diabetes monitoring supplies</p> <p>20% of the cost for Therapeutic shoes or inserts</p>
<p>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>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. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% of the cost for Medicare-covered lab services</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests</p> <p>20% of the cost for Medicare-covered X-rays</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
	<p>Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p>
<p>22. Cardiac and Pulmonary Rehabilitation Services</p>	<p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% to 20% of the cost for Medicare-covered Cardiac Rehabilitation Services</p> <p>0% to 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>0% to 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
PREVENTIVE SERVICES		
<p>23. Preventive Services and Wellness/Education Programs</p>	<p>No coinsurance, copayment, or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits)

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
	<p>people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <ul style="list-style-type: none"> - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. - Medical Nutrition Therapy Services 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 and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease - Personalized Prevention Plan Services (Annual Wellness Visits) 	<ul style="list-style-type: none"> - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters -Nutritional benefit

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
	<ul style="list-style-type: none"> - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. - Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
<p>24. Kidney Disease and Conditions</p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p>In-Network</p> <p>20% of the cost for renal dialysis</p> <p>\$0 copay for kidney disease education services</p>
<p>25. Outpatient Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B General</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs Covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.WindsorSterlingPlans.com on the web.</p> <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

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<p>-have access to Indian/Tribal/Urban (Indian Health Service) providers.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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 a Part D 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 Fresenius Health Partners (PPO SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<p>cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, 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 \$320 annual deductible.</p> <p>Initial Coverage After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.</p> <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (31-day) supply <p>Mail Order You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> -5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>Out-of-Network</p> <p>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 Fresenius Health Partners (PPO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> - one-month (30-day) supply

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach \$2,930.</p> <p>Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.
<p>26. Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - oral exams - cleanings - fluoride treatments - dental x-rays - extractions <p>20% of the cost for Medicare-covered dental benefits</p> <p>Plan offers additional comprehensive dental benefits.</p> <p>\$600 plan coverage limit for dental benefits every year</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
<p>27. Hearing Services</p>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams</p> <ul style="list-style-type: none"> - supplemental routine hearing exams <p>\$600 plan coverage limit for supplemental routine hearing exams every year.</p>
<p>28. Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental 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</p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye and supplemental 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 - glasses - contacts - lenses - frames

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<p>\$600 plan coverage limit for eye exams every year.</p> <p>\$600 plan coverage limit for eye wear every year.</p>
Over-the-Counter Items	Not covered.	<p>General</p> <p>The plan does not cover Over-the-Counter items.</p>
Transportation (Routine)	Not covered.	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for up to 10 round trip(s) to plan-approved location every year</p>
Acupuncture	Not covered.	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>
Point of Service	You may go to any doctor, specialist or hospital that accepts Medicare.	<p>General</p> <p>Authorization rules may apply.</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<p>Out-of-Network Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> - Inpatient Hospital Acute - Inpatient Hospital Psychiatric - Skilled Nursing Facility (SNF) - Cardiac Rehabilitation Services - Intensive Cardiac Rehabilitation Services - Pulmonary Rehabilitation Services - Partial Hospitalization - Home Health Services - Primary Care Physician Services - Chiropractic Services - Occupational Therapy Services - Physician Specialist Services - Mental Health Specialty Services - Podiatry Services

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<ul style="list-style-type: none"> - Other Health Care Professional - Psychiatric Services - Physical Therapy and Speech-Language Pathology Services - Outpatient Diagnostic Procedures/Tests/Lab Services - Diagnostic Radiological Services - Therapeutic Radiological Services - Outpatient X-Rays - Outpatient Hospital Services - Ambulatory Surgical Center (ASC) Services - Outpatient Substance Abuse - Outpatient Blood Services - Ambulance Services - Transportation Services - Durable Medical Equipment (DME) - Prosthetics/Medical Supplies

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<ul style="list-style-type: none"> - Diabetic Supplies and Services - Medicare-covered Zero Cost-Sharing Preventive Services - Supplemental Education/Wellness Programs - Kidney Disease Education Services - Diabetes Self-Management Training - Preventive Dental - Comprehensive Dental - Eye Exams - Eye Wear - Hearing Exams - Hearing Aids <p>\$162 annual deductible for POS benefits</p> <p>\$6,700 out-of-pocket limit every year for POS benefits</p> <p>\$600 plan coverage limit every year for the following POS Benefits:</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<ul style="list-style-type: none"> - Preventive Dental - Comprehensive Dental - Eye Exams - Eye Wear - Hearing Exams <p>In 2011 the amounts for each inpatient hospital benefit period were:</p> <p>Days 1 - 60: \$1132 deductible</p> <p>Days 61 - 90: \$283 per day</p> <p>Days 91 - 150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</p> <p>In 2011 the amounts for each Inpatient Psychiatric Hospital benefit period were:</p> <p>Days 1 - 60: \$1132 deductible</p> <p>Days 61 - 90: \$283 per day</p> <p>Days 91 - 150: \$566 per lifetime reserve day</p>

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<p>These amounts may change for 2012.</p> <p>In 2011 the amounts for each SNF benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$141.50 per day</p> <p>These amounts may change for 2012.</p> <p>20% of the cost for</p> <ul style="list-style-type: none"> - Cardiac Rehabilitation Services - Intensive Cardiac Rehabilitation Services - Pulmonary Rehabilitation Services - Primary Care Physician Services - Chiropractic Services - Occupational Therapy Services - Physician Specialist Services - Podiatry Services - Other Health Care Professional

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<ul style="list-style-type: none"> - Physical Therapy and Speech-Language Pathology Services - Outpatient Diagnostic Procedures/Tests/Lab Services - Diagnostic Radiological Services - Therapeutic Radiological Services - Outpatient X-Rays - Outpatient Hospital Services - Ambulatory Surgical Center (ASC) Services - Ambulance Services - Transportation Services - Durable Medical Equipment (DME) - Prosthetics/Medical Supplies - Diabetic Supplies and Services - Supplemental Education/Wellness Programs - Kidney Disease Education Services

Section II - Summary of Benefits

Benefit	Original Medicare	Fresenius Health Partners (PPO SNP)
		<ul style="list-style-type: none"> - Diabetes Self-Management Training - Comprehensive Dental - Eye Exams - Eye Wear - Hearing Exams - Hearing Aids \$0 copay for - Home Health Services - Outpatient Blood Services - Medicare-covered Zero Cost-Sharing Preventive Services - Preventive Dental 40% of the cost for - Partial Hospitalization - Mental Health Specialty Services - Psychiatric Services - Outpatient Substance Abuse

Section III

Additional benefits information about Fresenius Health Partners (PPO SNP)

Important Information Using Network

Facilities

Fresenius Health Partners (PPO SNP) has contracted with dialysis clinics in your service area. Your out-of-pocket costs will be less if you receive care from these contracted dialysis clinics. Your out-of-pocket costs will be more if you receive care from a non-contracted dialysis clinic.

If you use a contracted dialysis clinic in your service area, you will be subject to the annual deductible and 20% coinsurance. If you use a non-contracted dialysis facility within your service area, you will be subject to the annual deductible and 35% coinsurance. Fresenius Health Partners allows you to access services while traveling outside your service area. When you are traveling, try to coordinate your care with a Fresenius Medical Care dialysis clinic. If there is not a Fresenius Medical Care dialysis clinic in the area where you travel, your out-of-pocket expenses will be the same, as well as the annual deductible and 20% coinsurance, regardless of which dialysis clinic you choose to use.

Renal Dialysis

You will be responsible for either a copayment or coinsurance for the service(s) provided to you in an outpatient facility. In general, if services are provided in an

outpatient facility setting, you will also be responsible for 20% cost sharing for any facility charges.

KidneyTel® Integrated Care Coordination Program

Fresenius Health Partners members will be assigned a KidneyTel® Nurse. The KidneyTel Nurse will assist both you and your doctors in coordinating your total health care needs. You will have access to a 24-hour call center to help coordinate any health care needs. Please call 866-307-3625, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-736-2535) every day to contact your KidneyTel Nurse.

Fresenius Health Partners members will also receive a Home TeleHealth Monitoring Device to help you and the KidneyTel Nurse monitor your health status. The device is a “talking box” that asks a set of health questions and alerts the nurse if there are health changes. Also included is a blood pressure cuff which connects to the KidneyTel® Home TeleHealth Monitoring device. It reports blood pressure daily. Additional components, such as weight scales, may be provided based upon health conditions.

Flex Benefit Coverage (Dental, Vision, Hearing Care)

You will have \$600 per year to use on routine dental, hearing and vision services not normally covered by Medicare. You can decide how much of this \$600 you

Section III

spend in each category. **Please note: The coverage is not \$600 in each category, but \$600 in total for all of these services.**

Nutritional Supplements and Vitamins

You may receive protein or protein-calorie supplements sent directly to your home. Members who qualify for this program may choose the available flavors of their choice. The member has a maximum benefit of \$35 per month if the member is medically eligible, with no out of pocket expense for the supplies or for shipping and handling. The benefit is limited to participants where the albumin is less than or equal to 4.0.

Members will also be provided with renal vitamins, obtained through a Fresenius Health Partners contracted provider subject to a maximum plan benefit of \$5 per month.

Transportation Support

The transportation service provides up to ten (10) round trips for any approved medical related service. To access this service, call **1-866-307-3625**, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call **1-877-736-2535**) every day. **We need at least 24 hours advance notice**, weekends and holidays not included, to schedule transportation for you within your local service area.

Diabetes Supplies

Members of Fresenius Health Partners who have diabetes are eligible to receive a glucometer (a device for blood glucose monitoring and management) and replacement batteries at no cost if obtained from a Fresenius Health Partners contracted provider. If you obtain a glucometer and replacement batteries from a non-contracted provider, you will be subject to cost sharing.

There is no cost sharing for the purchase of test strips when obtained from a Fresenius Health Partners contracted provider. Test strips purchased from a non-contracted provider will be subject to cost sharing. For more information please call 1-866-307-3625, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-736-2535) every day.

There is no cost sharing for the purchase of lancets and solutions when obtained through a Fresenius Health Partners contracted provider. Lancets and solutions purchased from a non-contracted provider will be subject to cost sharing.

There is no copayment for Medicare-covered diabetes self-monitoring training if you use a Fresenius Health Partners approved provider.

Vascular Access Coordination

The KidneyTel Nurse will help coordinate planning for

Section III

interventions and procedures related to replacing or maintaining your vascular access.

UltraCare™ Dialysis Services

You will have access to the Fresenius Medical Care UltraCare™ program. This program includes a suite of programs and services with an emphasis on patient care. A unique feature of this program is the use of single use dialyzers.

If you are a Fresenius Health Partners member and also have Medicaid benefits, you should contact your State Medicaid office at the contact information listed below for questions about how your Medicaid benefits may reduce your Plan cost share.

North Carolina

North Carolina Department of Health and Human Services

Division of Medical Assistance

220 Swinburne St.

P.O. Box 46833

Raleigh, NC 27620

Toll free: 1-800-662-7030

TTY: 1-877-733-4851

Website: www.dhhs.state.nc.us/dma/mqb.html

Tennessee

Bureau of TennCare

310 Great Circle Rd.

Nashville, TN 37243

Toll free: 1-800-342-3145

TTY: 1-877-779-3101

Website: <http://state.tn.us/tenncare>

Customer Service Center

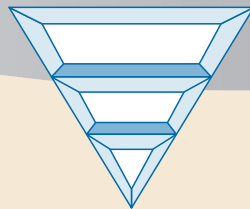
1-866-307-3625

(TTY users call 1-877-736-2535),

8:00 a.m. to 8:00 p.m., 7 days a week.

www.fmchp.com

A Coordinated Care plan with a Medicare Advantage contract and a Medicare-approved Part D sponsor.



Fresenius Health Partners

PPO SNP

Accountable Kidney Care