Benefit	Original Medicare	Windsor Medicare Extra Gold Plan (HMO)
	months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.	
24. Kidney Disease and Conditions	20% coinsurance for renal dialysis	In-Network
	20% coinsurance for kidney disease education services	20% of the cost for Medicare-covered renal dialysis
		\$0 copay for Medicare-covered kidney disease education services
PRESCRIPTION DRUG BENEFITS		
25. Outpatient Prescription Drugs	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.	Drugs covered under Medicare Part B General 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. Drugs Covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see

Benefit	Original Medicare	Windsor Medicare Extra Gold Plan (HMO)
		the formulary at http://www.windsorhealthplan.com on the web.
		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) providers.
		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).
		Total yearly drug costs are the total drug costs paid by both you and a Part D plan.
		The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Benefit	Original Medicare	Windsor Medicare Extra Gold Plan (HMO)
		Some drugs have quantity limits.
		Your provider must get prior authorization from Windsor Medicare Extra Gold Plan (HMO) for certain drugs.
		You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that 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.
		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.
		If you request a formulary exception for a drug and Windsor Medicare Extra Gold Plan (HMO) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.

Benefit	Original Medicare	Windsor Medicare Extra Gold Plan (HMO)
		In-Network
		\$0 deductible.
		Initial Coverage
		You pay the following until total yearly drug costs reach \$2,850:
		Retail Pharmacy
		Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.
		You can get drugs the following way(s):
		Tier 1: Preferred Generic
		- \$3 copay for a one-month (30-day) supply of drugs in this tier
		- \$6 copay for a two-month (60-day) supply of drugs in this tier
		- \$9 copay for a three-month (90-day) supply of drugs in this tier
		Tier 2: Non-Preferred Generic
		- \$12 copay for a one-month (30-day) supply of drugs in this tier

Benefit	Original Medicare	Windsor Medicare Extra Gold Plan (HMO)
		- \$24 copay for a two-month (60-day) supply of drugs in this tier
		- \$36 copay for a three-month (90-day) supply of drugs in this tier
		Tier 3: Preferred Brand
		- \$43 copay for a one-month (30-day) supply of drugs in this tier
		- \$86 copay for a two-month (60-day) supply of drugs in this tier
		- \$129 copay for a three-month (90-day) supply of drugs in this tier
		Tier 4: Non-Preferred Brand
		- \$95 copay for a one-month (30-day) supply of drugs in this tier
		- \$190 copay for a two-month (60-day) supply of drugs in this tier
		- \$285 copay for a three-month (90-day) supply of drugs in this tier
		Tier 5: Specialty Tier

