

2014



Summary of Benefits

Health Partners Medicare Special (HMO SNP)



Health Partners Plans

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Introduction to the Summary of Benefits for Health Partners Medicare Special (HMO SNP)

January 1 – December 31, 2014
Philadelphia County

Thank you for your interest in Health Partners Medicare Special (HMO SNP). Our plan is offered by HEALTH PARTNERS PLANS, INC., a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP) that contracts with the Federal government. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Health Partners Medicare Special (HMO 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 Health Partners Medicare Special (HMO 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 Health Partners Medicare Special (HMO 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 are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Health Partners Medicare Special (HMO 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 Health Partners Medicare Special (HMO 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 HEALTH PARTNERS MEDICARE SPECIAL (HMO SNP) AVAILABLE?

The service area for this plan includes: Philadelphia County, PA. You must live in the service area to join the plan.

WHO IS ELIGIBLE TO JOIN HEALTH PARTNERS MEDICARE SPECIAL (HMO SNP)?

You can join Health Partners Medicare Special (HMO SNP) 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 generally are not eligible to enroll in Health Partners Medicare Special (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

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

CAN I CHOOSE MY DOCTORS?

Health Partners Medicare Special (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part 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.HPPMedicare.com. Our Member Relations number is listed at the end of this introduction.

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

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

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

Health Partners Medicare Special (HMO 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.HPPMedicare.com. Our Member Relations number is listed at the end of this introduction.

WHAT IF MY DOCTOR PRESCRIBES LESS THAN A MONTH'S SUPPLY?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

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

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

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Health Partners Medicare Special (HMO 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

members 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.HPPMedicare.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 <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- 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 Health Partners Medicare Special (HMO 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 Health Partners Medicare Special (HMO 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. 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 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 Health Partners Medicare Special (HMO SNP) for more details.

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 Health Partners Medicare Special (HMO 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 osteoporosis drugs for some women.
- **Erythropoietin:** 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 took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- **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 Durable Medical Equipment.

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 <http://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 Member Relations number is listed on the next page.

Please call Health Partners Medicare for more information about Health Partners Medicare Special (HMO SNP).

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

Member Relations Hours for October 1 – February 14: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 Hours Eastern

Member Relations Hours for February 15 – September 30: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 Hours Eastern

Current and Prospective members should call toll-free (866)901-8000 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD (877)454-8477)

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 <http://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 Member Relations at the phone number listed above.

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
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Important Information

<p>1. Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2013 the monthly Part B Premium was \$0 or \$104.90 and may change for 2014 and the annual Part B deductible amount was \$0 or \$147 and may change for 2014.*</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General</p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p>In-Network</p> <p>In 2013 the annual Part B deductible amount was \$0 or \$147 and may change for 2014.</p> <p>\$6,700 out-of-pocket limit. All plan services included.*</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>You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
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Inpatient Care

<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2013 the amounts for each benefit period were \$0 or:</p> <p>Days 1 - 60: \$1,184 deductible* Days 61 - 90: \$296 per day* Days 91 - 150: \$592 per lifetime reserve day*</p> <p>These amounts may change for 2014.</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><i>In-Network</i></p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>In 2013 the amounts for each benefit period were \$0 or:</p> <p>Days 1 - 60: \$1,184 deductible* Days 61 - 90: \$296 per day* Days 91 - 150: \$592 per lifetime reserve day*</p> <p>These amounts may change for 2014.</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>
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Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>4. Inpatient Mental Health Care</p>	<p>In 2013 the amounts for each benefit period were \$0 or:</p> <p>Days 1 - 60: \$1,184 deductible* Days 61 - 90: \$296 per day* Days 91 - 150: \$592 per lifetime reserve day*</p> <p>These amounts may change for 2014.</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><i>In-Network</i></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>In 2013 the amounts for each benefit period were,</p> <p>\$0 or:</p> <p>Days 1 - 60: \$1,184 deductible* Days 61 - 90: \$296 per day* Days 91 - 150: \$592 per lifetime reserve day*</p> <p>These amounts may change for 2014.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2013 the amounts for each benefit period after at least a 3-day Medicare-covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$148 per day*</p> <p>These amounts may change for 2014.</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.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>In 2013 the amounts for each benefit period were: \$0 or: Days 1 - 20: \$0 per day* Days 21 - 100: \$148 per day*</p> <p>These amounts may change for 2014.</p> <p>You will not be charged additional cost sharing for professional services.</p>
<p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.*</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>7. Hospice</p>	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.</p>

Outpatient Care

<p>8. Doctor Office Visits</p>	<p>0% or 20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 20% of the cost for each Medicare-covered primary care doctor visit.*</p> <p>0% or 20% of the cost for each Medicare-covered specialist visit.*</p>
<p>9. Chiropractic Services</p>	<p>Supplemental routine care not covered.</p> <p>0% or 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>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 20% of the cost for each Medicare-covered chiropractic visit*</p> <p>\$0 copay for up to 20 supplemental routine chiropractic visit(s) every year.*</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>9. Chiropractic Services (continued)</p>		<p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>
<p>10. Podiatry Services</p>	<p>Supplemental routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for each Medicare-covered podiatry visit*.</p> <p>\$15 copay for up to 1 supplemental routine podiatry visit every three months.</p> <p>Medicare-covered podiatry visits are for medically necessary foot care.</p>
<p>11. Outpatient Mental Health Care</p>	<p>0% or 20% coinsurance for most outpatient mental health services.</p> <p>0% or 20% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</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><i>General</i></p> <p>Authorization rules may apply.</p> <p><i>In-Network</i></p> <p>0% or 20% of the cost for each Medicare-covered individual therapy visit.*</p> <p>0% or 20% of the cost for each Medicare-covered group therapy visit.*</p> <p>0% or 20% of the cost for each Medicare-covered individual therapy visit with a psychiatrist.*</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>11. Outpatient Mental Health Care (continued)</p>		<p>0% or 20% of the cost for each Medicare-covered group therapy visit with a psychiatrist*.</p> <p>0% or 20% of the cost for Medicare-covered partial hospitalization program services.*</p>
<p>12. Outpatient Substance Abuse Care</p>	<p>0% or 20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered individual substance abuse outpatient treatment visits.*</p> <p>0% or 20% of the cost for Medicare-covered group substance abuse outpatient treatment visits.*</p>
<p>13. Outpatient Services</p>	<p>0% or 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>0% or 20% coinsurance for ambulatory surgical center facility services.</p>	<p>In-Network</p> <p>0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit*.</p> <p>0% or 20% of the cost for each Medicare-covered outpatient hospital facility treatment visit*.</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>14. Ambulance Services (medically necessary ambulance services)</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 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>0% or 20% coinsurance for the doctor's services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <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>General 0% or 20% of the cost (up to \$65) for Medicare-covered emergency room visits.*</p> <p>Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance.</p> <p>If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the urgently-needed-care visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>0% or 20% of the cost for Medicare-covered urgently-needed-care visits.*</p> <p>If you are admitted to the hospital within 24-hours 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>0% or 20% coinsurance.</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered Occupational Therapy visits.*</p> <p>0% or 20% of the cost for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.*</p>

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Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
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Outpatient Medical Services and Supplies

<p>18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered durable medical equipment.*</p> <p>You may pay less if you purchase these items from the plan's preferred manufacturers/vendors. Contact the plan for a list of non-preferred and preferred manufacturers/vendors.</p>
<p>19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>0% or 20% coinsurance.</p> <p>0% or 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered prosthetic devices.*</p> <p>0% or 20% of the cost for Medicare-covered medical supplies related to prosthetics, splints, and other devices.*</p>

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Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>20. Diabetes Programs and Supplies</p>	<p>0% or 20% coinsurance for diabetes self-management training.</p> <p>0% or 20% coinsurance for diabetes supplies.</p> <p>0% or 20% coinsurance for diabetic therapeutic shoes or inserts.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered Diabetes self-management training.*</p> <p>0% or 20% of the cost for Medicare-covered Diabetes monitoring supplies.*</p> <p>0% or 20% of the cost for Medicare-covered Therapeutic shoes or inserts.*</p> <p>Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.</p> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of 0% or 20% of the cost may apply.*</p>
<p>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>0% or 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</p>	<p><i>General</i></p> <p>Authorization rules may apply.</p> <p><i>In-Network</i></p> <p>0% or 0% to 20% of the cost for Medicare-covered lab services.*</p> <p>0% or 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests.*</p> <p>0% or 20% of the cost for Medicare-covered X-rays.*</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services (continued)</p>	<p>suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).*</p> <p>0% or 20% of the cost for Medicare-covered therapeutic radiology services.*</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of 0% or 20% of the cost may apply.*</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of 0% or 20% of the cost may apply.*</p>
<p>22. Cardiac and Pulmonary Rehabilitation Services</p>	<p>0% or 20% coinsurance for Cardiac Rehabilitation services.</p> <p>0% or 20% coinsurance for Intensive Cardiac Rehabilitation services.</p> <p>0% or 20% coinsurance for Pulmonary Rehabilitation services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered Cardiac Rehabilitation Services.*</p> <p>0% or 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services.*</p> <p>0% or 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services.*</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
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Preventive Services

23. Preventive Services	<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 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. - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>Plan covers a physical exam annually.</p>
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Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>23. Preventive Services (continued)</p>	<p>and older. Medicare covers one baseline mammogram for women between ages 35-39.</p> <ul style="list-style-type: none"> - 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) - 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 and Tobacco Use Cessation (counseling to stop smoking and tobacco use). 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. - Screening and behavioral counseling interventions in primary care to reduce alcohol misuse - Screening for depression in adults 	

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>23. Preventive Services (continued)</p>	<ul style="list-style-type: none"> - Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs - Intensive behavioral counseling for Cardiovascular Disease (bi-annual) - Intensive behavioral therapy for obesity - Welcome to Medicare Preventive Visits (initial preventive physical exam) <p>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 Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	
<p>24. Kidney Disease and Conditions</p>	<p>0% or 20% coinsurance for renal dialysis.</p> <p>0% or 20% coinsurance for kidney disease education services.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered renal dialysis.*</p> <p>0% or 20% of the cost for Medicare-covered kidney disease education services.*</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
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Prescription Drug Benefits

<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><i>Drugs Covered under Medicare Part B</i></p> <p><i>General</i></p> <p>\$0 yearly deductible for Medicare Part B drugs.*</p> <p>0% or 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.*</p> <p><i>Drugs Covered under Medicare Part D</i></p> <p><i>General</i></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.HPPMedicare.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 -have access to Indian/Tribal/Urban (Indian Health Service) providers. <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</p>
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Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</p>		<p>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 you, the plan, and Medicare.</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 Health Partners Medicare Special (HMO SNP) 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 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.</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</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><i>In-Network</i> You pay a \$0 annual deductible.</p> <p><i>Initial Coverage</i> Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.20 copay; or - A \$2.55 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.60 copay; or - A \$6.35 copay. <p><i>Retail Pharmacy</i> Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following ways:</p> <ul style="list-style-type: none"> - one-month (30-day) supply - two-month (60-day) supply - three-month (90-day) supply

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</p>		<p><i>Long Term Care Pharmacy</i></p> <p>Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (31-day) supply of drugs <p><i>Mail Order</i></p> <p>Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - three-month (90-day) supply <p><i>Catastrophic Coverage</i></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 copay.</p> <p><i>Out-of-Network</i></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</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</p>		<p>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 Health Partners Medicare Special (HMO SNP).</p> <p>You can get out-of-network drugs the following way:</p> <ul style="list-style-type: none"> - one-month (30-day) supply <p><i>Out-of-Network Initial Coverage</i></p> <p>Depending on your income and institutional status, you will be reimbursed by Health Partners Medicare Special (HMO SNP) up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.20 copay; or - A \$2.55 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.60 copay; or - A \$6.35 copay.

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>25. Outpatient Prescription Drugs (continued)</p>		<p><i>Out-of-Network Catastrophic Coverage</i></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p>

Outpatient Medical Services and Supplies

<p>26. Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><i>In-Network</i></p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 2 oral exams every year - up to 2 cleanings every year - up to 1 fluoride treatment every year - up to 1 dental x-ray every year <p>0% or 20% of the cost for Medicare-covered dental benefits.*</p> <p>Plan offers additional supplemental comprehensive dental benefits.</p> <p>\$500 plan coverage limit for supplemental comprehensive dental benefits every two years.</p>
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Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>27. Hearing Services</p>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p><i>In-Network</i></p> <p>\$0 copay for up to 1 supplemental hearing aid(s) every three years.</p> <p>0% or 20% of the cost for Medicare-covered diagnostic hearing exams.*</p> <p>\$0 copay for up to 1 supplemental routine hearing exam(s) every year.</p>
<p>28. Vision Services</p>	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk.</p> <p>Supplemental routine eye exams and eyeglasses (lenses and frames) not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk.*</p> <p>\$0 copay for up to 1 supplemental routine eye exam every year.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery*. - up to 1 pairs of eyeglasses (lenses and frames) every two years. - up to 1 pairs of contact lenses every two years - up to 1 pairs of eyeglass lenses every two years

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>28. Vision Services (continued)</p>		<p>- up to 1 eyeglass frame every two years.</p> <p>\$150 plan coverage limit for supplemental eyewear every two years.</p> <p>If the doctor provides you services in addition to eye exams, separate cost sharing of 0% or 20% of the cost may apply.*</p> <p>Plan offers additional vision benefits. Contact plan for details.</p>
<p>29. Wellness/Education and Other Supplemental Benefits & Services</p>	<p>Not covered.</p>	<p><i>In-Network</i></p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Health Education - Nutritional Benefit - Additional Smoking and Tobacco Use Cessation Visits - Health Club Membership/ Fitness Classes - Nursing Hotline - Enhanced Disease Management - Web based/Phone Monitoring <p>\$2 copay for Weight Watchers Benefit. Contact plan for details.</p> <p>\$0 copay for Home Safety Benefit.</p> <p>Contact plan for details.</p>

Summary of Benefits

Benefit Category	Original Medicare	Health Partners Medicare Special (HMO SNP)
<p>30. Over-the-Counter Items</p>	<p>Not covered.</p>	<p>General</p> <p>Please visit our plan website to see our list of covered Over-the-Counter items.</p> <p>OTC items may be purchased only for the enrollee.</p> <p>Please contact the plan for specific instructions for using this benefit.</p>
<p>31. Transportation</p>	<p>Not covered.</p>	<p>In-Network</p> <p>\$0 copay for up to 10 one-way trip(s) to plan-approved location every three months.</p>
<p>32. Acupuncture and Other Alternative Therapies</p>	<p>Not covered.</p>	<p>In-Network</p> <p>\$5 copay per visit up to 20 visits for acupuncture and other alternative therapies every year.</p>

Medicaid Benefits

To help you better understand your healthcare options, the following chart describes the costs for certain services as a Pennsylvania Medical Assistance recipient, and as a Health Partners Medicare Special member. To enroll in the Health Partners Medicare Special plan, you must be dual eligible, meaning that you qualify for both Medicare Parts A and B and also receive Medical Assistance.

Medicare cost sharing includes copayments, coinsurance and deductibles. Your Medicare cost sharing responsibility is based on your level of Medicaid eligibility.

Medicare coverage must be used first. Medicaid may then cover payment of your cost sharing for Medicare-covered services, depending on your level of Medicaid eligibility.

If your Medicaid category is Qualified Medicare Beneficiary (QMB only) or QMB-Plus, you will pay \$0 for the Medicare-covered services shown in Section II of this Summary of Benefits, except for Part D prescription drug copayments.

If you have full Medical Assistance benefits but are not a QMB or QMB-Plus, you may have to pay some copayments, coinsurance and deductibles, depending on your Medical Assistance coverage.

It is important to know that Medicaid benefits and eligibility levels can change throughout the year. Please contact your state Medicaid program for the most current and accurate information regarding your eligibility and benefits.

The services in the following chart may be available to you through your Medicaid provider, depending on your benefit package.

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
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Medicare-covered Services

<p>Inpatient Hospital Care</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>Plan covers 90 days each benefit period.</p> <p>In 2013 the amounts for each benefit period were \$0 or:</p> <p>Days 1-60: \$1,184 deductible* Days 61-90: \$296 per day* Days 91-150: \$592 per lifetime reserve day*</p> <p>These amounts may change for 2014.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>Inpatient Mental Health Care</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></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>In 2013 the amounts for each benefit period were \$0 or: Days 1-60: \$1,184 deductible* Days 61-90: \$296 per day* Days 91-150: \$592 per lifetime reserve day.*</p>

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
<p>Inpatient Mental Health Care (continued)</p>		<p><i>In-Network</i></p> <p>These amounts may change for 2014.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>\$0 cost.</p> <p>Medicaid covers additional days beyond Medicare 100-day limit.</p>	<p><i>In-Network</i></p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>In 2013 the amounts for each benefit period were \$0 or: Days 1- 20: \$0 per day* Day 21-100: \$148 per day*</p> <p>These amounts may change for 2014.</p>
<p>Home Care Health</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered home health visits.*</p>
<p>Hospice</p>	<p>\$0 cost.</p>	<p>You must get care from a Medicare-certified hospice.</p> <p>You must consult with your plan before you select hospice.</p>

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
<p>Doctor's Office Visits</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for each Medicare-covered primary care doctor visit.*</p> <p>0% or 20% of the cost for each Medicare-covered specialist visit.*</p>
<p>Certified Registered Nurse Practitioner*</p>	<p>0% copay.</p>	<p><i>In-Network</i></p> <p>0% or 20% for each Medicare-covered visit.*</p> <p>0% or 20% of the cost for each Medicare-covered visit.*</p>
<p>Nurse Midwife*</p>	<p>\$0 copay.</p>	<p><i>In-Network</i></p> <p>0% or 20% for each Medicare-covered visit.*</p> <p>0% or 20% of the cost for each Medicare-covered visit.*</p>
<p>Chiropractic Services</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for each Medicare-covered chiropractic visit.*</p> <p>Medicare-covered chiropractic visits are for manual manipulations of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
<p>Podiatry Services</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for each Medicare-covered podiatry visit.*</p> <p>Medicare-covered podiatry visits are for medically necessary foot care.</p>
<p>Outpatient Mental Health Care</p>	<p>\$0 cost.</p> <p>Limited up to 5 hours or 10 one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period. If you need additional services beyond the limit, you or your provider may apply for an exception through the Department of Public Welfare</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for each Medicare-covered individual therapy visit.*</p> <p>0% or 20% of the cost for each Medicare-covered group therapy visit.*</p> <p>0% or 20% of the cost for each Medicare-covered individual therapy visit with a psychiatrist.*</p> <p>0% or 20% of the cost for each Medicare-covered group therapy visit with a psychiatrist.*</p> <p>0% or 20% of the cost for Medicare-covered partial hospitalization program services.*</p>
<p>Psychiatric Partial Hospitalization Facility</p>	<p>\$0 copay.</p> <p>Limited up to 180 three-hour sessions, 540 total hours per fiscal year. If you need additional services beyond the limit, you or your provider may apply for an exception through the Department of Public Welfare.</p>	<p><i>In-Network</i></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</p>

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
<p>Psychiatric Partial Hospitalization Facility (continued)</p>		<p>psychiatric services furnished in a general hospital.</p> <p>\$0 copay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>Psychiatric Rehabilitation</p>	<p>\$0 copay.</p>	<p><i>In-Network</i></p> <p>Medically necessary psychiatric rehabilitation services are covered.</p> <p>0% or 20% of the cost for Medicare-covered psychiatric rehabilitation visits.*</p>
<p>Outpatient Substance Abuse Care</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered individual substance abuse outpatient treatment visits.*</p> <p>0% or 20% of the cost for Medicare-covered group substance abuse outpatient treatment visits.*</p>
<p>Outpatient Services/Surgery</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for each Medicare-covered ambulatory surgical center visits.*</p> <p>0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit.*</p>

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
<p>Emergency Care</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost (up to \$65) for Medicare-covered emergency room visits.*</p> <p>Not covered outside the U.S. and its territories except under limited circumstances.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>Urgently Needed Care</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 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>Outpatient Rehabilitation Services</p>	<p>\$0 cost.</p> <p>One admission per fiscal year. If you need additional services beyond the limit, you or your provider may apply for an exception through the Department of Public Welfare.</p>	<p><i>In-Network</i></p> <p>Medically necessary physical therapy, occupational therapy and speech and language pathology services are covered.</p> <p>0% or 20% of the cost for Medicare-covered Occupational Therapy visits.*</p> <p>0% or 20% of the cost for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.*</p>

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
<p>Durable Medical Equipment</p>	<p>\$0 cost.</p> <p>For Medically Needy recipients, medical supplies and equipment are only covered when prescribed for the purpose of family planning or in conjunction with Home Health Agency Services.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered durable medical equipment.*</p>
<p>Prosthetic Devices</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered prosthetic devices.*</p> <p>0% or 20% of the cost for Medicare-covered medical supplies related to prosthetics, splints and other devices.*</p>
<p>Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered Diabetes self-management training.*</p> <p>0% or 20% of the cost for Medicare-covered Diabetes monitoring supplies.*</p> <p>0% or 20% of the cost for Medicare-covered Therapeutic shoes or inserts.*</p> <p>Diabetes Supplies and Services are limited to specific manufacturers, products and/or brands.</p>

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
<p>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered lab services.*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic procedures and tests.*</p> <p>0% or 20% of the cost for Medicare-covered X-rays.*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).*</p> <p>0% or 20% of the cost for Medicare-covered therapeutic radiology services.*</p>
<p>Bone Mass Measurement</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered services.</p>
<p>Colorectal Screening Exams</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered services.</p>

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Immunizations	\$0 cost.	<i>In-Network</i> \$0 copay for Medicare-covered services.
Mammograms	\$0 cost.	<i>In-Network</i> \$0 copay for Medicare-covered services.
Pap Smears and Pelvic Exams	\$0 cost.	<i>In-Network</i> \$0 copay for Medicare-covered services.
Prostate Cancer Screening Exams	\$0 cost.	<i>In-Network</i> \$0 copay for Medicare-covered services.
End-Stage Renal Disease	\$0 cost.	<i>In-Network</i> 0% or 20% of the cost for Medicare-covered renal dialysis.*
Prescription Drugs	Drugs covered under Part D are not covered. \$0 copay for Medicaid-covered prescription drugs.	<i>In-Network</i> Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either:

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
<p>Prescription Drugs (continued)</p>	<p>For Medically Needy recipients in Long-Term Care, limited to legend Barbiturates, Benzodiazepines and certain over-the-counter drugs and vitamins. A legend drug is any drug that requires a prescription.</p> <p>For Categorically Needy recipients, limited to legend Barbiturates, Benzodiazepines and certain over-the-counter drugs and vitamins.</p>	<ul style="list-style-type: none"> • \$0 copay or • \$1.20 copay or • \$2.55 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay or • \$3.60 copay or • \$6.35 copay <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply • two-month (60-day) supply • three-month (90-day) supply
<p>Dental Services</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered dental benefits.*</p>
<p>Hearing Services</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered diagnostic hearing exams.*</p>
<p>Vision Services</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk.*</p>

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Welcome to Medicare; and Annual Wellness Visit	\$0 cost.	<i>In-Network</i> \$0 copay for Medicare-covered annual wellness visit(s).

Non-Medicare-covered Additional Services

Additional Podiatry Services	\$0 cost.	<i>In-Network</i> \$15 copay for up to 1 supplemental routine podiatry visit(s) every three months.
Additional Dental Services	\$0 cost. Covered for medically needy recipients, dental services are only covered in an inpatient or Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU) setting.	<i>In-Network</i> \$0 copay for the following preventive dental benefits: <ul style="list-style-type: none"> • up to 2 oral exam(s) every year • up to 2 cleaning (s) every year • up to 1 fluoride treatment(s) every year • up to 1 dental x-ray(s) every year \$500 plan coverage limit for supplemental comprehensive dental benefits every two years.
Additional Hearing Services	Not covered.	<i>In-Network</i> \$0 copay for up to 1 supplemental hearing aid every three years. \$0 copay for up to 1 supplemental routine hearing exam every year.

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
<p>Additional Chiropractic Services</p>	<p>Not covered.</p>	<p>\$0 copay for up to 20 supplemental routine chiropractic visits every year.</p>
<p>Additional Vision Services</p>	<p>\$0 cost.</p>	<p><i>In-Network</i></p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • up to 1 supplemental routine eye exam every year. • one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery.* • up to 1 pairs of eyeglasses (lenses and frames) every two years; • up to 1 pair of contact lenses every two years. <p>\$150 plan coverage limit for supplemental eyewear every two years.</p>
<p>Health/Wellness Education</p>	<p>Not covered.</p>	<p><i>In-Network</i></p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Health Education • Nutritional Benefit • Additional Smoking and Tobacco Use Cessation Visits • Health Club Membership/Fitness Classes • Nursing Hotline • Enhanced Disease Management • Web based/ Phone Monitoring

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Health/Wellness Education (continued)		\$2 copay for Weight Watchers Benefit. \$0 copay for Home Safety Benefit.
Transportation (Routine)	\$0 cost.	<i>In-Network</i> \$0 copay for up to 10 one-way trip(s) to plan-approved locations every three months.
Acupuncture	Not covered.	\$5 copay per visit up to 20 visits for acupuncture every year.
Over-the-Counter Items	Not covered.	Visit our plan website to see the list of covered Over-the-Counter items. \$30 monthly Over-the-Counter pharmacy allowance.

Medicaid Only Services

The services listed below are available under Medicaid for people who qualify for full Medicaid coverage.

Private Intermediate Care Facility for the Mentally Retarded	\$0 copay.	Not covered.
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Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Private Intermediate Care Facility for Other Related Conditions	\$0 copay.	Not covered.
Birthing Centers	\$0 copay.	Not covered.
Nursing Facilities	\$0 copay.	<p><i>In-Network</i></p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For 2013 the amounts for each benefit period were \$0 or: Days 1- 20: \$0 per day* Day 21-100: \$ \$148 per day*</p> <p>These amounts may change for 2014.</p>
Rural Health Clinic*	\$0 copay.	Not covered.
Peer Specialist Services	\$0 copay.	Not covered.
Family Planning Services	\$0 copay.	Not covered.

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Nursing Home**	\$0 copay.	<i>In-Network</i> 0% or 20% of the cost for Medicare-covered services.*
Home and Community Based Waiver Services	<ul style="list-style-type: none"> • \$0 Adult Day Living • Care Coordination • Counseling • Community Transition • Environmental Modifications • Home Delivered Meals • Home Health Care • Personal Care • Personal Emergency Response • Respite • Specialized Medical Equipment and Supplies • TeleCare • Transportation • Financial Management Services • Participant-Directed Goods and Services 	Not covered.

*Certain evaluation, management and consultation procedures are limited to a combined maximum of 18 clinic, office and home visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, certified registered nurse practitioners (CRNP), chiropractors, outpatient hospital clinics, independent medical clinics, rural health clinics and federally qualified health centers (FQHC). Talk with your provider if you have any questions about these procedures. If you need more than 18 visits, you or your provider may ask for an exception through the Department of Public Welfare.

** In order to receive Nursing Home or Home and Community Based Waiver Services, individuals must meet clinical criteria to be considered Nursing Facility Clinically Eligible (NFCE) by the local Area Agency on Aging.

Health Partners Medicare

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