Correction Notice

Health Partners Medicare Special Plan

Following are corrections that apply to both the English and Spanish versions of the 2015 *Summary of Benefits* for Health Partners Medicare Special (HMO SNP):

Original Information	Correct Information
Page 1, under the heading "SECTIONS IN THIS BOOKLET" • Things to Know About **Health Partners Medicare Basic/Prime/PrimePlus (HMO)**	Page 1, under the heading "SECTIONS IN THIS BOOKLET" • Things to Know About **Health Partners Medicare Special (HMO SNP)**
Page 2, under the heading "WHO CAN JOIN?" To join **Health Partners Medicare Basic/ Prime/PrimePlus (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid, and live in our service area.	Page 2, under the heading "WHO CAN JOIN?" To join **Health Partners Medicare Special (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid, and live in our service area.
Page 2, under the heading "HOW WILL I DETERMINE MY DRUG COSTS" Our plan groups each medication into one of four "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached.	Page 2, under the heading "HOW WILL I DETERMINE MY DRUG COSTS" The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached.

We're pleased to provide you with these corrections.

If you have any questions about this notice, please call Health Partners Medicare at 1-866-901-8000 (TTY 711). Sales agents are available Monday – Friday, 8 am to 5 pm, with extended hours October 15 – December 7.

2015

Summary of Benefits

Health Partners Medicare Special (HMO SNP)

Health Partners Plans

Health Partners Medicare Special (HMO SNP)

(a Medicare Advantage Health Maintenance Organization (HMO) offered by Health Partners Plans, with a Medicare contract)

Summary of Benefits
January 1, 2015 - December 31, 2015

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Health Partners Medicare).

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what Health Partners Medicare plans cover and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

SECTIONS IN THIS BOOKLET

- Things to Know About Health Partners Medicare Basic/Prime/PrimePlus (HMO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-866-901-8000 (TTY 711).

THINGS TO KNOW ABOUT HEALTH PARTNERS MEDICARE SPECIAL (HMO SNP)

HOURS OF OPERATION

You can call us 24 hours a day Eastern time, 7 days a week.

HEALTH PARTNERS MEDICARE PHONE NUMBERS AND WEBSITE

- If you are a member of this plan, call toll-free 1-866-901-8000 (TTY 711).
- If you are not a member of this plan, call toll-free 1-866-901-8000 (TTY 711).
- Our website: HPPMedicare.com

WHO CAN JOIN?

To join Health Partners Medicare Basic/Prime/PrimePlus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid, and live in our service area. Our service area includes the following county in Pennsylvania: Philadelphia.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

Health Partners Medicare has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (HPPMedicare.com). Or, call us and we will send you a copy of the provider and pharmacy directories.

WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, HPPMedicare.com.
- Or, call us and we will send you a copy of the formulary.

HOW WILL I DETERMINE MY DRUG COSTS?

Our plan groups each medication into one of four "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

Health Partners Medicare Special (HMO SNP)

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?	$0 - $33.90 (depending on your level of Extra Help) per month.
How much is the deductible?	This plan has deductibles for some hospital and medical services. $0 or $147 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2015. This plan does not have a deductible for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. In this plan, you may pay nothing for some services, depending on your level of Medical Assistance eligibility. Your yearly limit(s) in this plan: • $6,700 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Summary of Benefits

Health Partners Medicare Special (HMO SNP)

Health Partners Plans is an HMO plan with a Medicare contract. Enrollment in Health Partners Medicare depends on contract renewal. Health Partners Medicare Special is available to anyone who has both Medical Assistance from the State and Medicare.

Covered Medical and Hospital Benefits

Notes:

- Services with a [1] may require prior authorization.
- Services with a [2] may require a referral from your doctor.

Outpatient Care and Services

Acupuncture and Other Alternative Therapies	For up to 20 visit(s) every year: $5 copay This benefit is for acupuncture services only. Services must be received from network providers.
Ambulance[1]	0% or 20% of the cost
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): 0% or 20% of the cost Routine chiropractic visit (for up to 20 every year): You pay nothing

Summary of Benefits
Health Partners Medicare Special (HMO SNP)

Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 0% or 20% of the cost ***Preventive dental services:*** • Cleaning (for up to 2 every year): You pay nothing • Dental x-ray(s) (for up to 1 every year): You pay nothing • Fluoride treatment (for up to 1 every year): You pay nothing • Oral exam (for up to 2 every year): You pay nothing Plan also offers $475 toward restorative dental services every 2 years.
Diabetes Supplies and Services	Diabetes monitoring supplies: 0% or 20% of the cost Diabetes self-management training: 0% or 20% of the cost Therapeutic shoes or inserts: 0% or 20% of the cost
Diagnostic Tests, Lab and Radiology Services, and XRays[1]	Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost Diagnostic tests and procedures: 0% or 0-20% of the cost, depending on the service Lab services: 0% or 0-20% of the cost, depending on the service Outpatient x-rays: 0% or 20% of the cost Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost Coinsurance relates to specific services. If you receive different services during one visit, you may be required to pay coinsurance for each service.

Summary of Benefits
Health Partners Medicare Special (HMO SNP)

Doctor's Office Visits[1]	Primary care physician visit: 0% or 20% of the cost Specialist visit: 0% or 20% of the cost
Durable Medical Equipment ***(wheelchairs, oxygen, etc.)***[1]	0% or 20% of the cost If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors. You must get prior authorization from the plan for Durable Medical Equipment that costs more than $500.
Emergency Care	0% or 20% of the cost If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Foot Care ***(podiatry services)***	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost Routine foot care (for up to 1 visit every three months): $15 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost Routine hearing exam (for up to 1 every year): You pay nothing Hearing aid: You pay nothing. You are covered up to $1,000 for hearing aids every 3 years, with no copay.

Home Health Care[1]	You pay nothing
Mental Health Care[1]	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. In 2014 the amounts for each benefit period were $0 or: • $1,216 deductible for days 1 through 60 • $304 copay per day for days 61 through 90 • $608 copay per day for 60 lifetime reserve days These amounts may change for 2015. Outpatient group therapy visit: 0% or 20% of the cost Outpatient individual therapy visit: 0% or 20% of the cost

Summary of Benefits
Health Partners Medicare Special (HMO SNP)

Outpatient Rehabilitation[1]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 0% or 20% of the cost Occupational therapy visit: 0% or 20% of the cost Physical therapy and speech and language therapy visit: 0% or 20% of the cost
Outpatient Substance Abuse[1]	Group therapy visit: 0% or 20% of the cost Individual therapy visit: 0% or 20% of the cost
Outpatient Surgery[1]	Ambulatory surgical center: 0% or 20% of the cost Outpatient hospital: 0% or 20% of the cost Coinsurance relates to specific services. If you receive different services during one visit, you may be required to pay coinsurance for each service.
Over-the-Counter Items	Please visit our website to see our list of covered over-the-counter items. This plan covers over-the-counter items up to $30 per month at participating pharmacies. Unused allowances at the end of a month do not carry over to the next month.
Prosthetic Devices ***(braces, artificial limbs, etc.)***[1]	Prosthetic devices: 0% or 20% of the cost Related medical supplies: 0% or 20% of the cost You must get prior authorization from the plan for most prosthetic devices.

Renal Dialysis	0% or 20% of the cost
Transportation	You pay nothing. You have no copay for up to 10 one-way trips every 3 months, for a total of 40 one-way trips per year. Transportation must be for medical reasons. Trips must be arranged through the plan's transportation vendor. Contact plan for details.
Urgent Care	0% or 20% of the cost
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost Routine eye exam (for up to 1 every year): You pay nothing Contact lenses (for up to 1 every two years): You pay nothing Eyeglasses (frames and lenses) (for up to 1 every two years): You pay nothing Eyeglass frames (for up to 1 every two years): You pay nothing Eyeglass lenses (for up to 1 every two years): You pay nothing Eyeglasses or contact lenses after cataract surgery: You pay nothing Our plan pays up to $150 every two years for eyewear. $150 limit applies to all contact lenses, eyeglasses, frames and lenses listed above EXCEPT those provided after cataract surgery.

Preventive Care

You pay nothing

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colonoscopy
- Colorectal cancer screenings
- Depression screening
- Diabetes screenings
- Fecal occult blood test
- Flexible sigmoidoscopy
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Annual physical exam: You pay nothing

Summary of Benefits
Health Partners Medicare Special (HMO SNP)

Hospice[1]	You pay nothing for hospice care from a Medicare certified hospice. You may have to pay part of the cost for drugs and respite care.
Inpatient Care	
Inpatient Hospital Care[1]	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay. In 2014 the amounts for each benefit period were $0 or: • $1,216 deductible for days 1 through 60 • $304 copay per day for days 61 through 90 • $608 copay per day for 60 lifetime reserve days These amounts may change for 2015.
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)[1]	Our plan covers up to 100 days in a SNF. In 2014 the amounts for each benefit period were $0 or: • You pay nothing for days 1 through 20 • $152 copay per day for days 21 through 100 These amounts may change for 2015.

Summary of Benefits

Health Partners Medicare Special (HMO SNP)

Prescription Drug Benefits

How much do I pay?	For Part B drugs such as chemotherapy drugs[1]: 0% or 20% of the cost Other Part B drugs[1]: 0% or 20% of the cost
Initial Coverage	Our plan does not have a deductible for Part D prescription drugs. Depending on your income and institutional status, you pay the following: For generic drugs, either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay You may get your drugs at network retail pharmacies and mail order pharmacies.
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,700, you pay nothing for all drugs.

Health Partners Plans

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-901-8000. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-901-8000. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-901-8000。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: **您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電** 1-866-901-8000。**我們講中文的人員將樂意為您提供幫助。這是一項免費服務。**

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-901-8000. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-901-8000. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-901-8000 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-901-8000. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-901-8000 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-901-8000. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-901-8000. سيقوم شخص يتحدث اللغة العربية بمساعدتك .هذه خدمة مجانية.

Hindi: हमारी स्वास्थ्य या दवा संबंधी योजना के बारे में आपके किसी भी प्रश्न का जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवा उपलब्ध है। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-901-8000 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-901-8000. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-901-8000. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-901-8000. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-901-8000. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-901-8000 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Summary of
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) or QMB-Plus, you will pay $0 for the Medicare-covered services shown in the "Covered Medical and Hospital Benefits" section of this Summary of Benefits.

Medicaid will cover cost-sharing amounts only when your PCP and other providers participate in the Medical Assistance program. Both our print and online provider directories include information to help you choose network providers who also accept Medicaid. To help avoid errors, always show both your Health Partners Medicare member card and your ACCESS card anytime you receive healthcare services.

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)
Medicare-covered Services		
Inpatient Hospital Care	$0 cost.	***In-Network*** Plan covers 90 days each benefit period. In 2014 the amounts for each benefit period were $0 or: Days 1-60: $1,216 deductible* Days 61-90: $304 per day* Days 91-150: $608 per lifetime reserve day* These amounts may change for 2015. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
Inpatient Mental Health Care	$0 cost.	***In-Network*** You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day life-time limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. In 2014 the amounts for each benefit period were $0 or: Days 1-60: $1,216 deductible* Days 61-90: $304 per day* Days 91-150: $608 per lifetime reserve day.*

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Inpatient Mental Health Care (continued)		***In-Network*** These amounts may change for 2015. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
Skilled Nursing Facility (SNF)	$0 cost. Medicaid covers additional days beyond Medicare 100-day limit.	***In-Network*** Plan covers up to 100 days each benefit period. No prior hospital stay is required. In 2014 the amounts for each benefit period were $0 or: Days 1- 20: $0 per day* Day 21-100: $152 per day* These amounts may change for 2015.
Home Care Health	$0 cost.	***In-Network*** $0 copay for Medicare-covered home health visits.*
Hospice	$0 cost.	You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.

Summary of Benefits

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

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Podiatry Services	$0 cost.	***In-Network*** 0% or 20% of the cost for each Medicare-covered podiatry visit.* Medicare-covered podiatry visits are for medically necessary foot care.
Outpatient Mental Health Care	$0 cost. Limited up to 5 hours or 10 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	***In-Network*** 0% or 20% of the cost for each Medicare-covered individual therapy visit.* 0% or 20% of the cost for each Medicare-covered group therapy visit.* 0% or 20% of the cost for each Medicare-covered individual therapy visit with a psychiatrist.* 0% or 20% of the cost for each Medicare-covered group therapy visit with a psychiatrist.* 0% or 20% of the cost for Medicare-covered partial hospitalization program services.*
Psychiatric Partial Hospitalization Facility	$0 copay. 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.	***In-Network*** 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

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

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Emergency Care	$0 cost.	***In-Network*** 0% or 20% of the cost (up to $65) for Medicare-covered emergency room visits.* Not covered outside the U.S. and its territories except under limited circumstances. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay $0 for the emergency room visit.
Urgently Needed Care	$0 cost.	***In-Network*** 0% or 20% of the cost for Medicare-covered urgently-needed-care visits.*
Outpatient Rehabilitation Services	$0 cost. 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.	***In-Network*** Medically necessary physical therapy, occupational therapy and speech and language pathology services are covered. 0% or 20% of the cost for Medicare-covered Occupational Therapy visits.* 0% or 20% of the cost for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.*

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Durable Medical Equipment	$0 cost. 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.	***In-Network*** 0% or 20% of the cost for Medicare-covered durable medical equipment.*
Prosthetic Devices	$0 cost.	***In-Network*** 0% or 20% of the cost for Medicare-covered prosthetic devices.* 0% or 20% of the cost for Medicare-covered medical supplies related to prosthetics, splints and other devices.*
Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	$0 cost.	***In-Network*** 0% or 20% of the cost for Medicare-covered Diabetes self-management training.* 0% or 20% of the cost for Medicare-covered Diabetes monitoring supplies.* 0% or 20% of the cost for Medicare-covered Therapeutic shoes or inserts.* Diabetes Supplies and Services are limited to specific manufacturers, products and/or brands.

Summary of Benefits

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

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Immunizations	$0 cost.	***In-Network*** $0 copay for Medicare-covered services.
Mammograms	$0 cost.	***In-Network*** $0 copay for Medicare-covered services.
Pap Smears and Pelvic Exams	$0 cost.	***In-Network*** $0 copay for Medicare-covered services.
Prostate Cancer Screening Exams	$0 cost.	***In-Network*** $0 copay for Medicare-covered services.
End-Stage Renal Disease	$0 cost.	***In-Network*** 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.	***In-Network*** 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)
Prescription Drugs (continued)	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. For Categorically Needy recipients, limited to legend Barbiturates, Benzodiazepines and certain over-the-counter drugs and vitamins.	• $0 copay or • $1.20 copay or • $2.65 copay For all other drugs, either: • $0 copay or • $3.60 copay or • $6.60 copay You can get drugs the following way(s): • one-month (30-day) supply • two-month (60-day) supply • three-month (90-day) supply
Dental Services	$0 cost.	***In-Network*** 0% or 20% of the cost for Medicare-covered dental benefits.*
Hearing Services	$0 cost.	***In-Network*** 0% or 20% of the cost for Medicare-covered diagnostic hearing exams.*
Vision Services	$0 cost.	***In-Network*** 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.*

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Welcome to Medicare; and Annual Wellness Visit	$0 cost.	***In-Network*** $0 copay for Medicare-covered annual wellness visit(s).
Non-Medicare-covered Additional Services		
Additional Podiatry Services	$0 cost.	***In-Network*** $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.	***In-Network*** $0 copay for the following preventive dental benefits: • 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 $475 plan coverage limit for supplemental comprehensive dental benefits every two years.
Additional Hearing Services	Not covered.	***In-Network*** $0 copay for up to 1 supplemental hearing aid every three years ($1,000 plan coverage limit). $0 copay for up to 1 supplemental routine hearing exam every year.

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Additional Chiropractic Services	Not covered.	$0 copay for up to 20 supplemental routine chiropractic visits every year.
Additional Vision Services	$0 cost.	***In-Network*** $0 copay for: • 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 pair of eyeglasses (lenses and frames) every two years; • up to 1 pair of contact lenses every two years. $150 plan coverage limit for supplemental eyewear every two years.
Health/Wellness Education	Not covered.	***In-Network*** The plan covers the following supplemental education/wellness programs: • Health education • Disease management services • 24-hour health advice line • Weight Watchers® program ($2 copay) • Home safety improvement ($1,000 lifetime limit)

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Transportation (Routine)	$0 cost.	***In-Network*** $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.

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.
Rural Health Clinic*	$0 copay.	Not covered.
Peer Specialist Services	$0 copay.	Not covered.
Family Planning Services	$0 copay.	Not covered.
Nursing Home**	$0 copay.	Not covered.

Summary of Benefits

Benefit	Medicaid	Health Partners Medicare Special Plan (HMO SNP)
Home and Community Based Waiver Services	• $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.

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