

2016

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, Inc. with a Medicare contract)

Summary of Benefits January 1, 2016 - December 31, 2016

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."

- 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.

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 Special (HMO-SNP)).

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what Health Partners Medicare Special (HMO-SNP) covers 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>.

SECTIONS IN THIS BOOKLET

- Things to Know About Health Partners Medicare Special (HMO SNP)
- 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).

Este documento podría estar disponible en otros formatos como Braille y letra grande. Este documento podría estar disponible en otro idioma que no sea inglés. Para obtener información adicional, llámenos al 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, 7 days a week.

HEALTH PARTNERS MEDICARE SPECIAL (HMO SNP) 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 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. Our service area includes the following counties in Pennsylvania: Bucks, Chester, Delaware, Montgomery, and Philadelphia.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

Health Partners Medicare Special (HMO SNP) 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 & Pharmacy Directory* at our website (HPPMedicare.com).

Or, call us and we will send you a copy of the *Provider & Pharmacy Directory*.

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.**
- **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?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Health Partners Medicare is an HMO plan with Medicare and Pennsylvania State Medicaid program contracts. 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.

Summary of Benefits Health Partners Medicare Special (HMO SNP)

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

<p>How much is the monthly premium?</p>	<p>\$0 per month. In addition, you must keep paying your Medicare Part B premium.</p>
<p>How much is the deductible?</p>	<p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$147 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2016.</p> <p>\$0 to \$74 per year for Part D prescription drugs.</p>
<p>Is there any limit on how much I will pay for my covered services?</p>	<p>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.</p> <p>In this plan, you may pay nothing for some services, depending on your level of Medicaid eligibility.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<p>Is there a limit on how much the plan will pay?</p>	<p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>

Summary of Benefits Health Partners Medicare Special (HMO SNP)

Covered Medical and Hospital Benefits

Note: • Services with a ¹ may require prior authorization.

<p><u>Outpatient Care and Services</u></p> <p>Acupuncture</p>	<p>For up to 20 visit(s) every year: \$5 copay</p> <p>Services must be received from network providers.</p>
<p>Ambulance¹</p>	<p>0% or 20% of the cost</p>
<p>Chiropractic Care</p>	<p>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</p> <p>Routine chiropractic visit (for up to 20 every year): You pay nothing</p>
<p>Dental Services</p>	<p>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</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning (for up to 2 every year): \$0 copay • Dental x-ray(s) (for up to 1 every year): \$0 copay • Fluoride treatment (for up to 1 every year): \$0 copay • Oral exam (for up to 2 every year): \$0 copay <p>Plan also offers \$650 toward restorative dental services every year.</p>

Summary of Benefits Health Partners Medicare Special (HMO SNP)

<p>Diabetes Supplies and Services</p>	<p>Diabetes monitoring supplies: 0% or 20% of the cost</p> <p>Diabetes self-management training: 0% or 20% of the cost</p> <p>Therapeutic shoes or inserts: 0% or 20% of the cost</p>
<p>Diagnostic Tests, Lab and Radiology Services, and X-Rays¹</p> <p><i>(Costs for these services may vary based on place of service)</i></p>	<p>Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost</p> <p>Diagnostic tests and procedures: 0-20% of the cost, depending on the service</p> <p>Lab services: 0-20% of the cost, depending on the service</p> <p>Outpatient x-rays: 0% or 20% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost</p> <p>Coinsurance relates to specific services. If you receive different services during one visit, you may be required to pay coinsurance for each service.</p>
<p>Doctor's Office Visits¹</p>	<p>Primary care physician visit: 0% or 20% of the cost</p> <p>Specialist visit: 0% or 20% of the cost</p>
<p>Durable Medical Equipment (wheelchairs, oxygen, etc.)¹</p>	<p>0% or 20% of the cost</p> <p>If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.</p> <p>You must get prior authorization from the plan for covered Durable Medical Equipment that costs more than \$500.</p>

Summary of Benefits Health Partners Medicare Special (HMO SNP)

<p>Emergency Care</p>	<p>0% or 20% of the cost (up to \$75)</p> <p>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.</p>
<p>Foot Care (<i>podiatry services</i>)</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost.</p> <p>Routine foot care (for up to 1 visit every three months): \$15 copay</p>
<p>Hearing Services</p>	<p>Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost</p> <p>Routine hearing exam (for up to 1 every year): \$0 copay</p> <p>Hearing aid: \$0 copay</p> <p>You are covered up to \$1,000 for hearing aids every 3 years.</p>
<p>Home Health Care¹</p>	<p>You pay nothing</p>

Summary of Benefits Health Partners Medicare Special (HMO SNP)

<p>Mental Health Care¹</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>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.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p> <p>In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$1,260 deductible for days 1 through 60 • \$315 copay per day for days 61 through 90 • \$630 copay per day for 60 lifetime reserve days <p>These amounts may change for 2016.</p> <p>Outpatient group therapy visit: 0% or 20% of the cost</p> <p>Outpatient individual therapy visit: 0% or 20% of the cost</p>
<p>Outpatient Rehabilitation¹</p>	<p>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</p> <p>Occupational therapy visit: 0% or 20% of the cost</p> <p>Physical therapy and speech and language therapy visit: 0% or 20% of the cost</p>

Summary of Benefits Health Partners Medicare Special (HMO SNP)

<p>Outpatient Substance Abuse¹</p>	<p>Group therapy visit: 0% or 20% of the cost</p> <p>Individual therapy visit: 0% or 20% of the cost</p>
<p>Outpatient Surgery¹</p>	<p>Ambulatory surgical center: 0% or 20% of the cost</p> <p>Outpatient hospital: 0% or 20% of the cost</p> <p>Coinsurance relates to specific services. If you receive different services during one visit, you may be required to pay coinsurance for each service.</p>
<p>Over-the-Counter Items</p>	<p>Please visit our website to see our list of covered over-the-counter items.</p> <p>This plan covers over-the-counter items up to \$50 per month at participating pharmacies. Unused allowances at the end of a month do not carry over to the next month.</p>
<p>Prosthetic Devices (braces, artificial limbs, etc.)¹</p>	<p>Prosthetic devices: 0% or 20% of the cost</p> <p>Related medical supplies: 0% or 20% of the cost</p> <p>You must get prior authorization from the plan for most prosthetic devices.</p>
<p>Renal Dialysis</p>	<p>0% or 20% of the cost</p>

Summary of Benefits Health Partners Medicare Special (HMO SNP)

<p>Transportation</p>	<p>You pay nothing. You have no copay for up to 40 one-way trips per year.</p> <p>Transportation must be for medical reasons. Trips must be arranged through the plan's transportation vendor. Contact plan for details.</p>
<p>Urgently Needed Services</p>	<p>0% or 20% of the cost (up to \$65)</p>
<p>Vision Services</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost</p> <p>Routine eye exam (for up to 1 every year): \$0 copay</p> <p>Contact lenses (for up to 1 every two years): \$0 copay</p> <p>Eyeglasses (frames and lenses) (for up to 1 every two years): \$0 copay</p> <p>Eyeglass frames (for up to 1 every two years): \$0 copay</p> <p>Eyeglass lenses (for up to 1 every two years): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$150 every two years for eyewear. \$150 combined limit applies to all contact lenses, eyeglasses, frames and lenses listed above EXCEPT those provided after cataract surgery.</p>

Summary of Benefits

Health Partners Medicare Special (HMO SNP)

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
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- 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)

<p><u>Hospice</u></p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Contact us for more details.</p>
<p><u>Inpatient Care</u> Inpatient Hospital Care¹</p>	<p>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.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$1,260 deductible for days 1 through 60 • \$315 copay per day for days 61 through 90 • \$630 copay per day for 60 lifetime reserve days <p>These amounts may change for 2016.</p> <ul style="list-style-type: none"> • You pay nothing per day for days 91 and beyond
<p>Inpatient Mental Health Care</p>	<p>For inpatient mental health care, see the "Mental Health Care" section of this booklet.</p>
<p>Skilled Nursing Facility (SNF)¹</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$157.50 copay per day for days 21 through 100 <p>These amounts may change for 2016.</p>

Summary of Benefits Health Partners Medicare Special (HMO SNP)

Prescription Drug Benefits

<p>How much do I pay?</p>	<p>For Part B drugs such as chemotherapy drugs¹: 0% or 20% of the cost</p> <p>Other Part B drugs¹: 0% or 20% of the cost</p>
<p>Initial Coverage</p>	<p>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"> • \$0 copay; or • \$1.20 copay; or • \$2.95 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$7.40 copay <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p> <p>Members whose Low Income Subsidy (LIS) is Level 4 will pay 15% for all drugs, rather than the copay amounts shown above. Contact the plan for more information.</p>
<p>Catastrophic Coverage</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay nothing for all drugs.</p> <p>Members in LIS Level 4 will pay \$2.95 for generic drugs, \$7.40 for all other drugs, or 5% of the cost, whichever is greater.</p>



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 quý vị cần thông dịch viên xin gọi 1-866-901-8000 sẽ có nhân viên nói tiếng Việt giúp đỡ quý 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 Italiano 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。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-Covered Benefits for Contract H9207, Plan 004

To help you better understand your health care options, the following chart describes the costs for certain services as a Pennsylvania Medical Assistance (Medicaid) 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 Medicaid.

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 those services covered by our plan that show “0% or 20% of the cost” in this Summary of Benefits.

Medicaid will cover cost-sharing amounts only when your primary care doctor and other providers participate in the Medicaid 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 health care 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 benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what the Medical Assistance program covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Summary of Medicaid-Covered Benefits

Benefit Category	Medicaid	Health Partners Medicare Special (HMO SNP)
Acupuncture	Not covered	<p><i>In-Network</i></p> <p>\$5 copay for each visit, for up to 20 visits a year</p>
Certified Registered Nurse Practitioner	<p>\$0-1 copay</p> <p>No limits</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for each Medicare-covered visit</p>
Chiropractic Services	<p>\$0-1 copay</p> <p>No limits</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 manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</p> <p>\$0 copay for up to 20 supplemental routine chiropractic visits every year</p>
Dental Services	<p>\$0-1 copay</p> <p>Dentures covered once a lifetime.</p> <p>Exams/cleanings covered once every 180 days.</p> <p>Crowns, periodontics and endodontics covered only with an approved benefit limit exception.</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered dental benefits</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 • 1 fluoride treatment every year • 1 dental x-ray every year <p>\$650 plan coverage limit for supplemental comprehensive dental benefits every year</p>

Summary of Medicaid-Covered Benefits

Benefit Category	Medicaid	Health Partners Medicare Special (HMO SNP)
Diagnostic Tests, X-Rays, Lab Services and Radiology Services	<p>\$0-1 copay</p> <p>No limits</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered diagnostic radiology services (such as MRIs, CT scans)</p> <p>0-20% of the cost for diagnostic tests and procedures, depending on the service</p> <p>0-20% of the cost for lab services, depending on the service</p> <p>0% or 20% of the cost for outpatient x-rays</p> <p>0% or 20% of the cost for therapeutic radiology services (such as radiation treatment for cancer)</p>
Doctor's Office Visits	<p>\$0-1 copay</p> <p>No limits</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>
Durable Medical Equipment	<p>\$0-3 copay</p> <p>No limits</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered durable medical equipment</p>
Emergency Care	<p>\$0 copay</p> <p>No limits</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost (up to \$75) for Medicare-covered emergency room visits</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care</p>

Summary of Medicaid-Covered Benefits

Benefit Category	Medicaid	Health Partners Medicare Special (HMO SNP)
Family Planning Services	<p>\$0 copay</p> <p>No limits</p>	Not covered
Health/Wellness Services	Health advice line, fitness memberships and Weight Watchers memberships not covered	<p><i>In-Network</i></p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • 24-hour health advice line • Fitness center membership • Weight Watchers® program (\$2 copay)
Hearing Services	<p>\$0-1 copay</p> <p>Hearing aids not covered for adults</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for up to 1 supplemental hearing aid every 3 years (\$1,000 plan coverage limit)</p> <p>\$0 copay for 1 supplemental routine hearing exam every year</p>
Home Health Care	<p>\$0 copay</p> <p>No limit for first 28 days, then up to 15 days are covered each month</p>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered home health visits</p>

Summary of Medicaid-Covered Benefits

Benefit Category	Medicaid	Health Partners Medicare Special (HMO SNP)
Home Safety Assessment and Improvement	Not covered	<p><i>In-Network</i></p> <p>\$1,000 lifetime limit</p> <p>Program requirements apply</p> <p>Plan approval required</p>
Hospice	<p>\$0 copay</p> <p>Key limitation: Respite care covered up to 5 days during each 60-day certification period</p>	<p><i>In-Network</i></p> <p>You must get care from a Medicare-certified hospice</p> <p>You must consult with your plan before you select hospice</p>
Inpatient Hospital Care	<p>\$3 per day up to \$21 per admission</p> <p>No limits</p>	<p><i>In-Network</i></p> <p>Plan covers an unlimited number of days for each inpatient stay</p> <p>In 2015 the amounts for each inpatient stay are \$0 or:</p> <ul style="list-style-type: none"> • Days 1-60: \$1,260 deductible • Days 61-90: \$315 per day <p>The amounts may change for 2016</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 Medicaid-Covered Benefits

Benefit Category	Medicaid	Health Partners Medicare Special (HMO SNP)
Inpatient Mental Health Care	<p>\$3 per day up to \$21 per admission</p> <p>No limits</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 2015 the amounts for each inpatient stay are \$0 or:</p> <p>Days 1-60: \$1,260 deductible</p> <p>Days 61-90: \$315 per day</p> <p>\$630 per day for up to 60 lifetime reserve days</p> <p>The amounts may change for 2016</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital</p>
Medical Supplies	<p>\$0-3 copay</p> <p>No limits</p>	<p>0% or 20% of the cost for Medicare-covered medical supplies</p>
Nurse Midwife	<p>\$0 copay</p> <p>No limits</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for each Medicare-covered visit</p>

Summary of Medicaid-Covered Benefits

Benefit Category	Medicaid	Health Partners Medicare Special (HMO SNP)
Nursing Home	<p>\$0 copay</p> <p>In order to receive Nursing Home services, individuals must meet clinical criteria to be considered Nursing Facility Clinically Eligible (NFCE) by the local Area Agency on Aging.</p>	Not covered
Outpatient Mental Health Care	<p>\$0 copay</p> <p>No limits</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>
Outpatient Rehabilitation Services	<p>\$0-1 copay</p> <p>Covered only when provided by a hospital, outpatient clinic or home health provider</p>	<p><i>In-Network</i></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 Speech and Language therapy visits</p>
Outpatient Substance Abuse Treatment	<p>\$0 copay</p> <p>No limits</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered individual therapy visits</p> <p>0% or 20% of the cost for Medicare-covered group therapy visits</p>

Summary of Medicaid-Covered Benefits

Benefit Category	Medicaid	Health Partners Medicare Special (HMO SNP)
Outpatient Surgery	\$0-3 copay No limits	<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>
Over-the-Counter Items	Not covered	<p><i>In-Network</i></p> <p>\$50 monthly Over-the-Counter pharmacy allowance</p> <p>Prescription required</p> <p>Visit our plan website to see the list of covered Over-the-Counter items</p>
Podiatry Services	\$0-1 copay No limits	<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 foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</p> <p>\$15 copay for 1 supplemental routine podiatry visit every 3 months</p>

Summary of Medicaid-Covered Benefits

Benefit Category	Medicaid	Health Partners Medicare Special (HMO SNP)
<p>Prescription Drugs</p>	<p>\$1 generic / \$3 brand for Medicaid covered prescription drugs</p> <p>Certain drug categories are excluded from copays</p> <p>If you have Medicare, drugs covered under Medicare Part D are usually not covered by Medicaid</p>	<p><i>In-Network</i></p> <p>Depending on your income and institutional status, you pay the following during the Initial Coverage Period:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay or • \$1.20 copay or • \$2.95 copay or • 15% of the cost <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay or • \$3.60 copay or • \$7.40 copay or • 15% of the cost <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>Prosthetic Devices</p>	<p>\$0-3 copay</p> <p>Orthopedic shoes not covered</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 prosthetic devices</p> <p>0% or 20% of the cost for Medicare-covered therapeutic shoes or inserts</p>

Summary of Medicaid-Covered Benefits

Benefit Category	Medicaid	Health Partners Medicare Special (HMO SNP)
Psychiatric Partial Hospitalization	<p>\$0 copay</p> <p>No limits</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered psychiatric partial hospitalization services</p>
Renal Dialysis	<p>\$0 copay</p> <p>No limit in freestanding dialysis center</p> <p>Initial training for home dialysis limited to 24 sessions for each patient each year</p> <p>Backup visits to facility limited to 75 each year</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost for Medicare-covered renal dialysis</p>
Skilled Nursing Facility (SNF)	<p>\$0 copay</p> <p>365 days covered yearly</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 2015 the amounts for each benefit period are \$0 or:</p> <p>Days 1-20: \$0 per day</p> <p>Day 21-100: \$157.50 per day</p> <p>The amounts may change for 2016</p>
Tobacco Cessation	<p>\$0 copay</p> <p>Limited to 70 visits each year</p>	<p>Not covered unless member is participating in a disease management program</p>

Summary of Medicaid-Covered Benefits

Benefit Category	Medicaid	Health Partners Medicare Special (HMO SNP)
Transportation (routine)	<p>Medical Assistance Transportation Program provides special transportation or covers public transportation costs to/from Medical Assistance-covered services.</p> <p>No limits</p>	<p><i>In-Network</i></p> <p>\$0 copay for up to 40 one-way trips to plan-approved locations each year</p>
Urgently Needed Services	<p>\$0-1 copay</p> <p>No limits</p>	<p><i>In-Network</i></p> <p>0% or 20% of the cost (up to \$65)</p>
Vision Services	<p>\$0-1 copay</p> <p>Two routine exams covered yearly</p> <p>Glasses/contacts limited to patients with aphakia:</p> <ul style="list-style-type: none"> - Up to 2 eyeglass frames - Up to 4 eyeglass lenses or - Up to 4 contact lenses <p>Low vision aids limited to 1 every 2 years</p> <p>Eye ocular limited to 1 each year</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:</p> <ul style="list-style-type: none"> - 1 supplemental routine eye exam every year - 1 pair of eyeglasses (lenses and frames) every 2 years - 1 pair of contact lenses every 2 years <p>\$150 plan coverage limit for supplemental eyewear every 2 years</p>

Health Partners Medicare

901 Market Street, Suite 500
Philadelphia, PA 19107

Visit us at HPPMedicare.com

Health Partners Plans 

Doing it right.