

Summary Of Benefits

Utah

Davis, Salt Lake, Utah, and Weber

2019

Healthy Advantage (HMO SNP)
(877) 644-0344, TTY/TDD 711
7 days a week, 8 a.m. – 8 p.m. local time

MolinaHealthcare.com/Medicare



About Healthy Advantage (HMO SNP)

Healthy Advantage (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 and pharmacy directory at our website www.MolinaHealthcare.com/Medicare. Or, call us and we will send you a copy of the provider and pharmacy directories.

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."

Who can join?

To join **Healthy Advantage (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid by Utah Department of Health: Division of Medicaid & Health Financing, and live in our service area. Our service area includes the following counties in Utah: Davis, Salt Lake, Utah, and Weber.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*. 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 www.MolinaHealthcare.com/Medicare. 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 five "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 after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

How to reach us:

You can call us 7 days a week, 8 a.m. – 8 p.m. local time

If you are a **Member** of this plan, call toll-free:
(877) 644-0344; TTY/TDD 711

If you are **not a Member** of this plan, call toll-free:
(866) 939-5741; TTY/TDD 711

Or visit our website: www.MolinaHealthcare.com/Medicare

Monthly Premium, Deductible and Limits

| | |
|--|---|
| Monthly Health Plan Premium | <p>\$0-\$38.70 per month</p> <p>In addition, you must keep paying your Medicare Part B premium.</p> <p>If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.</p> |
| Deductible | <p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$183 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2019.</p> <p>\$0 to \$83 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.</p> |
| Maximum Out-of-Pocket Responsibility (this does not include prescription drugs) | <p>\$6,250 annually for services you receive from in-network providers.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid by Utah Department of Health: Division of Medicaid & Health Financing eligibility. Refer to the "Medicare & You" handbook for Medicare-covered services. For Medicaid covered services by Utah Department of Health: Division of Medicaid & Health Financing, refer to the Medicaid Coverage section in this document.</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>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> |

Covered Medical and Hospital Benefits

Healthy Advantage (HMO SNP)

INPATIENT HOSPITAL COVERAGE

Prior authorization may be required

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 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 2018 the amounts for each benefit period were \$0 or:

\$1,340 deductible for days 1 through 60

\$335 copay per day for days 61 through 90

\$670 copay per day for 60 lifetime reserve days

These amounts may change for 2019.

OUTPATIENT HOSPITAL COVERAGE

Outpatient hospital

0% or 20% of the cost

Prior authorization may be required

Ambulatory surgical center

0% or 20% of the cost

Prior authorization may be required

DOCTOR VISITS

Primary Care

0% or 20% of the cost

Specialists

0% or 20% of the cost

Referral may be required

Covered Medical and Hospital Benefits

| | Healthy Advantage (HMO SNP) |
|---------------------------------|--|
| PREVENTIVE CARE | |
| | <p>\$0 copay</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings & counseling • Bone mass measurements (bone density) • Cardiovascular disease screening • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screening • Colorectal cancer screening • Depression screenings • Diabetes screenings • Diabetes self-management training • Glaucoma tests • Hepatitis C screening test • HIV screening • Lung cancer screening • Mammograms (screening) • Nutrition therapy services • Obesity screenings & counseling • One-time "Welcome to Medicare" preventive visit • Prostate cancer screenings • Sexually transmitted infections screening & counseling • Vaccines including Flu shots, Hepatitis B shots, Pneumococcal shots • Tobacco use cessation counseling • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> |
| EMERGENCY CARE | |
| Emergency Care | 0% or 20% of the cost (up to \$80) waived if admitted within 24 hours |
| URGENTLY NEEDED SERVICES | |
| Urgently Needed Services | 0% or 20% of the cost (up to \$65) |

Covered Medical and Hospital Benefits

| Healthy Advantage (HMO SNP) | |
|---|---|
| DIAGNOSTIC SERVICES/LABS/IMAGING LAB SERVICES | |
| Diagnostic tests and procedures | 0% or 20% of the cost |
| <i>Prior authorization may be required</i> | |
| Lab services | 0% or 20% of the cost |
| Diagnostic radiology services (e.g., MRI, CT) | 0% or 20% of the cost |
| <i>Prior authorization may be required</i> | |
| Outpatient x-rays | 0% or 20% of the cost |
| Therapeutic radiology | 0% or 20% of the cost |
| <i>Prior authorization may be required</i> | |
| HEARING SERVICES | |
| Medicare-covered diagnostic hearing and balance exam | 0% or 20% of the cost |
| Exam to diagnose and treat hearing and balance issues | |
| Routine hearing exam | \$0 copay |
| 1 every year | |
| Fitting for hearing aid/evaluation | \$0 copay |
| 1 every 2 years | |
| Hearing aids | \$0 copay |
| <i>Prior authorization may be required</i> | Our plan pays up to \$1,000 every two years for hearing aids, both ears combined. |
| DENTAL SERVICES | |
| Medicare-covered dental services | \$0 copay |

Covered Medical and Hospital Benefits

| | Healthy Advantage (HMO SNP) |
|--|---|
| Preventive Dental | <p>Preventive: No maximum allowance per year Comprehensive: \$1,500 annual maximum allowance</p> <p>\$0 Office Visit Co-Pay</p> <p>Oral Exams: 2 per year, comprehensive periodontal exams covered once per provider per lifetime.</p> <p>Prophylaxis (Cleaning): up to 2 every year</p> <p>Flouride Treatment: up to 2 every year</p> <p>X-Rays: Periapicals – up to 6 per year, Bitewings – up to 4 per year; Panoramic Radiographic X-rays covered once every 5 years</p> |
| Comprehensive Dental <i>Prior authorization may be required</i> | <p>Non-Routine: Scaling up to 4 quadrants every 24 months; Full Mouth Debridement one every year, Periodontal Maintenance up to 2 per 12 months, and Palliative Emergency Treatment up to 4 per year.</p> <p>Extractions: Simple extractions up to 8 per year; Surgical removal of erupted and impacted teeth up to 3 per year</p> <p>Restorative Services: up to 6 restorations per year, not to exceed a total of 12 surfaces per year</p> <p>Crowns up to 2 per year, no more than 1 per tooth every 5 years</p> <p>Denture Adjustments up to 4 per year. Dentures covered once every 5 years. Endodontics covered one per tooth per year.</p> <p>Other Services: Unlimited based on Medical Necessity: Deep Sedation with Oral Surgery; Intravenous with Oral Surgery. One per tooth per lifetime: Intraoral and Extraoral incision and drainage.</p> |
| VISION SERVICES | |
| Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening) Eyeglasses or contact lenses after cataract surgery | 0% or 20% of the cost |

Covered Medical and Hospital Benefits

| | Healthy Advantage (HMO SNP) |
|---|---|
| Routine eye exam 1 every year | \$0 copay |
| Eyewear <ul style="list-style-type: none"> • Contact lenses • Eyeglasses (frames and lenses) • Eyeglass frames • Eyeglass lenses • Upgrades | 0% or 20% of the cost Our plan pays up to \$150 allowance every year for eyewear. |
| MENTAL HEALTH SERVICES | |
| Mental Health Services <i>Prior authorization may be required</i> | <p>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 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 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 2018 the amounts for each benefit period were \$0 or:</p> <p>\$1,340 deductible for days 1 through 60 \$335 copay per day for days 61 through 90 \$670 copay per day for 60 lifetime reserve days</p> <p>These amounts may change for 2019.</p> |
| Outpatient individual/group therapy visit | 0% or 20% of the cost |

Covered Medical and Hospital Benefits

| | Healthy Advantage (HMO SNP) |
|--|--|
| SKILLED NURSING FACILITY | |
| No prior hospitalization is required | Our plan covers up to 100 days in a SNF |
| <i>Prior authorization may be required</i> | <p>In 2018 the amounts for each benefit period were \$0 or:</p> <p>\$0 for days 1 through 20</p> <p>\$167.50 per day for days 21 through 100 each benefit period</p> <p>These amounts may change for 2019.</p> |
| PHYSICAL THERAPY | |
| Physical Therapy and Speech Therapy Services | 0% or 20% of the cost |
| <i>Prior authorization may be required</i> | |
| Cardiac and Pulmonary Rehabilitation | 0% or 20% of the cost |
| Occupational Therapy Services | 0% or 20% of the cost |
| <i>Prior authorization may be required</i> | |
| AMBULANCE | |
| <i>Prior authorization required for non-emergent ambulance only.</i> | 0% or 20% of the cost |
| TRANSPORTATION | |
| 48 one-way trips to and from plan approved locations. | \$0 copay |

Prescription Drug Benefits

MEDICARE PART B DRUGS

Chemotherapy drugs 0% or 20% of the cost

Prior authorization may be required

Other Part B drugs 0% or 20% of the cost

Prior authorization may be required

INITIAL COVERAGE STAGE

Depending on your level of Medicaid eligibility, your Part D deductible may vary. After you pay your applicable deductible you begin in this stage when you fill your first prescription of the year.

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$3,820.

Depending on your income and institutional status, you pay the following:

| | Standard Retail Pharmacy and Mail Order Pharmacy |
|-----------------------------------|---|
| Tier 1 (Preferred Generic) | \$0 copay |
| One, two or three month supply | |
| Tier 2 (Generic) | \$0 copay |
| One, two or three month supply | |
| Tier 3 (Preferred Brand) | For generic drugs (including brand drugs treated as generic), either: |
| One, two or three month supply | \$0 copay; or \$1.25 copay; or \$3.40 copay |
| | For all other drugs, either: |
| | \$0 copay; or \$3.80 copay; or \$8.50 copay |

Prescription Drug Benefits

Tier 4 (Non-Preferred Drug)

One, two or three month supply

For generic drugs (including brand drugs treated as generic), either:

\$0 copay; or \$1.25 copay; or \$3.40 copay

For all other drugs, either:

\$0 copay; or \$3.80 copay; or \$8.50 copay

Tier 5 (Specialty Tier)

One month supply

For generic drugs (including brand drugs treated as generic), either:

\$0 copay; or \$1.25 copay; or \$3.40 copay

Specialty drugs are limited to a one-month supply.

For all other drugs, either:

\$0 copay; or \$3.80 copay; or \$8.50 copay

COVERAGE GAP STAGE

During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 37% of the price for generic drugs. You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$5,100. This amount and rules for counting costs toward this amount have been set by Medicare.

CATASTROPHIC COVERAGE STAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100 the plan will pay most of the costs of your drugs.

Additional Covered Benefits

| Healthy Advantage (HMO SNP) | |
|---|-------------------------------|
| DIALYSIS SERVICES | |
| | 0% or 20% of the cost |
| CHIROPRACTIC CARE | |
| Medicare-Covered Chiropractic Services | 0% or 20% of the cost |
| Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position) | |
| HOME HEALTH CARE | |
| <i>Prior authorization may be required</i> | \$0 copay |
| OUTPATIENT SUBSTANCE ABUSE | |
| Group therapy visit | 0% or 20% of the cost |
| Individual therapy visit | 0% or 20% of the cost |
| OVER-THE-COUNTER ITEMS | |
| Over-the-Counter Items | \$0 copay |
| Allowance expires at the end of the calendar year. | \$75 allowance every 3 months |
| OUTPATIENT BLOOD SERVICES | |
| Outpatient Blood Services | 0% or 20% of the cost |
| 3-Pint deductible waived. | |
| MEALS BENEFIT | |
| Standard meal cycle is a 2 week menu with a total of 28 meals delivered to the Member, based on Member need. Additional 28 meals with approval. | \$0 copay |
| <i>Prior authorization may be required</i> | |

Additional Covered Benefits

Healthy Advantage (HMO SNP)

FOOT CARE (PODIATRY SERVICES)

Medicare-covered foot exam and treatment 0% or 20% of the cost

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.

Routine foot care \$0 copay

Up to 12 visit(s) of routine foot care every year.

MEDICAL EQUIPMENT / SUPPLIES

Durable Medical Equipment (e.g., wheelchairs, oxygen) 0% or 20% of the cost

Prior authorization may be required

Prosthetics/Medical Supplies 0% or 20% of the cost

Prior authorization may be required

Diabetic Supplies and Services \$0 copay

Prior authorization not required for preferred manufacturer

HEALTH AND WELLNESS EDUCATION PROGRAMS

Health Education \$0 copay

The Health Plan has health programs to help you learn to manage your health conditions including health education, learning materials, health advice and care tips.

24-Hour Nurse Advice Line \$0 copay

Available 24 hours a day, 7 days a week.

Additional Covered Benefits

| | Healthy Advantage (HMO SNP) |
|---|-----------------------------|
| Nutritional/Dietary Benefit 12 Individual or group sessions every year. Individual telephonic nutrition counseling upon request. | \$0 copay |
| Fitness Benefit FitnessCoach offers Members access to contracted fitness facilities and/or Home Fitness Kits for Members who prefer to exercise at home or while traveling. | \$0 copay |
| Remote Access Technologies | \$0 copay |

Summary of Medicaid-Covered Benefits

Your state Medicaid program can be reached through the office of the Utah Department of Health: Division of Medicaid & Health Financing.

A person who is entitled to both Medicare and medical assistance from a State Medicaid plan is considered a dual eligible. As a dual eligible beneficiary your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage varies depending on your income, resources, and other factors. Benefits may include full Medicaid benefits and/or payment of some or all of your Medicare cost-share (premiums, deductibles, coinsurance, or copays). Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Medicare-covered services.

Below is a list of dual eligibility coverage categories for beneficiaries who may enroll in the Healthy Advantage (HMO SNP) Plan:

- **Qualified Medicare Beneficiary (QMB):** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. You receive Medicaid coverage of Medicare cost-share but are not otherwise eligible for full Medicaid benefits.
- **QMB+:** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You receive Medicaid coverage of Medicare cost-share and are eligible for full Medicaid benefits.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Medicare Part B premium only. You are not eligible for other Medicaid benefits.
- **SLMB+:** Medicaid pays your Medicare Part B premium and provides full Medicaid benefits.
- **Qualifying Individual (QI):** Medicaid pays your Medicare Part B premium only. You are not otherwise eligible for Medicaid benefits.
- **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost-sharing as well as full Medicaid benefits.
- **Qualified Disabled and Working Individual (QDWI):** Eligible for Medicaid payment of your Medicare Part A premium only. You are not otherwise eligible for Medicaid.

If you are a QMB or QMB+ Beneficiary:

You have a \$0 cost-share, except for Part D prescription drug copays, as long as you remain a QMB or QMB+ Member.

If you are a SLMB+ or FBDE Beneficiary:

You are eligible for full Medicaid benefits and, at times, limited Medicare cost-share. As such your cost-share is 0% or 20%*. Typically your cost-share is 0% when the service is covered by both Medicare and Medicaid. Additionally, preventive wellness exams and supplemental benefits provided by Healthy Advantage are also at a \$0 cost-share. In rare instances, you will pay 20%* when a service or benefit is not covered by Medicaid (see the chart below).

If you are a SLMB, QI, or QDWI Beneficiary:

Because Medicaid does not pay your cost-share, and you do not have full Medicaid benefits, your cost-share is typically 20%*. There are a few exceptions such as preventive wellness exams and supplemental benefits provided by Healthy Advantage, where you will have a \$0 cost-share.

Note – Preventive wellness exams and supplemental benefits have a \$0 cost-share.

Eligibility Changes:

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office and to maintain your Medicaid eligibility status.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If your eligibility status changes, your cost-share may also change from 0% to 20%* or from 20%* to 0%. If you lose Medicaid coverage entirely, you will be given a grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

If you no longer qualify for Medicaid you may be involuntarily disenrolled from the Plan. Your state Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply for Medicaid. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

If you are currently entitled to receive full or partial Medicaid benefits please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions. The Utah Medicaid program can be reached through the office of the Utah Department of Health: Division of Medicaid & Health Financing.

*Annual deductible for Part B services, and 20% coinsurance (as applicable), in addition to varying cost-share amounts for Part A services apply when Member's cost-share amount is not 0%.

How to Read the Medicaid Benefit Chart

The chart below shows what services are covered by Medicare and Medicaid. You will see the word "Covered" under the Medicaid column if Medicaid also covers a service that is covered under the **Healthy Advantage (HMO SNP)** Plan. The chart applies only if you are entitled to benefits under your state's Medicaid program. Your cost-share varies based on your Medicaid category.

Medicaid-Covered Benefits Chart

| | HEALTHY ADVANTAGE (HMO SNP) | MEDICAID STATE PLAN |
|--|--|--|
| IMPORTANT INFORMATION | | |
| Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing. | General \$0 - \$38.70 monthly plan premium In-Network \$0 or \$183 deductible per year for in-network services. This amount may change for 2019. \$0 to \$83 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible. \$6,250 out-of-pocket limit for Medicare-covered services. Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services | Medicaid assistance with premium payments and cost-share may vary based on your level of Medicaid eligibility. |
| Doctor and Hospital Choice <i>(For more information, see Emergency Care and Urgently Needed Care.)</i> | In-Network You must go to network doctors, specialists, and hospitals. Referral required for network specialists (for certain benefits). | You must go to doctors, specialists, and hospitals that accept Medicaid assignment. |
| OUTPATIENT CARE SERVICES | | |
| Acupuncture | Not Covered | Not Covered |
| Ambulance Services <i>(Medically necessary ambulance services)</i> | Covered | Covered |
| Cardiac and Pulmonary Rehabilitation Services | Covered | Covered (Requires prior authorization) |

Medicaid-Covered Benefits Chart

| | HEALTHY ADVANTAGE (HMO SNP) | MEDICAID STATE PLAN |
|---|-----------------------------|--|
| Chiropractic Services | Covered | Covered (Limited to spinal manipulation) 8-18 Chiropractic Services. Coverage of chiropractic service is specifically limited to spinal manipulation treatment. Manual devices may be used by chiropractors in performing manual manipulation of the spine, however, no additional payment is available for use of the device, nor does Medicaid recognize an extra charge for the device itself. No other diagnostic or therapeutic service furnished by a chiropractor or under the chiropractor's order is covered. |
| Dental Services | Covered | Covered for eligible Medicaid members who are pregnant, disabled, blind or qualify for Child Health Evaluation and Care (CHEC). Not Covered for all others |
| Diabetes Programs and Supplies | Covered | Covered |
| Diagnostic Tests, X-Rays, Lab Services, and Radiology Services | Covered | Covered |
| Doctor Office Visits | Covered | Covered |
| Durable Medical Equipment <i>(Includes wheelchairs, oxygen, etc.)</i> | Covered | Covered - requires a doctor's face to face initial order and prior approval from State Medicaid. |
| Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i> | Covered | Covered |
| Hearing Services | Covered | Covered for pregnant women and enrollees eligible for CHEC Not Covered for all others |

Medicaid-Covered Benefits Chart

| | HEALTHY ADVANTAGE (HMO SNP) | MEDICAID STATE PLAN |
|---|-----------------------------|--|
| Home Health Service <i>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i> | Covered | Covered - requires a doctor's face to face initial order and prior approval from State Medicaid. |
| Outpatient Mental Health Care | Covered | Covered (through approved Medicaid providers) |
| Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i> | Covered | Covered Occupational Therapy Physical Therapy Speech Therapy covered only for pregnant women and CHEC enrollees. (There may be a limit to the number of visits covered.) |
| Outpatient Services | Covered | Covered |
| Outpatient Substance Abuse Care | Covered | Covered – through Medicaid approved providers. |
| Over-the-Counter Items | Covered | Covered Limited Coverage with prescription from MD |
| Podiatry Services | Covered | Covered |
| Prosthetic Devices <i>(Includes braces, artificial limbs and eyes, etc.)</i> | Covered | Covered |
| Transportation Services <i>(Routine)</i> | Covered | Covered for Enrollees on the Traditional Medicaid program (with restrictions) |

Medicaid-Covered Benefits Chart

| | HEALTHY ADVANTAGE (HMO SNP) | MEDICAID STATE PLAN |
|--|-----------------------------|---|
| Urgently Needed Services <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i> | Covered | Covered (Some limitations apply) |
| Vision Services | Covered | Covered – 1 Eye exam each year. Covered – Approved eyewear only for pregnant women and enrollees eligible for CHEC once every 24 months. (Restrictions apply if required more often.) Eyewear is not Covered for all others |
| Wellness/Education and other Supplemental Benefit Programs | Covered | Covered |
| INPATIENT CARE | | |
| Inpatient Hospital Care <i>(Includes Substance Abuse and Rehabilitation Services)</i> | Covered | Covered– (Must have a referral from your doctor unless it is an emergency.) Restrictions apply with Inpatient Substance Abuse |
| Inpatient Mental Health Care | Covered | Covered (through approved Medicaid providers) |
| Skilled Nursing Facility (SNF) <i>(In a Medicare-certified skilled nursing facility)</i> | Covered | Covered for the first 30 days by the Health Plan. Longer than 30 days in a SNF will be covered directly through State Medicaid. (Some limitations apply) |
| PREVENTIVE SERVICES | | |
| Kidney Disease and Conditions | Covered | Covered (Some limitations apply) |
| Preventive Services | Covered | Covered |
| HOSPICE | | |
| Hospice | Not Covered | Covered |

Medicaid-Covered Benefits Chart

| | HEALTHY ADVANTAGE (HMO SNP) | MEDICAID STATE PLAN |
|--------------------------------------|--|--|
| PRESCRIPTION DRUG BENEFITS | | |
| Outpatient Prescription Drugs | Covered | Covered Generic brands covered, some prescriptions require approval. |

For Members who are entitled to full benefits under Medicaid, listed below are additional benefits that you may be entitled to. These are additional Medicaid benefits that are covered by your state Medicaid program but may not be covered under the **Healthy Advantage (HMO SNP)** Plan:

| Additional Medicaid Benefits | |
|---|--|
| BENEFITS | MEDICAID COVERAGE |
| Birth Control | Covered |
| Maternity Care | Covered |
| Mental Health- Peer Support Services | Covered - (through approved Medicaid providers.) |
| Mental Health-Psychosocial Rehabilitative Services | Covered - (through approved Medicaid providers.) |
| Midwife Services | Covered |
| Prescriptions | Covered – Generic brands. Some prescriptions require approval. If you have Medicare, Medicaid does not pay, Medicare Part D covers prescriptions. |
| Tobacco Cessation Services | Covered for pregnant women. (Limited to 4 intermediate sessions and 3 intensive sessions in a 12 month period.) Some services and products are Covered for other members. |
| Waiver Programs | Covered under specific criteria |

Find out more

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 Healthy Advantage (HMO SNP)). 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.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Healthy Advantage (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>.

This information is available in other formats, such as Braille, large print, and audio.

Healthy Advantage (HMO SNP) is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Healthy Advantage (HMO SNP) depends on contract renewal.

This information is not a complete description of benefits. Call (877) 644-0344 TTY 711 for more information. Authorization and/or referral may be required.

You must continue to pay your Medicare Part B premium. As a full dual Member, your State may cover your Part B premium, based upon your level of Medicaid eligibility. Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.



Member Services (877) 644-0344, TTY/TDD 711
7 days a week, 8 a.m. – 8 p.m. local time