

CommuniCare Advantage (HMO-SNP)

(H7086)

2011 Summary of Benefits Special Needs Plan



A Medicare Advantage organization with a Medicare contract.

This information is available in a different format, including Spanish or large print. Please call Member Services at the number listed above if you need plan information in another format or language.

Es posible que esta información esté disponible en un formato ó idioma diferente, como en letra más grande o en Español. Si usted necesita la información en un formato ó idioma diferente por favor comuníquese al departamento de Servicios a Participantes al teléfono arriba mencionado.



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Section I - Introduction to Summary of Benefits

Thank you for your interest in **CommuniCare Advantage (HMO SNP)**. Our plan is offered by COMMUNITY HEALTH GROUP, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

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

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

Please call **CommuniCare Advantage (HMO-SNP)** to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call **CommuniCare Advantage (HMO-SNP)** and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like **CommuniCare Advantage (HMO SNP)**. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call **CommuniCare Advantage (HMO-SNP)** at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare **CommuniCare Advantage (HMO-SNP)** and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS **CommuniCare Advantage (HMO-SNP) AVAILABLE?**

The service area for this plan includes: San Diego County, CA. You must live in this area to join the plan.

WHO IS ELIGIBLE TO JOIN **CommuniCare Advantage (HMO SNP)?**

You can join **CommuniCare Advantage (HMO-SNP)** if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End Stage Renal Disease generally are not eligible to enroll in **CommuniCare Advantage (HMO-SNP)** unless they are members of our organization and have been since their dialysis began.

You must also be enrolled in the State Medicaid program to join this plan. Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

CommuniCare Advantage (HMO-SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.chgsd.com/CHGSDphysHospFinder/physicianFinderLite.aspx.

Our customer service number is listed at the end of this introduction.

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

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

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

CommuniCare Advantage (HMO-SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.chgsd.com. Our customer service number is listed at the end of this introduction.

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

CommuniCare Advantage (HMO-SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

CommuniCare Advantage (HMO-SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.chgsd.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or

for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of **CommuniCare Advantage (HMO SNP)**, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of **CommuniCare Advantage (HMO SNP)**, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription

drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact **CommuniCare Advantage (HMO-SNP)** for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact **CommuniCare Advantage (HMO-SNP)** for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Community Health Group for more information about **CommuniCare**

Advantage (HMO SNP).

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

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 Hours Pacific

Current and Prospective members should call toll-free (888)-244-4430 for questions related to the Medicare Advantage Program. (TTY/TDD (800)-735-2929).

Current and Prospective members should call locally (619)-422-0422 for questions related to the Medicare Advantage Program. (TTY/TDD (800)-735-2929).

Current and Prospective members should call toll-free (888)-244-4430 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-735-2929)

Current and Prospective members should call locally (619)-422-0422 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-735-2929)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats or languages.

CommuniCare Advantage (HMO - SNP) has a Medicare Advantage contract with the Centers for Medicare and Medicaid Services (CMS), the branch of the federal government that administers Medicare. This contract is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed. Applicants must have Parts A and B coverage. Enrolled members must use **CommuniCare Advantage (HMO - SNP)** providers for routine care.

Section II - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact **CommuniCare Advantage (HMO)** for details.

Important Information

Because you are eligible for benefits from Medicaid, the State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. The cost sharing amounts you will pay are listed below. In addition, you will have to pay the co-payment amounts listed below for Part D drug coverage. Contact your plan for additional information.

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
|--|---|--|
| IMPORTANT INFORMATION | | |
| 1 - Premium and Other Important Information | <p>In 2011 the monthly Part B Premium is \$0 and the yearly Part B deductible amount is \$0.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> | <p>General</p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$32.30 monthly plan premium*</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.*</p> <p>In-Network</p> <p>\$0 yearly deductible.*</p> <p>\$6,700 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p> |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
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| 2 - Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.) | You may go to any doctor, specialist or hospital that accepts Medicare. | In-Network You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits). |

SUMMARY OF BENEFITS

INPATIENT CARE

| | | |
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| 3- Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services) | For each benefit period: Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. | In-Network Plan covers 90 days each benefit period. You will not be charged additional cost sharing for professional services. \$0 yearly deductible* \$0 copay* Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. |
| 4 - Inpatient Mental Health Care | Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital. | In-Network You get up to 190 days in a Psychiatric Hospital in a lifetime. Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care") |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
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| | | <p>\$0 yearly deductible*</p> <p>\$0 copay*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |
| <p>5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p> | <p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$0 per day</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p> | <p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>\$0 yearly deductible*</p> <p>\$0 copay for SNF services*</p> <p>You will not be charged additional cost sharing for professional services.</p> |
| <p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p> | <p>\$0 copay.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.*</p> |
| <p>7 - Hospice</p> | <p>You must get care from a Medicare-certified hospice.</p> | <p>General You must get care from a Medicare-certified hospice.</p> |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
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| OUTPATIENT CARE | | |
| 8 - Doctor Office Visits | 0% coinsurance | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.*</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.*</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.*</p> |
| 9 - Chiropractic Services | <p>Routine care not covered.</p> <p>0% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> | <p>In-Network \$0 copay for Medicare-covered chiropractic visits.*</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> |
| 10 - Podiatry Services | <p>Routine care not covered.</p> <p>0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered podiatry benefits.*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> |
| 11 - Outpatient Mental Health Care | 0% coinsurance for most outpatient mental health services. | <p>General Authorization rules may apply.</p> |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
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| | | <p>In-Network \$0 copay for Medicare-covered Mental Health visits.*</p> <p>\$0 copay for each Medicare-covered visit with a psychiatrist.*</p> |
| 12 - Outpatient Substance Abuse Care | 0% coinsurance | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered visits.*</p> |
| 13 - Outpatient Services/Surgery | 0% coinsurance for the doctor 0% of outpatient facility charges | <p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.*</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.*</p> |
| 14 - Ambulance Services (medically necessary ambulance services) | 0% coinsurance | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered ambulance benefits.*</p> |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
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| <p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p> | <p>0% coinsurance for the doctor</p> <p>0% of facility charge or 0% per emergency room visit</p> <p>NOT covered outside the U.S. except under limited circumstances.</p> | <p>General</p> <p>\$0 copay for Medicare-covered emergency room visits.*</p> <p>Worldwide coverage.</p> |
| <p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p> | <p>0% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p> | <p>General</p> <p>\$0 copay for Medicare-covered urgent-care visits.*</p> |
| <p>17- Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</p> | <p>0% coinsurance</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$0 copay for Medicare-covered Occupational Therapy visits.*</p> <p>\$0 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.*</p> <p>\$0 copay for Medicare-covered Cardiac Rehab services.*</p> |
| <p><i>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</i></p> | | |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
|---|---|---|
| 18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.) | 0% coinsurance | General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.* |
| 19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.) | 0% coinsurance | Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.* |
| 20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes) | 0% coinsurance Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. | In-Network \$0 copay for Diabetes self-monitoring training.* \$0 copay for Nutrition Therapy for Diabetes.* \$0 copay for Diabetes supplies.* |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
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| 21 - Diagnostic Tests, X-Rays, and Lab Services | <p>0% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services* - diagnostic procedures and tests* - X-rays* - diagnostic radiology services (not including X-rays)* - therapeutic radiology services* |
| <i>PREVENTIVE SERVICES</i> | | |
| 22 - Bone Mass Measurement (for people with Medicare who are at risk) | <p>No coinsurance, copayment or deductible.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p> | <p>General Authorization rules may apply. -covered bone mass measurement.*</p> <p>In-Network \$0 copay for Medicare-covered bone mass measurement*</p> |
| 23 - Colorectal Screening Exams (for people with Medicare age 50 and older) | <p>No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.</p> <p>Covered when you are high risk or when you are age 50 and older.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered colorectal screenings.*</p> |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
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| <p>24 – Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p> | <p>\$0 copay for Flu, Pneumonia and Hepatitis B vaccines.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p> | <p>In-Network</p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.*</p> <p>No referral needed for Flu and pneumonia vaccines.</p> |
| <p>25 – Mammograms</p> <p>(Annual Screening) (for women with Medicare age 40 and older)</p> | <p>No coinsurance, copayment or deductible.</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p> | <p>In-Network</p> <p>\$0 copay for Medicare-covered screening mammograms.*</p> <p>20% of the cost for additional screening mammograms</p> <p>No limit on the number of covered screening mammograms.</p> |
| <p>26 - Pap Smears and Pelvic Exams</p> <p>(for women with Medicare)</p> | <p>No coinsurance, copayment, or deductible for Pap smears.</p> <p>No coinsurance, copayment, or deductible for Pelvic and clinical breast exams.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> | <p>In-Network</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams.*</p> <p>20% of the cost for additional pap smears and pelvic exams.</p> <p>No limit on the number of covered pap smears and pelvic exams.</p> |
| <p>27 - Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 and older)</p> | <p>0% coinsurance for the digital rectal exam.</p> <p>Covered once a year for all men with Medicare over age 50.</p> | <p>In-Network</p> <p>\$0 copay for - Medicare-covered prostate cancer screening*</p> <p>20% of the cost for additional screening(s).</p> <p>No limit on the number of covered prostate cancer screenings.</p> |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
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| 28 – End-Stage Renal Disease | <p>0% coinsurance for renal dialysis</p> <p>0% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for renal dialysis*</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease*</p> |
| 29 - Prescription Drugs | <p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan</p> <p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan</p> | <p>Drugs covered under Medicare Part B</p> <p>General \$0 yearly deductible for Part B-covered drugs.*</p> <p>\$0 copay for Part B covered chemotherapy drugs and other Part-B covered drugs.*</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.chgsd.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and</p> |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
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| <p>Prescription Drugs (continued)</p> | | <p>DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CommuniCare Advantage (HMO-SNP) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay</p> |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
|--|--------------------------|--|
| <p>Prescription Drugs (continued)</p> | | <p>the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and CommuniCare Advantage (HMO-SNP) approves the exception, you will pay Tier 2: Generic and Brand Drugs cost sharing for that drug.</p> <p>In-Network You pay a \$0 yearly deductible.</p> <p>You pay a \$0 copay for Tier 1: Generic Drugs until you reach the deductible.</p> <p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$1.10 copay or - A \$2.50 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or - A \$6.30 copay. <p>Catastrophic Coverage You pay a \$0 copay.</p> <p>Out-of-Network Plan drugs may be covered in special</p> |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
|--|--------------------------|--|
| <p>Prescription Drugs (continued)</p> | | <p>circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CommuniCare Advantage (HMO SNP).</p> <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by CommuniCare Advantage (HMO-SNP) up to the full cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$1.10 copay or - A \$2.50 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or - A \$6.30 copay. <p>Out-of-Network Catastrophic Coverage You will be reimbursed in full for drugs purchased out-of-network.</p> |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
|------------------------------|---|---|
| 30 - Dental Services | Preventive dental services (such as cleaning) not covered. | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay 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 exam(s) every year - up to 2 cleaning(s) every year - up to 1 dental x-ray(s) every year |
| 31 - Hearing Services | Routine hearing exams and hearing aids not covered. 0% coinsurance for diagnostic hearing exams.. | <p>General Authorization rules may apply.</p> <p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams*</p> |
| 32 - Vision Services | 0% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk. | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye*</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery * |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
|--|---|---|
| | | <p>- 0% of the cost for up to 1 pair(s) of glasses every year</p> <p>\$100 plan coverage limit for eye glasses (lenses and frames) every year.</p> |
| <p>33 - Physical Exams</p> | <p>When you join Medicare Part B, then you are eligible as follows.</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p> | <p>In-Network</p> <p>When you get Medicare Part B, you can get a one-time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>Routine exams not covered.</p> <p>\$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.*</p> |
| <p>34 - Health/Wellness Education</p> | <p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>\$0 copay for the HIV Screening. HIV screening is</p> | <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training -Nutritional benefit - Additional Smoking Cessation |

| <i>Benefit</i> | <i>Original Medicare</i> | <i>CommuniCare Advantage</i> |
|--------------------------------------|---|---|
| | covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. | <ul style="list-style-type: none"> - Nursing Hotline - Other Wellness Benefits <p>\$0 copay for each Medicare-covered smoking cessation counseling session.*</p> <p>\$0 copay for each Medicare-covered HIV screening.*</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> |
| 35 - Transportation (Routine) | Not covered. | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 36 one-way trip(s) to plan-approved location every year.</p> |
| 36 - Acupuncture | Not covered. | <p>In-Network This plan does not cover Acupuncture.</p> |

Section III - Additional Benefits

Additional Benefits just for CommuniCare Advantage (HMO) Members

| Benefit | Original Medicare | CommuniCare Advantage |
|-------------------------|-------------------|--|
| 36 - Acupuncture | Not covered. | In-Network This plan does not cover Acupuncture. |

Section IV – Comprehensive Written Statement for Prospective Enrollees SNP

Important Medi-Cal Information Recently enacted legislation added Section 14131.10 of the W&I Code to exclude several optional benefit categories from coverage under the Medi-Cal program to be implemented on July 1, 2009. The optional benefits indicated are excluded from coverage under the Medi-Cal program effective July 1, 2009. The optional benefits exclusion policy does not apply to the following beneficiaries: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a skilled nursing facility (Nursing Facilities Level A and Level B, including subacute care facilities); 3) beneficiaries who are pregnant (pregnancy-related benefits and services; other benefits and services to treat conditions that, if left untreated, might cause difficulties for the pregnancy); 4) California Children’s Services beneficiaries; and 5) beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly. Most claims for excluded optional benefit services billed by a physician or physician group remain reimbursable on or after July 1, 2009. However, these claims will be denied if the rendering provider is not a physician, but one of the optional benefit providers. More information on the reduced benefits and services affected by this new legislation is available on the California Department of Health Care Services website at www.dhcs.ca.gov.

Important Information• Most services are only covered when medically necessary. • Some Medicaid services may not be covered under **CommuniCare Advantage (HMO)** but may be provided under the Medi-Cal Fee for Service program.

- Some Medicaid services as noted above* are subject to certain conditions and may not be covered under the Medi-Cal Fee for Service Program nor under the Medi-Cal Managed Care Program nor under L.A. Care Health Plan Medicare Advantage.

- The benefit information provided is a brief summary and not a comprehensive description of available benefits. For more information about benefits, coverage conditions or limitations, call **CommuniCare Advantage (HMO)** at (888)-244-4430. TTY/TDD users should call (800) 735-2929. Our Member Services staff is available 24 hours a day, 7 days a week including holidays.

CommuniCare Advantage (HMO-SNP)

The community is what counts.



740 Bay Boulevard
Chula Vista, CA 91910

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Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
Open 24 Hours Pacific Standard Time

Toll Free: (888) 244-4430 for questions.
(TTY/TDD (800) 735-2929).