



Utah

2012

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University Health Care  
Healthy Advantage  
HMO SNP

# Summary of Benefits

Davis, Salt Lake, Utah and Weber Counties

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CMS Approved 9/12/2011



# **2012 SUMMARY OF BENEFITS**

**UTAH: H5628**

**PLAN 006**

## **HEALTHY ADVANTAGE (HMO SNP)**

January 1, 2012 – December 31, 2012

Davis, Salt Lake, Utah and Weber



# Section 1 – Introduction to Summary of Benefits

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Thank you for your interest in Healthy Advantage (HMO SNP). Our plan is offered by MOLINA HEALTHCARE OF UTAH, INC., a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). 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 Healthy 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 Healthy 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 Healthy 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 Healthy 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 Healthy 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 HEALTHY ADVANTAGE (HMO SNP) AVAILABLE?**

The service area for this plan includes: Davis, Salt Lake, Utah, and Weber Counties, UT. You must live in one of these areas to join the plan.

## Section 1 – Introduction to Summary of Benefits

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### **WHO IS ELIGIBLE TO JOIN HEALTHY ADVANTAGE (HMO SNP)?**

You can join Healthy 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 Healthy Advantage (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also be enrolled with the Utah Department of Health to join this plan.

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

### **CAN I CHOOSE MY DOCTORS?**

Healthy 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. For an updated list, visit us at [www.molinamedicare.com](http://www.molinamedicare.com). 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?**

Healthy 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.molinamedicare.com](http://www.molinamedicare.com). Our customer service number is listed at the end of this introduction.

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

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

### **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Healthy 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.molinamedicare.com](http://www.molinamedicare.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.

## Section 1 – Introduction to Summary of Benefits

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### **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](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- \* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- \* Your State Medicaid Office.

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Healthy 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.

# Section 1 – Introduction to Summary of Benefits

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As a member of Healthy 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 Healthy 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 Healthy 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 administered through DME.

# Section 1 – Introduction to Summary of Benefits

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## 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](http://www.medicare.gov) and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Molina Healthcare of Utah for more information about Healthy Advantage (HMO SNP). Visit us at [www.molinamedicare.com](http://www.molinamedicare.com) or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Mountain

Current and Prospective members should call toll-free (866)-472-9479 for questions related to the Medicare Advantage Program. (TTY/TDD (800)-346-4128 ).

Current and Prospective members should call locally (866)-472-9479 for questions related to the Medicare Advantage Program. (TTY/TDD (800)-346-4128 ).

Current and Prospective members should call toll-free (866)-472-9479 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-346-4128 )

Current members should call locally (877)-644-0344 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-346-4128 )

Prospective members should call locally (866)-472-9479 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-346-4128 )

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](http://www.medicare.gov) on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible para personas que no hablan el idioma inglés. Para más información, llame al departamento de servicios para miembros al número que aparece arriba.

## Section 2 – Summary of Benefits

If you have any questions about this plan’s benefits or costs, please contact Molina Healthcare of Utah for details.

Section II - Summary of Benefits		
Benefit	Original Medicare	Healthy Advantage (HMO SNP)
<b>IMPORTANT INFORMATION</b>		
1 - Premium and Other Important Information	<p>In 2012 the monthly Part B Premium is \$0 and the annual 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><b>General</b></p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$0 monthly plan premium*</p> <p><b>In-Network</b></p> <p>\$0 annual deductible.*</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>
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.	<p><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>
<b>INPATIENT CARE</b>		
3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	<p>For each benefit period:</p> <p>Days 1 - 60: \$0 deductible</p> <p>Days 61 - 90: \$0 per day</p> <p>Days 91 - 150: \$0 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p>	<p><b>In-Network</b></p> <p>Plan covers 90 days each benefit period.</p> <p>You will not be charged additional cost sharing for professional services</p> <p>\$0 annual 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 style="text-align: right;"><i>continued on next page</i></p>

## Section 2 – Summary of Benefits

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<b>Section II - Summary of Benefits</b>		
<b>Benefit</b>	<b>Original Medicare</b>	<b>Healthy Advantage (HMO SNP)</b>
<p><i>continued from previous page</i></p> <p><b>3 - Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	
<p><b>4 - Inpatient Mental Health Care</b></p>	<p>For each benefit period: Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day</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><b>In-Network</b> \$0 copay*</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>\$0 annual deductible*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>5 - Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2012 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 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><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required. \$0 annual deductible* \$0 copay for SNF services*</p> <p>You will not be charged additional cost sharing for professional services</p> <p>For Non-Medicare Supplemental SNF stays: Days 1 - 20: \$0 per day Days 21 - 100: \$0 per day</p>

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<b>Section II - Summary of Benefits</b>		
<b>Benefit</b>	<b>Original Medicare</b>	<b>Healthy Advantage (HMO SNP)</b>
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits*</p>
7 - Hospice	You must get care from a Medicare-certified hospice.	<p><b>General</b> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
<b>OUTPATIENT CARE</b>		
8 - Doctor Office Visits	0% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$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>Supplemental 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><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$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>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Healthy Advantage (HMO SNP)</b>
10 - Podiatry Services	<p>Supplemental routine care not covered.</p> <p>0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$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	<p>0% coinsurance for most outpatient mental health services</p> <p>0% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered Mental Health visits*</p> <p>\$0 copay for each Medicare-covered visit with a psychiatrist*</p> <p>\$0 copay for Medicare-covered partial hospitalization program services*</p>
12 - Outpatient Substance Abuse Care	0% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered visits*</p>
13 - Outpatient Services/ Surgery	<p>0% coinsurance for the doctor’s services</p> <p>0% coinsurance for ambulatory surgical center facility services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each Medicare-covered ambulatory surgical center visit*</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit*</p>

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<b>Section II - Summary of Benefits</b>		
<b>Benefit</b>	<b>Original Medicare</b>	<b>Healthy Advantage (HMO SNP)</b>
14 - Ambulance Services (medically necessary ambulance services)	0% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered ambulance benefits.*</p>
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>0% coinsurance for the doctor’s services</p> <p>0% outpatient hospital facility emergency services.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$0 copay for Medicare-covered emergency room visits*</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p>
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>0% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$0 copay for Medicare-covered urgently-needed-care visits*</p>
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 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>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	0% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered items*</p>

## Section 2 – Summary of Benefits

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<b>Section II - Summary of Benefits</b>		
<b>Benefit</b>	<b>Original Medicare</b>	<b>Healthy Advantage (HMO SNP)</b>
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered items*</p>
20 - Diabetes Programs and Supplies	<p>0% coinsurance for diabetes self-management training</p> <p>0% coinsurance for diabetes supplies</p> <p>0% coinsurance for diabetic therapeutic shoes or inserts</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Diabetes self-management training*</p> <p>\$0 copay for: - Diabetes monitoring supplies* - Therapeutic shoes or inserts*</p>
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology 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 supplemental routine screening tests, like checking your cholesterol.</p> <p>0% coinsurance for the digital rectal exam and other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered: - lab services* - diagnostic procedures and tests* - X-rays* - diagnostic radiology services (not including X-rays)* - therapeutic radiology services*</p>

## Section 2 – Summary of Benefits

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<b>Section II - Summary of Benefits</b>		
<b>Benefit</b>	<b>Original Medicare</b>	<b>Healthy Advantage (HMO SNP)</b>
22 - Cardiac and Pulmonary Rehabilitation Services	<p>0% coinsurance for Cardiac Rehabilitation services</p> <p>0% coinsurance for Pulmonary Rehabilitation services</p> <p>0% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for: -Medicare-covered Cardiac Rehabilitation Services*  -Medicare-covered Intensive Cardiac Rehabilitation Services*  -Medicare-covered Pulmonary Rehabilitation Services*</p>
<b>PREVENTIVE SERVICES</b>		
23 - Preventive Services and Wellness/Education Programs	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> <li>- Abdominal Aortic Aneurysm Screening</li> <li>- Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>- Cardiovascular Screening</li> <li>- Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>- Colorectal Cancer Screening</li> <li>- Diabetes Screening</li> <li>- Influenza Vaccine</li> <li>- Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>- HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</li> </ul>	<p><b>General</b> \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> <li>- Abdominal Aortic Aneurysm screening</li> <li>- Bone Mass Measurement</li> <li>- Cardiovascular Screening</li> <li>- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>- Colorectal Cancer Screening</li> <li>- Diabetes Screening</li> <li>- Influenza Vaccine</li> <li>- Hepatitis B Vaccine</li> <li>- HIV Screening</li> <li>- Breast Cancer Screening (Mammogram)</li> <li>- Medical Nutrition Therapy Services</li> <li>- Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>- Pneumococcal Vaccine</li> <li>- Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> <li>- Smoking Cessation (Counseling to stop smoking)</li> <li>- Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</li> </ul>

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## Section 2 – Summary of Benefits

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<b>Section II - Summary of Benefits</b>		
<b>Benefit</b>	<b>Original Medicare</b>	<b>Healthy Advantage (HMO SNP)</b>
<p><i>continued from previous page</i></p> <p>23 - Preventive Services and Wellness/Education Programs</p>	<ul style="list-style-type: none"> <li>- Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</li> <li>- Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease</li> <li>- Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>- Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>- Prostate Cancer Screening Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>- Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> <li>- Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</li> </ul>	<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. Please contact plan for details.</p> <p><b>In-Network</b> The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional benefit</li> <li>- Additional Smoking Cessation</li> <li>- Nursing Hotline</li> </ul>

## Section 2 – Summary of Benefits

If you have any questions about this plan’s benefits or costs, please contact Molina Healthcare of Utah for details.

<b>Section II - Summary of Benefits</b>		
<b>Benefit</b>	<b>Original Medicare</b>	<b>Healthy Advantage (HMO SNP)</b>
24 - Kidney Disease and Conditions	0% coinsurance for renal dialysis  0% coinsurance for kidney disease education services	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for renal dialysis*</p> <p>\$0 copay for kidney disease education services*</p>
25 - Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> \$0 annual deductible for Part B-covered drugs.*</p> <p>\$0 copay for Part B covered chemotherapy drugs and other Part-B covered drugs.*</p> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.molinamedicare.com">www.molinamedicare.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>-have limited incomes,</li> <li>-live in long term care facilities, or</li> <li>-have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for 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 style="text-align: right;"><i>continued on next page</i></p>

## Section 2 – Summary of Benefits

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Section II - Summary of Benefits		
Benefit	Original Medicare	Healthy Advantage (HMO SNP)
<p><i>continued from previous page</i></p> <p>25 - Outpatient Prescription Drugs</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. Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Healthy Advantage (HMO SNP) for certain drugs.</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 the actual cost, not the higher cost-sharing amount.</p> <p><b>In-Network</b> You pay a \$0 annual deductible.</p> <p><b>Initial Coverage</b> 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"> <li>- A \$0 copay or</li> <li>- A \$1.10 copay or</li> <li>- A \$2.60 copay</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or</li> <li>- A \$3.30 copay or</li> <li>- A \$6.50 copay.</li> </ul> <p style="text-align: right;"><i>continued on next page</i></p>

## Section 2 – Summary of Benefits

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<b>Section II - Summary of Benefits</b>		
<b>Benefit</b>	<b>Original Medicare</b>	<b>Healthy Advantage (HMO SNP)</b>
<p><i>continued from previous page</i></p> <p>25 - Outpatient Prescription Drugs</p>		<p><b>Retail Pharmacy</b>            You can get drugs the following way(s):            - one-month (31-day) supply            - three-month (90-day) supply</p> <p><b>Long Term Care Pharmacy</b>            You can get drugs the following way(s):            - one-month (31-day) supply</p> <p><b>Mail Order</b>            You can get drugs the following way(s):            - three-month (90-day) supply</p> <p><b>Catastrophic Coverage</b>            You pay a \$0 copay.</p> <p><b>Out-of-Network</b>            Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network 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 Healthy Advantage (HMO SNP).</p> <p>You can get drugs the following way:            - one-month (31-day) supply</p> <p><b>Out-of-Network Initial Coverage</b>            Depending on your income and institutional status, you will be reimbursed by Healthy Advantage (HMO SNP) up to the plan’s cost of the drug minus the following:</p>
		<i>continued on next page</i>

## Section 2 – Summary of Benefits

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<b>Section II - Summary of Benefits</b>		
Benefit	Original Medicare	Healthy Advantage (HMO SNP)
<p><i>continued from previous page</i></p> <p>25 - Outpatient Prescription Drugs</p>		<p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or</li> <li>- A \$1.10 copay or</li> <li>- A \$2.60 copay</li> </ul> <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or</li> <li>- A \$3.30 copay or</li> <li>- A \$6.50 copay.</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b> You will be reimbursed in full for drugs purchased out-of-network.</p>
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered dental benefits*</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- up to 2 oral exam(s) every year</li> <li>- up to 2 cleaning(s) every year</li> <li>- up to 2 fluoride treatment(s) every year</li> <li>- up to 1 dental x-ray(s)</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p> <p>\$1,000 plan coverage limit for dental benefits every year</p>
27 - Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% coinsurance for diagnostic hearing exams.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> Hearing aids not covered.</p> <p style="text-align: right;"><i>continued on next page</i></p>

## Section 2 – Summary of Benefits

If you have any questions about this plan’s benefits or costs, please contact Molina Healthcare of Utah for details.

<b>Section II - Summary of Benefits</b>		
<b>Benefit</b>	<b>Original Medicare</b>	<b>Healthy Advantage (HMO SNP)</b>
<p><i>continued from previous page</i></p> <p>27 - Hearing Services</p>		<p>\$0 copay for Medicare-covered diagnostic hearing exams*</p> <ul style="list-style-type: none"> <li>- 0% of the cost for up to 1 supplemental routine hearing exam(s) every year</li> <li>- 0% of the cost for up to 1 hearing aid fitting-evaluation(s) every two years</li> </ul>
<p>28 - Vision Services</p>	<p>0% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$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"> <li>- one pair of eyeglasses or contact lenses after cataract surgery *</li> <li>- glasses</li> <li>- contacts</li> <li>- lenses</li> <li>- frames</li> <li>- 0% of the cost for up to 1 supplemental routine eye exam(s) every year</li> </ul> <p>\$200 plan coverage limit for eye wear every two years.</p> <p>Plan offers additional vision benefits. Contact plan for details.</p>
<p>Over-the-Counter Items</p>	<p>Not covered.</p>	<p><b>General</b> Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p>
<p>Transportation (Routine)</p>	<p>Not covered.</p>	<p><b>In-Network</b> \$0 copay for up to 12 one-way trip(s) to plan-approved location every year</p>
<p>Acupuncture</p>	<p>Not covered.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>

## Section 4 – Summary of Benefits

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A Medicare Advantage Prescription Drug Special Needs plan (MAPD-SNP) is available to anyone receiving Medical Assistance from both the State and Medicare. **This means, as a member of our plan, you must access benefits that are covered by both programs through Medicare (Healthy Advantage (HMO SNP)) first and then your State Medicaid program.**

If you qualify for this Special Needs Plan, you are not subject to cost sharing for Medicare Part A and Part B services when the state is responsible for those amounts. Please contact Member Services if you believe you have received a bill in error.

Once you have reached your limit for a service in the Medicare program, you might be able to continue getting the benefit through the Medicaid program. In some cases, Medicaid will pay for services or costs that Medicare does not. For SNP covered benefits, there is no Medicaid copay. However, for benefits only covered under Medicaid, copays may apply.

If you have questions about how your benefits are coordinated between the two programs, please contact -

- Medicare – Healthy Advantage (HMO SNP) Member Services at 1-877-644-0344, TTY/TDD 1-800-346-4128, Monday – Sunday 8:00 AM to 8:00 PM, local time.
- Medicaid – through your State Medicaid office: Utah Department of Health, 1-800-662-9651, TTY 1-800-346-4128, Bureau of Managed Health Care, PO Box 143108, Salt Lake City, Utah 84114-3108, <http://health.utah.gov/medicaid/>

The information below is a summary of the benefits offered between your Medicaid and Medicare coverage.

## Section 4 – Summary of Benefits

Section IV - Summary of Benefits		
Benefit Category	Medicaid	Healthy Advantage (HMO SNP)
<b>Ambulatory Surgical Center</b>	\$0 - \$3 copay for Medicaid covered services. \$100 maximum out of pocket per year.	\$0 Copay for Medicare covered benefits such as surgery, supplies, physician fees
<b>Inpatient Hospital Services</b>	\$220 annual copay for non-emergency, Medicaid covered services.	\$0 Copay for Medicare covered benefits such as room, nursing, drugs/medications, testing, therapies, blood, etc.  Benefit periods apply
<b>Outpatient Hospital Services</b>	\$0 - \$3 copay for Medicaid covered services. \$100 maximum out of pocket per year.	\$0 Copay for Medicare covered benefits such as outpatient hospital services including outpatient surgery
<b>Outpatient Mental Health and Substance Abuse</b>	\$0 copay for Medicaid covered services at Prepaid Health Centers within annual limits.	\$0 Copay for Medicare covered benefits such as individual and group therapy
<b>Chiropractor Services</b>	Not Covered	\$0 Copay for Medicare covered benefits such as manual manipulation of spine to correct subluxation
<b>Dental Services</b>	Not Covered	Medicare covered services for dental care.  \$1,000 supplemental dental benefits for oral exams, cleaning, fluoride treatment and x-rays covered up to 1 per year.  Additional limited comprehensive dental benefits included in \$1,000 supplemental limit. Coinsurance applies to comprehensive benefits.
<b>Nurse Midwife Services and Nurse Practitioner services</b>	\$0 - \$3 copay for Medicaid covered services. \$100 maximum out of pocket per year.	\$0 Copay for Medicare covered benefits such as office visits, inpatient services and outpatient services

## Section 4 – Summary of Benefits

<b>Section IV - Summary of Benefits</b>		
<b>Benefit Category</b>	<b>Medicaid</b>	<b>Healthy Advantage (HMO SNP)</b>
<b>Optometrist Services</b>	\$0 copay annual eye exam from optometrist.	\$0 Copay for Medicare covered benefits 1 routine eye exam covered per year
<b>Physician Services</b>	\$0 - \$3 copay for Medicaid covered services. \$100 maximum out of pocket per year.	\$0 Copay for Medicare covered benefits such as office visits, Inpatient services, outpatient services
<b>Podiatrist Services</b>	Limited coverage for specific services with \$3 copay.	\$0 Copay for Medicare covered benefits.
<b>Prescription Drugs</b>	\$3 copay per prescription for Medicaid covered services. Some beneficiaries may have a \$15 monthly out of pocket maximum. Limited over-the-counter coverage.	Depending on your income and institutional status, you pay the following:  For generic drugs (including brand drugs treated as generic), either: - A \$0 copay or - A \$1.10 copay or - A \$2.60 copay  For all other drugs, either: - A \$0 copay or - A \$3.30 copay or - A \$6.50 copay.  \$20 per month, limited over-the-counter benefit from a specific, provided product list. Please visit our plan website to see our list of covered Over-the-Counter items.  OTC items may be purchased only for the enrollee.  Please contact the plan for specific instructions for using this benefit.
<b>Therapies: Speech, Occupational and Physical</b>	\$0 - \$3 copay for Medicaid covered services. Number of visits may be limited.	\$0 Copay for Medicare covered benefits. Authorized Services up to Medicare therapy limits.

## Section 4 – Summary of Benefits

<b>Section IV - Summary of Benefits</b>		
<b>Benefit Category</b>	<b>Medicaid</b>	<b>Healthy Advantage (HMO SNP)</b>
<b>Dentures</b>	Limited adjustments may be covered by the state.	May be covered with coinsurance under Supplemental Comprehensive Dental Benefits.
<b>Eyeglasses</b>	Not Covered	\$0 Copay for Medicare covered benefits. Vision hardware covered up to \$200 every two years.
<b>Hearing Aids</b>	Not Covered	\$0 Copay for Medicare covered benefits. 1 routine hearing exam covered per year  No benefit for hearing aids.  1 hearing aid fitting consultation every two years.
<b>Medical Equipment &amp; Supplies</b>	\$0 Copay for Medicaid covered services	\$0 Copay for Medicare covered benefits. Medicare covered items including wheelchairs, crutches, hospital bed, IV infusion pump, oxygen equipment, nebulizer, and walker.
<b>Prosthetic and Orthotic Devices</b>	\$0 Copay for Medicaid covered services	\$0 Copay for Medicare covered benefits.
<b>Ambulance</b>	\$0 Copay for Medicaid covered services Benefit provided by the State	\$0 Copay for Medicare covered benefits. Medically Necessary transportation only.
<b>Non-Emergency Transportation</b>	Benefit provided by the State	\$0 Copay 12 one-way trips per year
<b>Diagnostic, Screening and Preventive Services, lab and x-ray</b>	\$0 Copay for Medicaid covered services	\$0 Copay for Medicare covered benefits.
<b>Targeted Case Management</b>	Coordination for LTC as appropriate	Provided for all beneficiaries

## Section 4 – Summary of Benefits

<b>Section IV - Summary of Benefits</b>		
<b>Benefit Category</b>	<b>Medicaid</b>	<b>Healthy Advantage (HMO SNP)</b>
<b>Home Health</b>	\$0 Copay for Medicaid covered services	\$0 Copay for Medicare covered benefits.
<b>Hospice</b>	Care Coordinated with Hospice provider	Hospice services covered by original Medicare
<b>Inpatient Psychiatric Services</b>	\$0 Copay for Medicaid covered services  30 day maximum	\$0 Copay for Medicare covered benefits. 190 day lifetime limit for inpatient in psychiatric hospital. This limit does not apply to psychiatric services furnished in a general hospital.
<b>SNF</b>	\$0 Copay for Medicaid covered services	\$0 Copay for Medicare covered benefits. 100 days for each benefit period as defined by Medicare

