2019 Summary of Benefits
The Health Plan SecureCare - Option I, MA Only (HMO) (H3672, Plan 014)

The Health Plan SecureCare (HMO) is a HMO plan with a Medicare contract. Enrollment in The Health Plan SecureCare (HMO) depends on contract renewal.

To join The Health Plan SecureCare - Option I, MA Only (HMO) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in **Ohio**: *Ashland, Carroll, Columbiana, Coshocton, Gallia, Hocking, Holmes, Jackson, Mahoning, Medina, Meigs, Morgan, Perry, Portage, Stark, Summit, Trumbull, Tuscarawas, Vinton and Wayne*.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" or access it online at **healthplan.org/medicare.**

The Health Plan SecureCare - Option I, MA Only (HMO) 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.

The provider network may change at any time. You will receive notice when necessary.

You can see our plan's provider directory at our website at **findadoc.healthplan.org**.

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**.

The Health Plan SecureCare - Option I, MA Only (HMO) covers Part B drugs such as chemotherapy and some drugs administered by your provider.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

For more information, please visit us at **healthplan.org/medicare**, or call us toll-free:

- Current members should call **1.877.847.7907 (TTY 711)**
- Prospective members should call **1.877.847.7915 (TTY 711)**

Hours of operation:

- **October 1 to March 31, 8:00 a.m. to 8:00 p.m. Eastern, 7 days a week.**
- **April 1 to September 30, 8:00 a.m. to 8:00 p.m. Eastern, Monday through Friday**.

This document is available in other formats such as Braille, large print or audio. For additional information, call us at **1.877.847.7915**.

H3672_014_SB19_024_M ACCEPTED 9/1/2018

4JE013100

PREMIUMS & BENEFITS	SECURECARE- OPTION I, MA ONLY (HMO)	WHAT YOU SHOULD KNOW
Monthly Plan Premium	$0	You must continue to pay your Medicare Part B premium.
Deductible	This plan does not have a deductible for medical services.	
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	$3,900 annually	The most you pay for copays, co-insurance, and other costs for medical services for the year.
Inpatient Hospital Coverage (per admission)	Days 1-5: $250 copay per day	Our plan covers an unlimited number of days for an inpatient hospital stay.
	Days 6 and beyond: $0 copay	
Outpatient Hospital Coverage	$0-$250 copay	$0 copay for observation visits; $0 copay for colonoscopy; $250 copay for outpatient surgeries.
Doctor Visits		
•Primary Care Visit	$0 copay	
•Specialist Visit	$35 copay per visit	Prior authorization is required for certain specialist visits. $0 copay for Medicare covered vision exam.
Preventive Care (Medicare-covered)	$0 copay	
Emergency Care (worldwide)	$90 copay per visit	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. Covered emergency services outside of U.S. have a $25,000 annual plan maximum.

PREMIUMS & BENEFITS	SECURECARE- OPTION I, MA ONLY (HMO)	WHAT YOU SHOULD KNOW
Urgently Needed Services	$65 copay per visit	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services.
Diagnostic Services/Labs/Imaging		
• **Diagnostic Radiology Service (such as MRIs, CT scans)**	$0-$200 copay	$200 for CT scans, MRI, MRA, PET and SPECT scans; $0 copay for all diagnostic mammograms and diagnostic bone density exams.
• **Lab Services**	$0 copay	
• **Diagnostic Tests and Procedures**	$0 copay	
• **Outpatient X-rays**	$0-$50 copay, depending on the service	A $50 copay will apply to X-ray services. One copay per date of service. A $0 copay will apply to X-ray services that are part of a scheduled outpatient surgery, ER visit, or inpatient hospital stay.
• **Therapeutic Radiology Services (such as radiation treatment for cancer)**	20% co-insurance	
Hearing Services		
•**Medicare-covered Exam**	$35 copay	

PREMIUMS & BENEFITS	SECURECARE- OPTION I, MA ONLY (HMO)	WHAT YOU SHOULD KNOW
Dental Services		
• **Medicare-covered Services**	$35 copay	This does not include services in connection with care, treatment, filling, removal, or replacement of teeth.
• **Routine Dental Services**	$0 copay for preventive: 2 exams, 2 cleanings, one set of bitewing X-rays	Non-Medicare covered routine dental is provided through the plan's participating providers. Please contact the plan for more details.
Vision Services		
• **Medicare-covered exam to diagnose and treat conditions of the eye (including yearly glaucoma screening)**	$0 copay	
• **Medicare-covered Eyewear**	$0 copay	
• **Routine Eye Exam (for up to 1 every year)**	$0 copay	Non-Medicare covered routine vision is provided through the plan's participating providers. Please contact the plan for more details.
• **Routine Eyewear**	$0 copay	For plans with routine eyewear coverage, the plan coverage limit for non-Medicare covered/routine eyewear: $100 toward glasses (lens and frames) or contacts (including fitting exam).

PREMIUMS & BENEFITS	SECURECARE- OPTION I, MA ONLY (HMO)	WHAT YOU SHOULD KNOW
Mental Health Services		
• **Inpatient Services (per admission)**	Days 1-5: $250 copay per day	
	Days 6-90: $0 copay	
• **Outpatient Individual Therapy Visit**	$35 copay per outpatient/individual or group therapy visit	
• **Outpatient Group Therapy Visit**		
Skilled Nursing Facility	Days 1-20: $0 copay	Our plan covers up to 100 days in a skilled nursing facility.
	Days 21-100: $150 copay per day	
Physical Therapy	$35 copay per visit	
Ambulance (worldwide)	$200 copay Air ambulance: 20% co-insurance	Covered emergency services outside of U.S. have a $25,000 annual plan maximum. Cost-sharing applies to each one way trip.
Transportation (routine)	Not covered	
Medicare Part B Drugs	20% co-insurance	
Foot Care (podiatry services)		
•**Medicare-covered Foot Exams and Treatment**	$35 copay	Foot exams and treatments if you have diabetes-related nerve damage and/or meet certain conditions.
• **Routine Foot Care**	$35 copay	Routine foot care covered for up to 2 visits every year.

PREMIUMS & BENEFITS	SECURECARE- OPTION I, MA ONLY (HMO)	WHAT YOU SHOULD KNOW
Medical Equipment Supplies		
• **Durable Medical Equipment (e.g., wheelchairs, oxygen)**	20% co-insurance	Durable medical equipment must meet certain criteria to be covered. Please contact the plan for more details.
• **Prosthetics (e.g., braces, artificial limbs)**	20% co-insurance	
Diabetes Supplies		
• **Diabetes Monitoring Supplies**	$7.50 copay	For monitoring supplies, coverage is limited to LifeScan preferred monitoring devices and test strips. Coverage is limited to 100 test strips for a 30-day supply. Additional quantity requires coverage review.
• **Medicare-Covered Diabetes Self-Management**	$0 copay	Diabetes self-management training is covered under certain condition. Contact the plan for details
• **Therapeutic Shoes or Inserts**	20% co-insurance	
Health/Wellness Programs (e.g., fitness, tobacco cessation, etc.)	$0 copay	SilverSneakers is the fitness program covered by this plan.
Home Health	$0 copay	
Cardiac/Pulmonary Rehabilitation Services	$0 copay	
Chiropractic Services	$20 copay	Covers only manual manipulation of the spine to correct subluxation.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1.877.847.7915**, TTY **711**.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **healthplan.org/medicare** or call **1.877.847.7915**, TTY **711** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Discrimination is Against the Law
The Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact The Health Plan Customer Service Department.

If you believe that The Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Health Plan Appeals Coordinator, 1110 Main Street, Wheeling, WV 26003, Phone: 1.877.847.7907, TTY: 711, Fax 740.699.6163, Email: info@healthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance The Health Plan Customer Service Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 1.800.537.7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-847-7907 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-847-7907 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877- 847-7907（TTY：711）

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-847-7907 (ATS: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-847-7907 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-847-7907 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-847-7907 (TTY: 711).번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-847-7907 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-847-7907 (رقم هاتف الصم والبكم: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-847-7907 (TTY: 711) पर कॉल करें।

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-847-7907 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-847-7907 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-847-7907 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-847-7907 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-847-7907 (TTY: 711) まで、お電話にてご連絡ください。

Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-847-7907 (TTY: 711).

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-877-847-7907 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-847-7907 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-847-7907 (телетайп: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-847-7907 (TTY: 711).

This page intentionally left blank.

This page intentionally left blank.

This page intentionally left blank.

1110 Main Street, Wheeling, WV 26003 | 1.800.624.6961