2016 Medicare Advantage Summary of Benefits

HNE Medicare Premium No Rx (HMO) and HNE Medicare Basic No Rx (HMO)

January 1, 2016 - December 31, 2016

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **HNE Medicare Premium No Rx (HMO)** and **HNE Medicare Basic No Rx (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **HNE Medicare Premium No Rx (HMO)** and **HNE Medicare Basic No Rx (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.
- 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.

Sections in this booklet

- Things to Know About **HNE Medicare Premium No Rx (HMO)** and **HNE Medicare Basic No Rx (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 877.443.3314 (TTY/TDD 800.439.2370).

Things to Know About HNE Medicare Premium No Rx (HMO) and HNE Medicare Basic No Rx (HMO)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

HNE Medicare Premium No Rx (HMO) and HNE Medicare Basic No Rx (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 877.443.3314 (TTY/TDD 800.439.2370).
- If you are not a member of this plan, call toll-free 877.443.3314 (TTY/TDD 800.439.2370).
- Our website: http://www.hne.com/medicare

Who can join?

To join **HNE Medicare Premium No Rx (HMO)** and **HNE Medicare Basic No Rx (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 Massachusetts: Berkshire, Franklin, Hampden, and Hampshire.

Which doctors and hospitals can I use?

HNE Medicare Premium No Rx (HMO) and **HNE Medicare Basic No Rx (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.

You can see our plan's provider directory at our website (http://www.hne.com/medicare).

Or, call us and we will send you a copy of the provider directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

HNE Medicare Premium No Rx (HMO) and **HNE Medicare Basic No Rx (HMO)** cover Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

If you have any questions about this plan's benefits or costs, please contact HNE Medicare Advantage Plans for details.

SECTION II - SUMMARY OF BENEFITS SUMMARY OF BENEFITS	HNE MEDICARE PREMIUM NO RX (HMO)	HNE BASIC NO RX (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	$97 per month. In addition, you must keep paying your Medicare Part B premium.	$27 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.
Is there a limit on how much the plan will pay?	Your yearly limit(s) in this plan: • $3,400 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums. Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Your yearly limit(s) in this plan: • $3,400 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums. Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
HNE Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in HNE Medicare Advantage depends on contract renewal.		

SECTION II - SUMMARY OF BENEFITS SUMMARY OF BENEFITS	HNE MEDICARE PREMIUM NO RX (HMO)	HNE BASIC NO RX (HMO)
COVERED MEDICAL AND HOSPITAL BENEFITS		
NOTE: **SERVICES WITH A [1] MAY REQUIRE PRIOR AUTHORIZATION.** **SERVICES WITH A [2] MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.**		
OUTPATIENT CARE AND SERVICES		
Acupuncture	Not covered	Not covered
Ambulance[1]	$150 copay Ambulance transportation limited to Medicare covered medically necessary ambulance services. Chair Vans are not covered.	$150 copay Ambulance transportation limited to Medicare covered medically necessary ambulance services. Chair Vans are not covered.
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $20 copay
Dental Services[1,2]	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $20-150 copay, depending on the service Preventive dental services: • Cleaning: You pay nothing • Dental x-ray(s): You pay nothing • Fluoride treatment: You pay nothing • Oral exam: You pay nothing Our plan pays up to $150 every year for most dental services. Please Note: Member must pay out of pocket for dental services and submit paid receipts to receive reimbursement for the services listed above. Other dental services are eligible for reimbursement. See the HNE allowance reimbursement form for more details.	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $40-450 copay, depending on the service Preventive dental services: • Cleaning: You pay nothing • Dental x-ray(s): You pay nothing • Fluoride treatment: You pay nothing • Oral exam: You pay nothing Our plan pays up to $150 every year for most dental services. Please Note: Member must pay out of pocket for dental services and submit paid receipts to receive reimbursement for the services listed above. Other dental services are eligible for reimbursement. See the HNE allowance reimbursement form for more details.

SECTION II - SUMMARY OF BENEFITS SUMMARY OF BENEFITS	HNE MEDICARE PREMIUM NO RX (HMO)	HNE BASIC NO RX (HMO)
Diabetes Supplies and Services[1]	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: You pay nothing Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: You pay nothing Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.
Diagnostic Tests, Lab and Radiology Services, and X-Rays *(Costs for these services may be different if received in an outpatient surgery setting)* [1]	Diagnostic radiology services (such as MRIs, CT scans): $0-100 of the cost, depending on the service Diagnostic tests and procedures: You pay nothing Lab services: You pay nothing Outpatient x-rays: $10 copay Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing Diagnostic imaging (CT Scans, MRIs, MRAs, PET Scans, sleep studies, nuclear cardiology)[1]: $100 copay	Diagnostic radiology services (such as MRIs, CT scans): $0-200 copay, depending on the service Diagnostic tests and procedures: You pay nothing Lab services: You pay nothing Outpatient x-rays: $15 copay Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing Diagnostic imaging (CT Scans, MRIs, MRAs, PET Scans, sleep studies, nuclear cardiology)[1]: $200 copay
Doctor's Office Visits	Primary care physician visit: $15 copay Specialist visit: $20 copay No referral required for network doctors, specialists, and hospitals.	Primary care physician visit: $30 copay Specialist visit: $40 copay No referral required for network doctors, specialists, and hospitals.
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*[1]	15% of the cost	20% of the cost
Emergency Care	$75 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs. Worldwide coverage.	$75 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs. Worldwide coverage.

SECTION II - SUMMARY OF BENEFITS SUMMARY OF BENEFITS	HNE MEDICARE PREMIUM NO RX (HMO)	HNE BASIC NO RX (HMO)
Foot Care *(podiatry services)*	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $20 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $40 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: $20 copay Routine hearing exam (for up to 1 every year): $20 copay	Exam to diagnose and treat hearing and balance issues: $40 copay Routine hearing exam (for up to 1 every year): $40 copay
Home Health Care[1]	You pay nothing	You pay nothing
Mental Health Care	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. • $300 copay per stay	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. • $900 copay per stay

SECTION II - SUMMARY OF BENEFITS SUMMARY OF BENEFITS	HNE MEDICARE PREMIUM NO RX (HMO)	HNE BASIC NO RX (HMO)
	Outpatient group therapy visit: $20 copay Outpatient individual therapy visit: $20 copay The out-of-pocket limit is covered under "Inpatient Hospital Care." Our plan covers psychological testing and neuropsychological testing[1]: $20 copay. Our plan covers partial hospitalization[1]: $0 copay.	Outpatient group therapy visit: $40 copay Outpatient individual therapy visit: $40 copay The out-of-pocket limit is covered under "Inpatient Hospital Care." Our plan covers psychological testing and neuropsychological testing[1]: $40 copay. Our plan covers partial hospitalization[1]: $0 copay.
Outpatient Rehabilitation[1]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): $10 copay Occupational therapy visit: $20 copay Physical therapy and speech and language therapy visit: $20 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): $15 copay Occupational therapy visit: $40 copay Physical therapy and speech and language therapy visit: $40 copay
Outpatient Substance Abuse	Group therapy visit: $20 copay Individual therapy visit: $20 copay	Group therapy visit: $40 copay Individual therapy visit: $40 copay
Outpatient Surgery[1]	Ambulatory surgical center: $150 copay Outpatient hospital: $0-20 copay, depending on the service The copayment range for Outpatient Hospital Services describes the varying cost share based on the services provided. The minimum copayment applies to lab and diagnostic tests, and services related to the monitoring of Coumadin treatment or Chemotherapy services. The maximum copayment applies to all other outpatient clinic services.	Ambulatory surgical center: $450 copay Outpatient hospital: $0-40 copay, depending on the service The copayment range for Outpatient Hospital Services describes the varying cost share based on the services provided. The minimum copayment applies to lab and diagnostic tests, and services related to the monitoring of Coumadin treatment or Chemotherapy services. The maximum copayment applies to all other outpatient clinic services.
Over-the-Counter Items	Please visit our website to see our list of covered over-the-counter items.	Please visit our website to see our list of covered over-the-counter items.
Prosthetic Devices *(braces, artificial limbs, etc.)*[1]	Prosthetic devices: 15% of the cost Related medical supplies: You pay nothing	Prosthetic devices: 20% of the cost Related medical supplies: You pay nothing
Renal Dialysis	You pay nothing	You pay nothing

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Transportation	Not covered	Not covered
Urgently Needed Services	$50 copay Worldwide coverage.	$50 copay Worldwide coverage.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0-20 copay, depending on the service Routine eye exam (for up to 1 every year): You pay nothing Contact lenses: You pay nothing Eyeglasses (frames and lenses): You pay nothing Eyeglass frames: You pay nothing Eyeglass lenses: You pay nothing Eyeglasses or contact lenses after cataract surgery: You pay nothing Our plan pays up to $100 every two years for eyewear.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0-40 copay, depending on the service Routine eye exam (for up to 1 every year): You pay nothing Contact lenses: You pay nothing Eyeglasses (frames and lenses): You pay nothing Eyeglass frames: You pay nothing Eyeglass lenses: You pay nothing Eyeglasses or contact lenses after cataract surgery: You pay nothing Our plan pays up to $100 every two years for eyewear.
Preventive Care	You pay nothing Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening	You pay nothing Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening

SECTION II - SUMMARY OF BENEFITS SUMMARY OF BENEFITS	HNE MEDICARE PREMIUM NO RX (HMO)	HNE BASIC NO RX (HMO)
	• Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.	• Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn't elected the hospice benefit[1]: $0 copay.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn't elected the hospice benefit[1]: $0 copay.

SECTION II - SUMMARY OF BENEFITS SUMMARY OF BENEFITS	HNE MEDICARE PREMIUM NO RX (HMO)	HNE BASIC NO RX (HMO)
INPATIENT CARE		
Inpatient Hospital Care	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay. • $300 copay per stay • You pay nothing per day for days 91 and beyond • $900 out-of-pocket limit every year.	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay. • $900 copay per stay • You pay nothing per day for days 91 and beyond • $2,700 out-of-pocket limit every year.

SECTION II - SUMMARY OF BENEFITS SUMMARY OF BENEFITS	HNE MEDICARE PREMIUM NO RX (HMO)	HNE BASIC NO RX (HMO)
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)[1]	Our plan covers up to 100 days in a SNF. • $20 copay per day for days 1 through 20 • You pay nothing per day for days 21 through 100 No prior hospital stay is required.	Our plan covers up to 100 days in a SNF. • $25 copay per day for days 1 through 20 • $40 copay per day for days 21 through 50 • You pay nothing per day for days 51 through 100 No prior hospital stay is required.
PRESCRIPTION DRUG BENEFITS		
How much do I pay?	For Part B drugs such as chemotherapy drugs[1]: You pay nothing Other Part B drugs[1]: You pay nothing Our plan does not cover Part D prescription drugs.	For Part B drugs such as chemotherapy drugs[1]: You pay nothing Other Part B drugs[1]: You pay nothing Our plan does not cover Part D prescription drugs.