



AlohaCare

For a healthy Hawaii.



AlohaCare Advantage Plus (HMO SNP) • H5969 Plan 002

SUMMARY OF BENEFITS

For Medicare and Medicaid Beneficiaries

January 1, 2012 - December 31, 2012

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in AlohaCare Advantage Plus (HMO SNP). Our plan is offered by ALOHACARE, 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 AlohaCare Advantage Plus (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 AlohaCare Advantage Plus (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 AlohaCare Advantage Plus (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 AlohaCare Advantage Plus (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 AlohaCare Advantage Plus (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 AlohaCare Advantage Plus (HMO SNP) AVAILABLE?

The service area for this plan includes: Hawaii, Honolulu, Kalawao, Kauai, Maui Counties, HI. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN AlohaCare Advantage Plus (HMO SNP)?

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

You must also receive assistance from the state to join this plan.

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

CAN I CHOOSE MY DOCTORS?

AlohaCare Advantage Plus (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 <http://www.AlohaCare.org/ProviderSearch>. 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?

AlohaCare Advantage Plus (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 <http://www.AlohaCare.org/providersearch>. Our customer service number is listed at the end of this introduction.

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

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

WHAT IS A PRESCRIPTION DRUG FORMULARY?

AlohaCare Advantage Plus (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 <http://www.AlohaCare.org/formulary>.

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 and 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 AlohaCare Advantage Plus (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 AlohaCare Advantage Plus (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 AlohaCare Advantage Plus (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 AlohaCare Advantage Plus (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.

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 "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 AlohaCare for more information about AlohaCare Advantage Plus (HMO SNP).

Visit us at AlohaCare.org or, call us:

Customer Service Hours:

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

Current and Prospective members should call toll-free (866) 973-6395 for questions related to the Medicare Advantage Program or Part D Prescription Drug program. (TTY/TDD (877) 447-5990).

Current and Prospective members should call locally (808) 973-6395 for questions related to the Medicare Advantage Program or Part D Prescription Drug program. (TTY/TDD (877) 447-5990).

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.

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.

If you have any questions about this plan's benefits or costs, please contact AlohaCare for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AlohaCare Advantage Plus (HMO SNP)
IMPORTANT INFORMATION		
<p>1 – Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2011 the monthly Part B Premium was \$0 or \$96.40 and may change for 2012 and the annual Part B deductible amount was \$0 or \$162 and may change for 2012.*</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>* 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 in addition to your monthly Medicare Part B premium.*</p> <p>In-Network</p> <p>In 2011 the annual Part B deductible amount was \$0 or \$162 and may change for 2012.* Contact the plan for services that apply.</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services.*</p>
<p>2 – Doctor and Hospital Choice</p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>

SUMMARY OF BENEFITS

INPATIENT CARE

3 – Inpatient Hospital Care

(Includes Substance Abuse and Rehabilitation Services)

In 2011 the amounts for each benefit period were \$0 or:
Days 1 – 60: \$1132 deductible*
Days 61 – 90: \$283 per day*
Days 91 – 150: \$566 per lifetime reserve day*

These amounts may change for 2012.

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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

In-Network

Plan covers 90 days each benefit period.

In 2011 the amounts for each benefit period were \$0 or:

Days 1 – 60: \$1132 deductible*

Days 61 – 90: \$283 per day*

Days 91 – 150: \$566 per lifetime reserve day*

These amounts may change in 2012.

You will not be charged additional cost sharing for professional services.

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

In 2011 the amounts for each benefit period were \$0 or:
Days 1 – 60: \$1132 deductible*
Days 61 – 90: \$283 per day*
Days 91 – 150: \$566 per lifetime reserve day*

These amounts may change for 2012.

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.

In-Network

In 2011 the amounts for each benefit period were \$0 or:

Days 1 – 60: \$1132 deductible*
Days 61 – 90: \$283 per day*
Days 91 – 150: \$566 per lifetime reserve day*

These amounts may change for 2012.

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.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

<p>5 – Skilled Nursing Facility (SNF) (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 were: Days 1 – 20: \$0 per day* Days 21 – 100: \$0 or \$141.50 per day*</p> <p>These amounts may change for 2012.</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. You must pay the inpatient hospital deductible for each benefit period. 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>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 – 20: \$0 per day* Days 21 – 100: \$141.50 per day*</p> <p>These amounts may change for 2012.</p> <p>You will not be charged for 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>
<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 pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>

OUTPATIENT CARE		
8 – Doctor Office Visits	0% or 20% coinsurance.	<p>In-Network 0% or 20% of the cost for each primary care doctor visit for Medicare-covered benefits.*</p> <p>0% or 20% of the cost for each specialist visit for Medicare-covered benefits.*</p>
9 – Chiropractic Services	<p>Supplemental routine care not covered.</p> <p>0% or 20% 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>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for each Medicare-covered visit.*</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>Supplemental routine care not covered.</p> <p>0% or 20% 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% or 20% of the cost for each Medicare-covered visit.*</p> <p>0% of the cost for up to 8 supplemental routine visit(s) every year.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

<p>11 - Outpatient Mental Health Care</p>	<p>0% or 40% coinsurance for most outpatient mental health services.</p> <p>0% or 40% 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>General Authorization rules may apply.</p> <p>In-Network 0% or 40% of the cost for each Medicare-covered individual therapy visit.*</p> <p>0% or 40% of the cost for each Medicare-covered group therapy visit*</p> <p>0% or 40% of the cost for each Medicare-covered individual therapy visit with a psychiatrist*</p> <p>0% or 40% of the cost for each Medicare-covered group therapy visit with a psychiatrist*</p> <p>0% or 40% of the cost for Medicare-covered partial hospitalization program services*</p>
<p>12 – Outpatient Substance Abuse Care</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered individual therapy visits.*</p> <p>0% or 20% of the cost for Medicare-covered group visits.*</p>
<p>13 – Outpatient Services/Surgery</p>	<p>0% or 20% coinsurance for the doctor services.</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed Part A inpatient hospital deductible.</p> <p>0% or 20% coinsurance for ambulatory surgical center facility services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit.*</p> <p>0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit.*</p>

<p>14 – Ambulance Services</p> <p>(Medically necessary ambulance services)</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered ambulance benefits.*</p>
<p>15 – Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 20% coinsurance for the doctor’s services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don’t have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General 0% or 20% of the cost (up to \$65) for Medicare-covered emergency room visits.*</p> <p>\$1,000 plan coverage limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.</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% or 20% coinsurance.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General 0% or 20% of the cost for Medicare-covered urgently-needed-care visits.*</p>

<p>17 – Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 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% or 20% of the cost for Medicare-covered Occupational Therapy visits.*</p> <p>0% or 20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits.*</p>
<p>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</p>		
<p>18 – Durable Medical Equipment</p> <p>(Includes wheelchairs, oxygen, etc.)</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered items.*</p>
<p>19 – Prosthetic Devices</p> <p>(Includes braces, artificial limbs and eyes, etc.)</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered items.*</p>

<p>20 – Diabetes Programs and Supplies</p>	<p>0% or 20% coinsurance for diabetes self-management training.</p> <p>0% or 20% coinsurance for diabetes supplies.</p> <p>0% or 20% coinsurance for diabetic therapeutic shoes or inserts.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-management training.*</p> <p>0% or 20% of the cost for Diabetes monitoring supplies*</p> <p>0% or 20% of the cost for Therapeutic shoes or inserts*</p>
<p>21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>0% or 20% 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% of the cost for Medicare-covered lab services.*</p> <p>0% or 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests.*</p> <p>0% or 20% of the cost for Medicare-covered X-rays.*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).*</p> <p>0% or 20% of the cost for Medicare-covered therapeutic radiology services.*</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of 0% or 20% of the cost may apply*</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of 0% or 20% of the cost may apply*</p>

<p>22 – Cardiac and Pulmonary Rehabilitation Services</p>	<p>0% or 20% coinsurance for Cardiac Rehabilitation services</p> <p>0% or 20% coinsurance for Pulmonary Rehabilitation services</p> <p>0% or 20% 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>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered Cardiac Rehabilitation Services*</p> <p>0% or 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services*</p> <p>0% or 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services*</p>
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PREVENTIVE SERVICES

<p>23 – Preventive Services and Wellness/Education Programs</p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk 	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)
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	<ul style="list-style-type: none"> - 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. - 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. - 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 - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening. Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - 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. 	<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>In-Network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Health Club Membership/Fitness Classes
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	<p>- 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.</p>	
<p>24 – Kidney Disease and Conditions</p>	<p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 20% coinsurance for kidney disease education services</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for renal dialysis* \$0 copay for kidney disease education services*</p>
<p>25 – Outpatient Prescription Drugs</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, 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>	<p>Drugs covered under Medicare Part B</p> <p>General \$0 annual deductible for Part B-covered drugs.*</p> <p>0% or 20% of the cost 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 http://www.AlohaCare.org/formulary 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>Your in-network prescription coverage may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</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 AlohaCare Advantage Plus (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 for these drugs 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>
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		<p>Mail Order You can get drugs the following way(s):</p> <ul style="list-style-type: none">- one-month (30-day) supply- three-month (90-day) supply <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700 you pay a \$0 copay.</p> <p>Out-of-Network 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 AlohaCare Advantage Plus (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none">- one-month (30-day) supply <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by AlohaCare Advantage Plus (HMO SNP) up to the plan's 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 \$2.60 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 \$6.50 copay
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		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, 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>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>0% or 20% of the cost for Medicare-covered dental benefits.*</p>
27 – Hearing Services	Supplemental routine hearing exams and hearing aids not covered. 0% or 20% coinsurance for diagnostic hearing exams.	<p>General Authorization rules may apply.</p> <p>In-Network In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>0% or 20% of the cost for Medicare-covered diagnostic hearing exams.*</p>
28 – Vision Services	0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Supplemental 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 Non-Medicare Supplemental eye exams and glasses not covered.</p> <p>\$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery.*</p> <p>0% or 0% to 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.*</p>

Over-the-Counter Items	Not covered.	General The plan does not cover Over-the-Counter items.
Transportation (Routine)	Not covered.	In-Network This plan does not cover supplemental routine transportation.
Acupuncture	Not covered.	General Authorization rules may apply. In-Network \$0 copay for up to 12 visit(s) every year.

**Summary of Benefits
for Contract H5969, Plan 002**

The following section will describe benefits that you are entitled to as a recipient of Medicaid benefits, in the State of Hawaii.

Medicare members, who also qualify for Medicaid, are eligible for additional benefits, including assistance with paying for their Medicare premiums, deductibles and cost sharing, such as copays and coinsurance. The Medicaid benefits available to you are managed under the QUEST Expanded Access (QExA) Program. **This document does not describe all of the details of your Medicaid benefits. Please contact your QExA plan for a complete listing.**

As a QExA beneficiary, you can access these benefits through one of two health plans, Evercare or 'Ohana Health Plan. For a more detailed listing of your covered benefits, please refer to either your Evercare or 'Ohana Health Plan member handbook. You can also get more information from Med-QUEST:

Med-QUEST Customer Service:
Oahu: 524-3370
Neighbor Islands: 1-800-316-8005

Benefit Category	Medicaid	AlohaCare Advantage Plus (HMO SNP) Benefits
<p>Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)</p>	<p>Your deductible and copays are covered by Medicaid.</p>	<p>In-Network In 2011 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p> <p>You will not be charged additional cost sharing for professional services.</p>

<p>Inpatient Mental Health Care</p>	<p>Your deductible and copays are covered by Medicaid.</p>	<p>In-Network In 2011 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p> <p>You will not be charged additional cost sharing for professional services.</p>
<p>Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)</p>	<p>Your copays are covered by Medicaid.</p>	<p>In-Network In 2011 the amounts for each benefit period after at least a 3-day hospital stay were: Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$141.50 per day*</p> <p>These amounts may change for 2012.</p> <p>You will not be charged for 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>
<p>Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>Any additional copay or coinsurance is covered by Medicaid.</p>	<p>In-Network \$0 copay for Medicare-covered home health visits.*</p>

Doctor Office Visits	Your coinsurance is covered by Medicaid.	<p>In-Network 0% or 20% of the cost for each primary care doctor visit for Medicare-covered benefits.*</p> <p>0% or 20% of the cost for each specialist visit for Medicare-covered benefits.*</p>
Chiropractic Services	This is not a Medicaid-covered service.	<p>In-Network 0% or 20% of the cost for each Medicare-covered visit.*</p>
Podiatry Services	Your coinsurance is covered by Medicaid.	<p>In-Network 0% or 20% of the cost for each Medicare-covered visit.*</p> <p>0% of the cost for up to 8 supplemental routine visit(s) every year.</p>
Outpatient Mental Health Care	Your coinsurance is covered by Medicaid.	<p>In-Network 0% or 40% of the cost for each Medicare-covered individual therapy visit.*</p> <p>0% or 40% of the cost for each Medicare-covered group therapy visit*</p> <p>0% or 40% of the cost for each Medicare-covered individual therapy visit with a psychiatrist*</p> <p>0% or 40% of the cost for Medicare covered partial hospitalization program services*</p>
Outpatient Substance Abuse Care	Your coinsurance is covered by Medicaid.	<p>In-Network 0% or 20% of the cost for Medicare-covered individual therapy visits.*</p> <p>0% or 20% of the cost for Medicare-covered group visits*</p>

<p>Outpatient Services/Surgery</p>	<p>Your coinsurance is covered by Medicaid.</p>	<p>In-Network 0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit.*</p> <p>0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit.*</p>
<p>Ambulance Services (Medically necessary ambulance services)</p>	<p>Your coinsurance is covered by Medicaid.</p>	<p>In-Network 0% or 20% of the cost for Medicare-covered ambulance benefits.*</p>
<p>Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>Your coinsurance is covered by Medicaid.</p>	<p>0% or 20% of the cost (up to \$65) for Medicare-covered emergency room visits.*</p> <p>\$1,000 plan coverage limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>Your coinsurance is covered by Medicaid.</p>	<p>0% or 20% of the cost for Medicare-covered urgently-needed-care visits.*</p>
<p>Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>Your coinsurance is covered by Medicaid.</p>	<p>In-Network 0% or 20% of the cost for Medicare-covered Occupational Therapy visits.*</p> <p>0% or 20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits.*</p>
<p>Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)</p>	<p>Your coinsurance is covered by Medicaid.</p>	<p>In-Network 0% or 20% of the cost for Medicare-covered items.*</p>

<p>Prosthetic Devices</p> <p>(Includes braces, artificial limbs and eyes, etc.)</p>	<p>Your coinsurance is covered by Medicaid.</p>	<p>In-Network 0% or 20% of the cost for Medicare-covered items.*</p>
<p>Diabetes Programs and Supplies</p>	<p>Your coinsurance is covered by Medicaid.</p>	<p>In-Network \$0 copay for Diabetes self-management training.*</p> <p>0% or 20% of the cost for Diabetes monitoring supplies*</p> <p>0% or 20% of the cost for Therapeutic shoes or inserts*</p>
<p>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>Your coinsurance is covered by Medicaid.</p>	<p>In-Network 0% of the cost for Medicare-covered lab services.*</p> <p>0% or 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests.*</p> <p>0% or 20% of the cost for Medicare-covered X-rays.*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).*</p> <p>0% or 20% of the cost for Medicare-covered therapeutic radiology services.*</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of 0% or 20% of the cost may apply*</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of 0% or 20% of the cost may apply*</p>

Cardiac Pulmonary Rehabilitation Services	Your coinsurance is covered by Medicaid.	<p>In-Network 0% or 20% of the cost for Medicare-covered Cardiac Rehabilitation Services*</p> <p>0% or 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services*</p> <p>0% or 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services*</p>
Preventive Services and Wellness/Education Programs	Any additional copay or coinsurance is covered by Medicaid.	<p>In-Network \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <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>

Kidney Disease and Conditions	Your coinsurance is covered by Medicaid.	In-Network 0% or 20% of the cost for renal dialysis* \$0 copay for kidney disease education services*
Outpatient Prescription Drugs	<p>Drugs covered under Medicare Part B Your coinsurance is covered by Medicaid.</p> <p>Drugs covered under Medicare Part D Your copay is NOT covered by Medicaid.</p> <p>Drugs not covered by Medicare Part D These drugs are covered by Medicaid.</p>	<p>Drugs covered under Medicare Part B In-Network \$0 annual deductible for Part B-covered drugs.*</p> <p>0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p>Drugs covered under Medicare Part D In-Network You pay a \$0 annual 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 \$2.60 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or - A \$6.50 copay <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay.</p>

		<p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by AlohaCare Advantage Plus (HMO SNP) up to the plan's 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 \$2.60 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 \$6.50 copay <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.</p>
<p>Dental Services</p> <p>(Emergency dental care for individuals age twenty-one years and older)</p> <p>(Individuals under age 21 receive full dental coverage)</p>	<p>Your coinsurance is covered by Medicaid only for Medicaid-covered services.</p> <p>\$0 copay for Medicaid-covered services.</p> <p>Please contact Community Case Management Corp. for details: Oahu: 792-1070 Neighbor Islands: 1-800-792-1070</p>	<p>In-Network 0% or 20% of the cost for Medicare-covered dental benefits.*</p>
<p>Hearing Services</p>	<p>Your coinsurance is covered by Medicaid.</p>	<p>In-Network 0% or 20% of the cost for Medicare-covered diagnostic hearing exams.*</p>

Vision Services	Your coinsurance is covered by Medicaid.	In-Network \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.* 0% or 0% to 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.*
Over-the-Counter Items	Some over-the-counter medications are covered by Medicaid. Please contact your QExA health plan for a complete listing.	The plan does not cover Over-the-Counter items.
Transportation (Routine)	\$0 copay for Medicaid-covered services. Cost sharing amounts from members who have cost sharing requirements may apply. Contact your QExA health plan for details.	The plan does not cover Transportation.
Acupuncture	This is not a Medicaid-covered service.	In-Network \$0 copay per visit up to 12 visit(s) every year.

<p>Long-Term Care Services (HCBS)</p> <ul style="list-style-type: none"> • Adult Day Care • Adult Day Health • Community Care Management Agencies • Environmental Accessibility Adaptations • Home Delivered Meals • Personal Assistance Services • Personal Emergency Response System (PERS) • Residential Care Services (Assisted Living Facility, Community Care Foster Family Home, Expanded Adult Residential Care Home) • Respite Care • Specialized Medical Equipment and Supplies 	<p>\$0 copay for Medicaid-covered services.</p> <p>Cost sharing amounts from members who have cost sharing requirements may apply. Contact your QExA health plan for details.</p>	<p>The plan does not cover Long-Term Care Services (HCBS).</p>
<p>Long-Term Care Services (Institutional)</p> <ul style="list-style-type: none"> • Nursing Facility services 	<p>\$0 copay for Medicaid-covered services.</p> <p>Cost sharing amounts from members who have cost sharing requirements may apply. Contact your QExA health plan for details.</p>	<p>The plan does not cover Long-Term Care Services (Institutional).</p>