

# *Summary of* Benefits

---

January 1, 2012 - December 31, 2012

## CareMore Connect (HMO SNP) H0544

California: Los Angeles & Orange Counties (PARTIAL)





# **SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS**

Thank you for your interest in CareMore Connect (HMO SNP). Our plan is offered by CAREMORE HEALTH PLAN, 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 CareMore Connect (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 CareMore Connect (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 CareMore Connect (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 CareMore Connect (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 CareMore Connect (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 CareMore Connect (HMO SNP) AVAILABLE?

The service area for this plan includes: Los Angeles\*, Orange\* Counties, CA. You must live in one of these areas to join the plan.

### Los Angeles County

90001	90022	90046	90070	90097	90241	90291
90002	90023	90047	90071	90099	90242	90292
90003	90026	90048	90072	90101	90245	90293
90004	90027	90050	90074	90102	90247	90294
90005	90028	90051	90075	90103	90248	90295
90006	90029	90052	90076	90174	90249	90296
90007	90030	90053	90078	90185	90250	90301
90008	90031	90054	90079	90189	90251	90302
90009	90032	90055	90080	90201	90254	90303
90010	90033	90056	90081	90202	90255	90304
90011	90034	90057	90082	90220	90260	90305
90012	90036	90058	90083	90221	90261	90306
90013	90037	90059	90084	90222	90262	90307
90014	90038	90060	90086	90223	90266	90308
90015	90039	90061	90087	90224	90267	90309
90016	90040	90062	90088	90230	90270	90310
90017	90041	90063	90089	90231	90274	90311
90018	90042	90065	90091	90232	90275	90312
90019	90043	90066	90093	90233	90277	90313
90020	90044	90068	90094	90239	90278	90397
90021	90045	90069	90096	90240	90280	90398

\* denotes partial county

# Los Angeles County

90501	90637	90712	90804	90847	91031	
90502	90638	90713	90805	90848	91040	
90503	90639	90714	90806	90853	91041	
90504	90640	90715	90807	90888	91042	
90505	90650	90716	90808	90895	91043	
90506	90651	90717	90809	90899	91046	
90507	90652	90723	90810	91001	91050	
90508	90659	90731	90813	91003	91051	
90509	90660	90732	90814	91006	91066	
90510	90661	90733	90815	91007	91077	
90601	90662	90734	90822	91009	91101	
90602	90665	90744	90831	91010	91102	
90603	90670	90745	90832	91011	91103	
90604	90671	90746	90833	91012	91104	
90605	90701	90747	90834	91016	91105	
90606	90702	90748	90835	91017	91106	
90607	90703	90749	90840	91020	91107	
90608	90706	90755	90842	91021	91108	
90609	90707	90801	90844	91024	91109	
90610	90710	90802	90845	91025	91110	
90612	90711	90803	90846	91030	91114	

\* denotes partial county

# Los Angeles County

91201	91328	91401	91506	91615	91745	
91202	91329	91402	91507	91616	91746	
91203	91330	91403	91508	91617	91747	
91204	91331	91404	91510	91618	91748	
91205	91333	91405	91521	91702	91749	
91206	91334	91406	91522	91706	91750	
91207	91335	91407	91523	91711	91754	
91208	91337	91408	91526	91714	91755	
91209	91340	91409	91601	91715	91756	
91210	91341	91411	91602	91716	91765	
91214	91343	91412	91603	91722	91766	
91221	91344	91413	91604	91723	91767	
91222	91345	91416	91605	91724	91768	
91224	91346	91423	91606	91731	91769	
91225	91352	91426	91607	91732	91770	
91226	91353	91436	91608	91733	91771	
91316	91356	91501	91609	91734	91772	
91324	91357	91502	91610	91735	91773	
91325	91393	91503	91611	91740	91775	
91326	91394	91504	91612	91741	91776	
91327	91395	91505	91614	91744	91778	

\* denotes partial county

# Orange County

90620	92647	92780	92823	92861		
90621	92648	92781	92825	92862		
90622	92649	92782	92831	92863		
90623	92655	92799	92832	92864		
90624	92683	92801	92833	92865		
90630	92684	92802	92834	92866		
90631	92685	92803	92835	92867		
90632	92701	92804	92836	92868		
90633	92702	92805	92837	92869		
90680	92703	92806	92838	92870		
90720	92704	92807	92840	92871		
90721	92705	92808	92841	92885		
90740	92706	92809	92842	92886		
90742	92707	92811	92843	92887		
90743	92708	92812	92844	92899		
92605	92710	92814	92845			
92615	92711	92815	92846			
92626	92712	92816	92850			
92627	92725	92817	92856			
92628	92728	92821	92857			
92646	92735	92822	92859			

\* denotes partial county

## **WHO IS ELIGIBLE TO JOIN CareMore Connect (HMO SNP)?**

You can join CareMore Connect (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 CareMore Connect (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?**

CareMore Connect (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.caremore.com](http://www.caremore.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?**

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

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

CareMore Connect (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

CareMore Connect (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.caremore.com](http://www.caremore.com).

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

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

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

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](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 CareMore Connect (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 CareMore Connect (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 CareMore Connect (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 CareMore Connect (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](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 CareMore Health Plan for more information about CareMore Connect (HMO SNP). Visit us at <http://www.caremore.com> or, call us:

**Customer Service Hours:** Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Pacific

**Current members** should call toll-free or locally **(800)-589-3146** for questions related to the Medicare Advantage and/or Medicare Part D Prescription Drug Programs.  
(TTY/TDD (800)-577-5586)

**Prospective members** should call toll-free or locally **(866)-622-2820** for questions related to the Medicare Advantage and/or Medicare Part D Prescription Drug Programs.  
(TTY/TDD (800)-577-5586)

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 en otro formatos, por ejemplo braille, con letra grande o otro alterno formatos.

Este documento puede estar disponible en diferente format o lenguaje. Para obtener información adicional, llame al departamento de servicio al miembro al número de teléfono indicado anteriormente.

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

## SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	CareMore Connect (HMO SNP)
---------	-------------------	----------------------------

### IMPORTANT INFORMATION

<p><b>① Premium and Other Important Information</b></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><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 in addition to your monthly Medicare Part B premium.*</p> <p><b>In-Network</b></p> <p>\$3,400 out-of-pocket limit for Medicare-covered services.*</p>
<p><b>② Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

## SUMMARY OF BENEFITS

### INPATIENT CARE

<p><b>3 Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>• Days 1 - 60: \$1132 deductible*</li> <li>• Days 61 - 90: \$283 per day*</li> <li>• Days 91 - 150: \$566 per lifetime reserve day*</li> </ul> <p>These amounts may change for 2012.</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>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.</p>	<p><b>In-Network</b> Plan covers 330 days each benefit period.</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><b>4 Inpatient Mental Health Care</b></p>	<p>In 2011 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>• Days 1 - 60: \$1132 deductible*</li> <li>• Days 61 - 90: \$283 per day*</li> <li>• Days 91 - 150: \$566 per lifetime reserve day*</li> </ul> <p>These amounts may change for 2012.</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>Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit	Original Medicare	CareMore Connect (HMO SNP)
---------	-------------------	----------------------------

**INPATIENT CARE (CONTINUED)**

<p><b>5 Skilled Nursing Facility (SNF)</b> (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:</p> <ul style="list-style-type: none"> <li>• Days 1 - 20: \$0 per day*</li> <li>• Days 21 - 100: \$0 or \$141.50 per day*</li> </ul> <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><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.</p> <p>\$0 copay for SNF services</p>
<p><b>6 Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits*</p>
<p><b>7 Hospice</b></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><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>

Benefit	Original Medicare	CareMore Connect (HMO SNP)
<b>OUTPATIENT CARE</b>		
<b>8 Doctor Office Visits</b>	0% or 20% 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>
<b>9 Chiropractic Services</b>	<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><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>
<b>10 Podiatry Services</b>	<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><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered podiatry benefits.*</p> <p>Up to 12 supplemental routine visit(s) every year</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

Benefit	Original Medicare	CareMore Connect (HMO SNP)
<b>OUTPATIENT CARE (CONTINUED)</b>		
<p>⑪ <b>Outpatient Mental Health Care</b></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><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 Medicare-covered partial hospitalization program services*</p>
<p>⑫ <b>Outpatient Substance Abuse Care</b></p>	<p>0% or 20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered visits*</p>
<p>⑬ <b>Outpatient Services/ Surgery</b></p>	<p>0% or 20% coinsurance for the doctor’s services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>0% or 20% 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>
<p>⑭ <b>Ambulance Services</b> (medically necessary ambulance services)</p>	<p>0% or 20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% or 20% of the cost for Medicare-covered ambulance benefits.*</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>

Benefit	Original Medicare	CareMore Connect (HMO SNP)
---------	-------------------	----------------------------

**OUTPATIENT CARE (CONTINUED)**

<p><b>15 Emergency Care</b> (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><b>General</b> \$0 or \$65 copay for Medicare-covered emergency room visits*</p> <p>\$10,000 plan coverage limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>16 Urgently Needed Care</b> (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><b>General</b> \$0 copay for Medicare-covered urgently-needed-care visits*</p>
<p><b>17 Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>0% or 20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered Occupational Therapy visits*</p> <p>\$0 copay for Medicare-covered Physical and/or Speech and Language Therapy visits*</p>

Benefit	Original Medicare	CareMore Connect (HMO SNP)
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18 Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	0% or 20% coinsurance	<p><b>General</b>  Authorization rules may apply.</p> <p><b>In-Network</b>  0% or 0% to 20% of the cost for Medicare-covered items*</p>
<b>19 Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance	<p><b>General</b>  Authorization rules may apply.</p> <p><b>In-Network</b>  \$0 copay for Medicare-covered items*</p>
<b>20 Diabetes Programs and Supplies</b>	<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><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:</p> <ul style="list-style-type: none"> <li>• Diabetes monitoring supplies*</li> <li>• Therapeutic shoes or inserts*</li> </ul>
<b>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<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 supplemental routine screening tests, like checking your cholesterol.</p>	<p><b>General</b>  Authorization rules may apply.</p> <p><b>In-Network</b>  \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• lab services*</li> <li>• diagnostic procedures and tests*</li> <li>• X-rays*</li> <li>• diagnostic radiology services (not including X-rays)*</li> <li>• therapeutic radiology services*</li> </ul>

Benefit	Original Medicare	CareMore Connect (HMO SNP)
---------	-------------------	----------------------------

**OUTPATIENT MEDICAL SERVICES AND SUPPLIES (CONTINUED)**

<p><b>22 Cardiac and Pulmonary Rehabilitation Services</b></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><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for:</p> <ul style="list-style-type: none"> <li>• Medicare-covered Cardiac Rehabilitation Services*</li> <li>• Medicare-covered Intensive Cardiac Rehabilitation Services*</li> <li>• Medicare-covered Pulmonary Rehabilitation Services*</li> </ul>
--	--	--

**PREVENTIVE SERVICES**

<p><b>23 Preventive Services and Wellness/ Education Programs</b></p>	<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> </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> </ul>
---	--	---

Benefit	Original Medicare	CareMore Connect (HMO SNP)
---------	-------------------	----------------------------

**PREVENTIVE SERVICES (CONTINUED)**

**23 Preventive Services and Wellness/ Education Programs (continued)**

- 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.

- 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)

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.

Authorization rules may apply.

**In-Network**

The plan covers the following supplemental education/wellness programs:

- Written health education materials, including Newsletters
- Nutritional benefit
- Additional Smoking Cessation

Benefit	Original Medicare	CareMore Connect (HMO SNP)
---------	-------------------	----------------------------

**PREVENTIVE SERVICES (CONTINUED)**

<p><b>23 Preventive Services and Wellness/ Education Programs</b> (continued)</p>	<ul style="list-style-type: none"> <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><b>24 Kidney Disease and Conditions</b></p>	<p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 20% coinsurance for kidney disease education services</p>	<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>
<p><b>25 Outpatient Prescription Drugs</b></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><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> \$0 annual deductible for Part B-covered drugs.*</p> <p>0% or 0% to 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p><b>Home Infusion Drugs, Supplies and Services</b></p> <p><b>General</b> \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p>

Benefit	Original Medicare	CareMore Connect (HMO SNP)
---------	-------------------	----------------------------

**PREVENTIVE SERVICES (CONTINUED)**

**25** **Outpatient Prescription Drugs**  
(continued)

**Drugs covered under Medicare Part D**

**General**

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at [www.caremore.com](http://www.caremore.com) on the web.

Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long term care facilities, or
- have access to Indian/Tribal/Urban (Indian Health Service) providers.

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).

Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.

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.

Your provider must get prior authorization from CareMore Connect (HMO SNP) for certain drugs.

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.

Benefit	Original Medicare	CareMore Connect (HMO SNP)
---------	-------------------	----------------------------

**PREVENTIVE SERVICES (CONTINUED)**

**25 Outpatient Prescription Drugs**  
(continued)

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.

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.

If you request a formulary exception for a drug and CareMore Connect (HMO SNP) approves the exception, you will pay the generic cost share for generic drugs and the brand cost share for brand drugs.

**In-Network**

You pay a \$0 annual deductible.

**Initial 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.

**Additional Coverage Gap**

The plan covers all formulary generics (100% of formulary generic drugs) through the coverage gap.

Benefit	Original Medicare	CareMore Connect (HMO SNP)
---------	-------------------	----------------------------

**PREVENTIVE SERVICES (CONTINUED)**

**25 Outpatient Prescription Drugs**  
(continued)

**Catastrophic Coverage**  
After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay.

**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 CareMore Connect (HMO SNP).

**Out-of-Network Initial Coverage**  
Depending on your income and institutional status, you will be reimbursed by CareMore Connect (HMO SNP) up to the plan's cost of the drug minus 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 purchased out-of-network, either:
- A \$0 copay or
  - A \$3.30 copay or
  - A \$6.50 copay.

**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.

Benefit	Original Medicare	CareMore Connect (HMO SNP)
---------	-------------------	----------------------------

**PREVENTIVE SERVICES (CONTINUED)**

<p><b>26 Dental Services</b></p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>In-Network</b>            \$0 copay for Medicare-covered dental benefits*</p> <ul style="list-style-type: none"> <li>• \$5 to \$20 copay for oral exams</li> <li>• \$35 to \$40 copay for up to 2 cleaning(s) every year</li> <li>• \$5 to \$10 for up to 2 fluoride treatment(s) every year</li> <li>• \$5 to \$15 copay for up to 1 dental x-ray(s) every three years</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p>
<p><b>27 Hearing Services</b></p>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b>            Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams*</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>• up to 1 supplemental routine hearing exam(s) every year</li> <li>• up to 1 fitting-evaluation(s) for a hearing aid every year</li> </ul>
<p><b>28 Vision Services</b></p>	<p>0% or 20% 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> <ul style="list-style-type: none"> <li>• and up to 1 supplemental routine eye exam(s) every year</li> <li>• \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery*</li> <li>• \$25 copay for up to 1 pair(s) of glasses every two years</li> <li>• \$25 copay for up to 1 pair(s) of contacts every year</li> <li>• \$0 copay for up to 1 pair(s) of lenses every year</li> </ul>

Benefit	Original Medicare	CareMore Connect (HMO SNP)
<b>PREVENTIVE SERVICES (CONTINUED)</b>		
<b>28</b> <b>Vision Services</b> (continued)		<ul style="list-style-type: none"> <li>• \$25 copay for up to 1 frame(s) every two years</li> </ul> <p>\$150 plan coverage limit for eye glasses (lenses and frames) every two years.</p> <p>\$125 plan coverage limit for contact lenses every year.</p> <p>\$150 plan coverage limit for eye glass frames every two years.</p>
<b>Over-the-Counter Items</b>	Not covered.	<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.
<b>Transportation</b> (Routine)	Not covered.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for up to 50 one-way trip(s) to plan-approved location every year
<b>Acupuncture</b>	Not covered.	<b>In-Network</b> This plan does not cover Acupuncture.

**STATE OF CALIFORNIA  
MEDICAID (MEDI-CAL) PROGRAM**

**COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID) BENEFICIARIES**

<b>Benefit</b>	<b>Medicaid (Medi-Cal)</b>	<b>CareMore Connect (HMO SNP) Benefits</b>
<b>1 – Inpatient Hospital Services</b>	\$0 copay for Medicaid-covered services.	\$0 copay. No limit to the number of days covered by the plan each benefit period.
<b>2 – Outpatient Hospital Services</b>	\$0 copay for Medicaid-covered services.	\$0 for each Medicaid-covered-covered visit to an outpatient hospital facility or ambulatory surgical center (ASC).
<b>3 – Rural Health Clinic Services</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>4 – Federally Qualified Health Center Services</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>5 – Laboratory Services</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered services.
<b>6 – X-ray</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered services.
<b>7 – Skilled Nursing Facility Care for over 21 years of age – Subacute Care</b>	\$0 copay for Medicaid-covered services.	\$0 days 1-100 for Medicaid-covered services. (no prior hospital stay required)
<b>8 – Pediatric Nursing Facility Care for under 21 years of age – Subacute services (Early &amp; periodic screening, diagnosis, and treatment supplemental services)</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>9 – Family Planning Services &amp; Supplies</b>	\$0 copay for Medicaid-covered services.	No benefits.
<b>10 – Physician Services</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered physician services.

Benefit	Medicaid (Medi-Cal)	CareMore Connect (HMO SNP) Benefits
<b>11 – Medical &amp; Surgical Dental Services</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered dental benefit.
<b>12 – Ophthalmologist Services</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered services.
<b>13 – Podiatry Services*</b>	\$0 copay for Medicaid-covered services.	<p>\$0 copayment for Medicaid-covered Medical podiatry.</p> <p>\$0 for up to 12 visits for Routine podiatry.</p>
<b>14 – Optometry</b>	\$0 copay for Medicaid-covered services.	<p>\$0 for diagnosis and treatment and treatment for diseases and conditions of the eye and up to 1 routine eye exam every year.</p> <p>\$0 for routine eye exam.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$25 copay for up to 1 pair(s) of glasses every two years.</p> <p>\$25 copay for up to 1 pair(s) of contacts every year.</p> <p>\$0 copay for up to 1 pair(s) of lenses every year.</p> <p>\$25 copay for up to 1 frame(s) every two years \$150 limit for eye wear every two years.</p>
<b>15 – Chiropractic Services*</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered Chiropractic Services.
<b>16 – Psychology Services*</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered services.

Benefit	Medicaid (Medi-Cal)	CareMore Connect (HMO SNP) Benefits
<b>17 – Nurse Anesthetist Services</b>	\$0 copay for Medicaid-covered services.	Refer to Inpatient hospital services or outpatient surgery services benefit.
<b>18 – Optician and Optical Fabricating Lab Services*</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>19 – Medical Supplies (does not include incontinence creams and washes)</b>	\$0 copay for Medicaid-covered services.	Refer to Durable Medical Equipment, Prosthetic Devices and Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies benefits.
<b>20 – Incontinence Creams and Washes*</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>21 – Durable Medical Equipment</b>	\$0 copay for Medicaid-covered services.	<p>\$0 copayment (If purchase price on “DME” is \$0-\$499 per item, member pays \$0 per item. If “rental” price of DME is \$0-\$499 per item per month, member pays \$0 per item per month.)</p> <p>20% coinsurance (If purchase price of “DME” is \$500 or more per item, member pays 20% of contracted rate per item. If “rental” price of DME is \$500 or more per item per month, member pays 20% of contracted rate per item per month.)</p>
<b>22 – Hearing Aids</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>23 – Enteral Formulae</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>24 – Acupuncture Services*</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>25 – Licensed Midwife Services</b>	\$0 copay for Medicaid-covered services.	No benefit.

Benefit	Medicaid (Medi-Cal)	CareMore Connect (HMO SNP) Benefits
<b>26 – Home Health Services through a home health agency (including home health nursing and aide services, physical and occupational therapy, speech pathology and audiology services, intermittent nursing, home health aid care, medical supplies equipment and appliances)</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered services.
<b>27 – Physical Therapy and Related Services</b>	\$0 copay for Medicaid-covered services.	\$0 copayment per visit for Medicaid-covered services.
<b>28 – Rehabilitation Facilities</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered services.
<b>29 – Private Duty Nursing (Waiver only)</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>30 – Clinic (Organized outpatient clinic, Indian Health Services, alternate birthing centers, ambulatory surgical centers)</b>	\$0 copay for Medicaid-covered services.	\$0 for each Medicaid-covered visit to an ambulatory surgical center (ASC).
<b>31 – Dental Services*</b>	\$0 copay for Medicaid-covered services.	Basic dental coverage.  \$5 for each office visit.  \$5-\$20 for oral exams.  \$35-\$40 for up to 2 cleaning(s) every year.  \$5-\$10 for up to 2 fluoride treatments every year.

Benefit	Medicaid (Medi-Cal)	CareMore Connect (HMO SNP) Benefits
<b>31 – Dental Services* (continued)</b>		\$5-\$15 for up to 1 dental X-ray visit every three years.
<b>32 – Occupational Therapy</b>	\$0 copay for Medicaid-covered services.	\$0 copayment per visit for Medicaid-covered services.
<b>33 – Speech Pathology / Speech Therapy*</b>	\$0 copay for Medicaid-covered services.	\$0 copayment per visit for Medicaid-covered services.
<b>34 – Audiology Services*</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered hearing exams.
<b>35 – Pharmaceutical Services and Prescribed Drugs</b>	\$0 copayment for drugs excluded from Medicare Part D coverage.	<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 \$2.50 copay.</li> </ul> <p>For all other generics, either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay; or</li> <li>• A \$3.30 copay; or</li> <li>• A \$6.30 copay.</li> </ul>
<b>36 – Dentures*</b>	\$0 copay for Medicaid-covered services.	\$5-\$530 for Prosthodontics.
<b>37 – Prosthetic Appliances (Orthotic appliances) prosthetic eyes</b>	\$0 copay for Medicaid-covered services.	<p>For Medicaid-covered services: \$0 for Prosthetic &amp; Medical Supplies</p> <p>\$0 copayment (If purchase price of prosthetics or medical supplies is \$0-\$499 per item, member pays \$0 per item. If “rental” price of prosthetics or medical supplies is \$0-\$499 per item per month, member pays \$0 per item per month.)</p> <p>20% coinsurance (If purchase price of prosthetics or medical supplies is \$500 or greater per item, member pays 20% of contracted rate per item. If “rental” price of prosthetics or medical supplies is \$500</p>

Benefit	Medicaid (Medi-Cal)	CareMore Connect (HMO SNP) Benefits
37 – Prosthetic Appliances (Orthotic appliances) prosthetic eyes (continued)		or greater per item per month, member pays 20% of contracted rate per item per month.)
38 – Eyeglasses, other eye appliances*	\$0 copay for Medicaid-covered services.	<p>\$0 copayment for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$25 copayment for up to 1 pair(s) of glasses every two years.</p> <p>\$25 copayment for up to 1 pair(s) of contacts every year.</p> <p>\$0 copayment for up to 1 pair(s) of lenses every year.</p> <p>\$25 copayment for up to 1 frame(s) every two years \$150 limit for eye wear every two years.</p>
39 – Comprehensive Perinatal Services Program (Preventive Services)	\$0 copay for Medicaid-covered services.	No benefit.
40 – Adult Day Health Care	\$0 copay for Medicaid-covered services.	No benefit.
41 – Chronic Dialysis Services	\$0 copay for Medicaid-covered services.	\$0 copayment for each Medicaid-covered dialysis treatment.

Benefit	Medicaid (Medi-Cal)	CareMore Connect (HMO SNP) Benefits
<b>42 – Rehabilitation Services (ADHC, chronic dialysis, outpatient heroin detoxification, rehabilitative mental health, drug Medi-Cal, independent rehabilitation centers)</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Comprehensive Outpatient Rehabilitation Facility (CORF)  \$0 copayment for Renal Dialysis  \$0 copayment for Partial Hospitalization (Individual/Group)  \$0 Outpatient Mental Health (Individual/Group)  \$0 Outpatient Substance Abuse (Individual/Group)  \$0 copayment for Psychiatric Services.
<b>43 – Institutes for Mental Diseases (for under 21 years of age and over 65 years of age, including inpatient psychiatric care).</b>	\$0 copay for Medicaid-covered services.	\$0 days 1-90 for Medicaid-covered Inpatient Psychiatric Services.
<b>44 – Intermediate Care Facility</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>45 – Nurse Midwife</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>46 – Hospice</b>	\$0 copay for Medicaid-covered services.	No benefit.  When you enroll in a Medicaid-certified Hospice program, your hospice services are paid for by the Original Medicare plan.
<b>47 – TB-Related Services</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered physician services.

Benefit	Medicaid (Medi-Cal)	CareMore Connect (HMO SNP) Benefits
<b>48 – Respiratory Care for ventilator-dependent patients</b>	\$0 copay for Medicaid-covered services.	Refer to Medicaid-covered Inpatient Hospital services or Home Health Care.
<b>49 – Family nurse practitioner</b>	\$0 copay for Medicaid-covered services.	\$0 copayment at CareMore Care Centers.
<b>50 – Home and community care for functionally disabled elderly (Waiver only)</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>51 – Community-supported living arrangements (Waiver only)</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>52 – Personal Care Services</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>53- Rural Primary Care Hospital</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Inpatient Hospital Services at plan approved locations.
<b>54 – Nonmedical health Facilities</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>55 – Emergency Hospital Services</b>	\$0 copay for Medicaid-covered services.	\$50 (Waived if admitted)
<b>56 – Transportation (State provides emergency and non-emergency medical transportation. Meets federal requirement for assurance of transportation to medically necessary services)</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for 50 one-way trips to plan-approved locations.

Benefit	Medicaid (Medi-Cal)	CareMore Connect (HMO SNP) Benefits
<b>57 – Services for pregnant women that treat a condition that may impact the woman and/or the fetus (Not specifically stated as a benefit but is a mandated provision under federal regulations)</b>	\$0 copay for Medicaid-covered services.	\$0 copayment for Medicaid-covered specialist services. A referral is required for specialist services.
<b>58 – Marriage and Family Counselor services (Early &amp; periodic screening, diagnosis, and treatment services &amp; waiver only)</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>59 – Licensed Clinical Social Worker Services (Early &amp; periodic screening, diagnosis, and treatment services &amp; waiver only)</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>60 – Case Management (Early &amp; periodic screening, diagnosis, and treatment services &amp; waiver only)</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>61 – Private Duty Nursing Agency Services (Early &amp; periodic screening, diagnosis, and treatment services &amp; waiver only)</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>62 – Individual nurse provider services (Early &amp; periodic screening, diagnosis, and treatment services &amp; waiver only)</b>	\$0 copay for Medicaid-covered services.	No benefit.
<b>63 – Nonmedical services (Waiver only)</b>	\$0 copay for Medicaid-covered services.	No benefit.

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

