SENIOR WHOLE HEALTH

Simple. Secure. Independent.

# SENIOR WHOLE HEALTH (HMO) SPECIAL NEEDS PLAN

# 2010 SUMMARY OF BENEFITS

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# ZIP CODES IN Senior Whole Health (HMO)'s SERVICE AREA

| County | ZIP CODES in Service Area | Zip Codes | |
|---|---|---|---|
| **Bristol** | All | 02048<br>02356<br>02375<br>02702-03<br>02717-26<br>02740<br>02743-48<br>02760 | 02763-64<br>02766-67<br>02769<br>02771<br>02777<br>02779-80<br>02790 |
| **Essex** | All | 01810<br>01830<br>01832-35<br>01840-45<br>01860<br>01901-02<br>01904-08<br>01913<br>01915<br>01982-85 | 01921-23<br>01929-30<br>01938<br>01940<br>01944-45<br>01949-52<br>01960<br>01966<br>01969-70 |
| **Middlesex** | All | 01431-32<br>01434<br>01450<br>01460<br>01463-64<br>01469<br>01474<br>01701-02<br>01718-21<br>01730-31<br>01741-42<br>01746<br>01748-49<br>01752<br>01754<br>01760<br>01770 | 01773<br>01775-76<br>01778<br>01801<br>01803<br>01821<br>01824<br>01826-27<br>01850-52<br>01854<br>01862-64<br>01867<br>018760<br>01879-80<br>01886-87<br>01890<br>02138-39 |
| **Norfolk** | All | 02019<br>02021<br>02025-26<br>02030<br>02032<br>02035<br>02038<br>02052-56 | 02093<br>02169-71<br>02184<br>02186<br>02188-91<br>02322<br>02343<br>02368 |

| County | ZIP CODES in Service Area | Zip Codes |
|---|---|---|
| **Norfolk** | | 02062<br>02067<br>02071-72<br>02081<br>02090<br>02445-46<br>02481-82<br>02492<br>02494<br>02762 |
| **Plymouth** | All | 02043<br>02045<br>02050<br>02061<br>02066<br>02301-02<br>02324<br>02330<br>02332-33<br>02338-39<br>02341<br>02346-47<br>02351<br>02359-60<br>02364<br>02367<br>02370<br>02379<br>02382<br>02538<br>02571<br>02576<br>02738-39<br>02770 |
| **Suffolk** | All | 02109-36<br>02150-52<br>02163<br>02199<br>02203<br>02210<br>02215<br>02222<br>02283-84 |
| **Worcester** | All | 01005<br>01031<br>01068<br>01331<br>01366<br>01368<br>01420<br>01430<br>01436<br>01440<br>01451-53<br>01462<br>01468<br>01473<br>01475<br>01501<br>01503-07<br>01510<br>01515-16<br>01518-20<br>01522-24<br>01531-32<br>01534-37<br>01540-43<br>01545<br>01550<br>01560<br>01562<br>01564<br>01566<br>01568-71<br>01581<br>01583<br>01585<br>01588<br>01590<br>01602-12<br>01655<br>01740<br>01745<br>01747<br>01756-57<br>01527<br>01772<br>01529 |

# SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Senior Whole Health (HMO). Our plan is offered by SENIOR WHOLE HEALTH, LLC/Senior Whole Health, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you are 65 or older and enrolled in MassHealth Standard.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Senior Whole Health (HMO) 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 Senior Whole Health (HMO) 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 Senior Whole Health (HMO). 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 Senior Whole Health (HMO) 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 Senior Whole Health (HMO) 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 Senior Whole Health (HMO) AVAILABLE?

The service area for this plan includes: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties, MA. You must live in one of these areas to join the plan.

## WHO IS ELIGIBLE TO JOIN Senior Whole Health (HMO)?

You can join Senior Whole Health (HMO) 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 Senior Whole Health (HMO) unless they are members of our organization and have been since their dialysis began.

You must also be enrolled in MassHealth Standard to join this plan. Please call plan to see if you are eligible to join.

## CAN I CHOOSE MY DOCTORS?

Senior Whole Health (HMO) 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 or for an up-to-date list visit us at www.seniorwholehealth.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. Neither Senior Whole Health (HMO) nor the Original Medicare Plan will pay for these services.

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

Senior Whole Health (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Senior Whole Health (HMO) 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.seniorwholehealth.com. Our customer service number is listed at the end of this introduction.

## WHAT IS A PRESCRIPTION DRUG FORMULARY?

Senior Whole Health (HMO) 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.seniorwholehealth.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?

All Senior Whole Health (HMO) members are eligible for extra help with their prescription drug premiums and costs. For information about 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
* 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 year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, 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 Senior Whole Health (HMO), 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, **MassPRO,** 245 Winter Street**,** Waltham, MA 02451-1231. You may reach MassPRO by telephone at toll-free 1-800-252-5533 (TTY 1-877-486-2048), or locally at 781-890-0011.

As a member of Senior Whole Health (HMO) 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, **MassPRO,** 245 Winter Street**,** Waltham, MA 02451-1231. You may reach MassPRO by telephone at toll-free 1-800-252-5533 (TTY 1-877-486-2048), or locally at 781-890-0011.

## WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may 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 Senior Whole Health (HMO) 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 Senior Whole Health (HMO) 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 provided through DME.

## 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 "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at (888)-794-7268 to obtain a copy of the plan ratings for this plan. TTY users call (888)-749-6455.

## CONTACT INFORMATION

Please call Senior Whole Health for more information about Senior Whole Health (HMO). Visit us at www.seniorwholehealth.com or, call us: 1-888-794-7268. Our hours of operation are weekdays, Monday through Friday, from 8AM to 8PM, and also on Saturdays and Sundays from November 15th to March 1st. Someone is available, however, 24-hours a day, if assistance is needed. Interpreter services are available upon request.

Current members should call locally and toll-free (888)-794-7268 for questions related to the Medicare Advantage Program and/or the Medicare Part D Prescription Drug program. (TTY/TDD (888)-749-6455)

Prospective members should call locally and toll-free (888)-566-3526 for questions related to the Medicare Advantage Program and/or the Medicare Part D Prescription Drug program. (TTY/TDD (888)-749-6455)

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.

If you have special needs, this document may be available in other formats.

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

# SECTION II -SUMMARY OF BENEFITS

***All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.**

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| **IMPORTANT INFORMATION** | | |
| **1 -** Premium and Other Important Information | In 2009 the monthly Part B Premium is $96.40 and the yearly Part B deductible amount is $135.00. These rates will change for 2010. | General<br>$0 monthly plan premium*<br>$0 yearly deductible |
| | If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. | ***All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.** |
| | Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was $85,000 for singles, $170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. | |
| **2 -** Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.) | You may go to any doctor, specialist or hospital that accepts Medicare. | In-Network<br>You must go to network doctors, specialists, and hospitals. |
| | | Referral required for network hospitals and specialists (for certain benefits). |
| **INPATIENT CARE** | | |
| **3 -** Inpatient Hospital Care (includes Substance Abuse | For each benefit period, the amounts in 2009 were:<br>Days 1 - 60: $1,068 deductible<br>Days 61 - 90: $267 per day | In-Network<br>$0 yearly deductible*<br><br>You will not be charged additional |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| and Rehabilitation Services) | Days 91 - 150: $534 per lifetime reserve day<br>These rates will change for 2010. | cost sharing for professional services. |
| | Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. | $0 copay* |
| | 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. There is no limit to the number of benefit periods you can have. | 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 | Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). | In-Network<br>$0 yearly deductible* |
| | 190 day lifetime limit in a Psychiatric Hospital. | $0 copay* |
| | | Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. |
| **5** - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility) | In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:<br>Days 1 - 20: $0 per day<br>Days 21 - 100: $133.50 per day | General<br>Authorization rules may apply. |
| | 100 days for each benefit period.<br><br>These rates will change for 2010. | In-Network<br>$0 yearly deductible* |
| | 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 | $0 copay for SNF services* |
| | | No prior hospital stay is required. |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| | benefit period begins. There is no limit to the number of benefit periods you can have. | |
| **6** - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.) | In 2009, the rate was $0 copay. This rate may change for 2010. | General<br>Authorization rules may apply. |
| | | In-Network<br>$0 copay for home health visits.* |
| **7** - Hospice | You pay part of the cost for outpatient drugs.<br>You must get care from a Medicare-certified hospice. | General<br>You must get care from a Medicare-certified hospice. |
| **OUTPATIENT CARE** | | |
| **8** - Doctor Office Visits | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | In-Network<br>$0 copay for each primary care doctor visit.* |
| | | $0 copay for the cost of each in-area, network urgent care visit.* |
| | | $0 copay for each specialist doctor visit for benefits.* |
| **9** - Chiropractic Services | Routine care not covered | In-Network<br>$0 copay for chiropractic visits.* |
| | In 2009, the rate was 20% coinsurance of Medicare-approved amounts 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. This rate may change for 2010. | 0% of the cost for up to 6 routine visit(s) every year |
| **10** - Podiatry Services | In 2009, routine care not covered. | In-Network<br>$0 copay for podiatry benefits.* |
| | In 2009, the rate was 20% | Podiatry benefits are for medically- |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| | coinsurance of Medicare-approved amounts for medically necessary foot care, including care for medical conditions affecting the lower limbs. This rate may change for 2010. | necessary foot care. |
| **11** - Outpatient Mental Health Care | In 2009, the rate was 50% coinsurance of Medicare-approved amounts for most outpatient mental health services. This rate may change for 2010. | General<br>Authorization rules may apply. |
| | | In-Network<br>$0 copay for Mental Health visits.* |
| | | $0 copay for each visit with a psychiatrist.* |
| **12** - Outpatient Substance Abuse Care | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | General<br>Authorization rules may apply. |
| | | In-Network<br>$0 copay for visits.* |
| **13** - Outpatient Services/Surgery | In 2009, the rate was 20% coinsurance of Medicare-approved amounts for the doctor and 20% coinsurance of Medicare-approved amounts for outpatient facility charges. This rate may change for 2010. | In-Network<br>$0 copay for each ambulatory surgical center visit.* |
| | | $0 copay for each outpatient hospital facility visit.* |
| **14** - Ambulance Services (medically necessary ambulance services) | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | General<br>Authorization rules may apply. |
| | | In-Network<br>$0 copay for ambulance benefits.* |
| **15** - Emergency Care<br>(You may go to any emergency room if you reasonably believe you need emergency care.) | In 2009, the rate was 20% coinsurance of Medicare-approved amounts for the doctor. This rate may change for 2010. | General<br>$0 copay for emergency room visits.* |
| | In 2009 the rate was 20% of Medicare-approved amounts of the facility charge or set co-pay per emergency room visit. | Not covered outside the U.S. except under limited circumstances. Contact Senior Whole Health for more details. |
| | You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room | |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| | visit. | |
| | NOT covered outside the U.S. except under limited circumstances. | |
| **16** - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.) | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | General<br>$0 copay for urgent-care visits.* |
| | NOT covered outside the U.S. except under limited circumstances. | |
| **17** - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy) | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | General<br>Authorization rules may apply. |
| | | In-Network<br>$0 copay for Occupational Therapy visits.* |
| | | $0 copay for Physical and/or Speech/Language Therapy visits.* |
| **OUTPATIENT MEDICAL SERVICES AND SUPPLIES** | | |
| **18** - Durable Medical Equipment (includes wheelchairs, oxygen, etc.) | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | General<br>Authorization rules may apply. |
| | | In-Network<br>$0 copay for items.* |
| **19** - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.) | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | General<br>Authorization rules may apply. |
| | | In-Network<br>$0 copay for items.* |
| **20** - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | In-Network<br>$0 copay for Diabetes self-monitoring training.* |
| | 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 or include a nutritional assessment and | $0 copay for Nutrition Therapy for Diabetes.* |
| | | $0 copay for Diabetes supplies.* |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| training) | counseling to help you manage your diabetes or kidney disease. | |
| **21** - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services | In 2009 the rate was 20% coinsurance of Medicare-approved amounts for diagnostic tests and x-rays. This rate may change for 2010. | In-Network<br>$0 copay for:<br>- lab services*<br>- diagnostic procedures and tests*<br>- X-rays.*<br>- diagnostic radiology services (not including X-rays)*<br>- therapeutic radiology services* |
| | $0 copay for Medicare-covered lab services | |
| | 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. | |
| **PREVENTIVE SERVICES** | | |
| **22** - Bone Mass Measurement (for people with Medicare who are at risk) | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | In-Network<br>$0 copay for bone mass measurement* |
| | Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. | |
| **23** - Colorectal Screening Exams (for people with Medicare age 50 and older) | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | In-Network<br>$0 copay for colorectal screenings.* |
| | Covered when you are high risk or when you are age 50 and older. | |
| **24** - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with | $0 copay for Flu and Pneumonia vaccines | In-Network<br>$0 copay for Flu and Pneumonia vaccines. |
| | In 2009, the rate was 20% | $0 copay for Hepatitis B vaccine.* |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| Medicare who are at risk, Pneumonia vaccine) | coinsurance of Medicare-approved amounts for Hepatitis B vaccine. This rate may change for 2010. | |
| | You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. | No referral needed for Flu and pneumonia vaccines. |
| **25** - Mammograms (Annual Screening) (for women with Medicare age 40 and older) | In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010. | In-Network<br>$0 copay for screening mammograms.* |
| | No referral needed. | |
| | Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39. | No referral needed for out-of-network services. $0 copay.* |
| **26** - Pap Smears and Pelvic Exams (for women with Medicare) | $0 copay for Pap smears | In-Network<br>$0 copay for pap smears and pelvic exams.* |
| | Covered once every 2 years. Covered once a year for women with Medicare at high risk. | |
| | In 2009, the rate was 20% coinsurance of Medicare-approved amounts for Pelvic Exams. This rate may change for 2010. | No referral needed for out-of-network services. $0 copay.* |
| **27** - Prostate Cancer Screening Exams (for men with Medicare age 50 and older) | In 2009 the rate was 20% coinsurance of Medicare-approved amounts for the digital rectal exam. This rate may change for 2010. | In-Network<br>$0 copay for prostate cancer screening* |
| | In 2009 the rate was $0 for the PSA test; 20% coinsurance of Medicare-approved amounts for other related services. This rate may change for 2010. | |
| | Covered once a year for all men with Medicare over age 50. | |
| **28** - End-Stage Renal Disease (ESRD) | In 2009, the rate was 20% coinsurance of Medicare-approved amounts for renal dialysis. This rate may change for 2010. | General<br>Authorization rules may apply. |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| | In 2009 the rate was 20% coinsurance of Medicare-approved amounts for Nutrition Therapy for End-Stage Renal Disease. This rate may change for 2010. | In-Network<br>$0 copay for renal dialysis* |
| | 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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. | $0 copay for Nutrition Therapy for End-Stage Renal Disease* |
| **29** - Prescription Drugs | Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. | Drugs covered under Medicare Part B<br>$0 yearly deductible for Part B-covered drugs.* |
| | | Drugs covered under Medicare Part D<br>This plan uses a formulary. Only drugs listed on the formulary are covered. Senior Whole Health will send you the formulary. You can also see the formulary at www.seniorwholehealth.com on the web. |
| | | The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). 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. |
| | | Senior Whole Health (HMO) may require you to first try one drug to treat your condition before it will |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| | | cover another drug for that condition. |
| | | Some drugs have quantity limits. |
| | | Your provider must get prior authorization from Senior Whole Health (HMO) for certain drugs. |
| | | 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, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. |
| | | In-Network<br>You pay a $0 yearly deductible. |
| | | Initial Coverage<br>$0 copay for covered generic drugs *<br><br>$0 copay for all other covered drugs.* |
| | | Retail Pharmacy<br>You can get drugs the following way(s):<br>- one-month (34-day) supply<br>- three-month (93-day) supply<br>Not all drugs are available at this extended day supply. Please contact the plan for more information. |
| | | Long Term Care Pharmacy<br>You can get drugs the following way(s):<br>- one-month (34-day) supply |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| | | Mail Order<br>You can get drugs the following way(s):<br>- one-month (34-day) supply<br>- three-month (93-day) supply<br>Not all drugs are available at this extended day supply. Please contact the plan for more information. |
| | | Out-of-Network<br>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 Senior Whole Health (HMO).<br>You can get drugs the following way:<br>- one-month (34-day) supply |
| | | Out-of-Network Initial Coverage<br>$0 copay for generic drugs purchased out-of-network (including brand drugs treated as generic).*<br><br>$0 copay for all other drugs purchased out-of-network, either. |
| **30** - Dental Services | Preventive dental services (such as cleaning) not covered. | In-Network<br>$0 copay for dental benefits.* |
| | | - up to 1 oral exam(s) every six months |
| | | 0% of the cost for an office visit that includes: |
| | | - up to 1 cleaning(s) every six months |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| | | - up to 1 fluoride treatment(s) every six months |
| | | - up to 1 dental x-ray(s) every year |
| **31** - Hearing Services | Routine hearing exams and hearing aids not covered. | In-Network<br>Routine hearing exams and hearing aids are covered. See Section 3 for additional information. |
| | In 2009 the rate was 20% coinsurance of Medicare-approved amounts for diagnostic hearing exams. This rate may change for 2010. | $0 copay for diagnostic hearing exams* |
| **32** - Vision Services | In 2009 the rate was 20% coinsurance of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. This rate may change for 2010. | In-Network<br>$0 copay for diagnosis and treatment for diseases and conditions of the eye* |
| | Routine eye exams and glasses not covered. | $0 copay for a routine eye exam every calendar year and frames every other calendar year. See Section 3 for additional vision benefits.<br><br>$0 of the cost for frames up to $150 and 20% of the cost over $150, limited to one pair every 24 months |
| | Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. | $0 copay for<br>- one pair of eyeglasses or contact lenses after cataract surgery * |
| | Annual glaucoma screenings covered for people at risk. | $0 copay for annual glaucoma screenings covered for people at risk. |
| **33** - Physical Exams | In 2009 the rate was 20% coinsurance of Medicare-approved amounts for one exam within the first 12 months of your new Medicare Part B coverage. This rate may change for 2010. | In-Network<br>Routine exams are covered.<br>$0 copay.* |

| Benefit | Original Medicare | Senior Whole Health (HMO) |
|---|---|---|
| | When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests. | |
| Health/Wellness Education | Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies. | In-Network<br>The plan covers the following health/wellness education benefits: |
| | | - Health Club Membership/Fitness Classes up to $55 per month. Authorization required. |
| | | - Other Wellness Benefits |
| | | $0 copay for each smoking cessation counseling session.*<br><br>See Section 3 for additional smoking cessation benefits. |
| Transportation (Routine) | Not covered. | In-Network<br>This plan covers routine transportation. See Section 3 for additional details.* |
| Acupuncture | Not covered. | In-Network<br>This plan does not cover Acupuncture. |
| Nurse Practitioner In-Home Visits | Not covered. | $0 copay.*<br><br>Authorization required. |
| Supplemental Benefit for eligible drug store items | Not covered. | In-Network<br>$100 allowance every 3 months to purchase selected drug store items |

# SECTION III—IMPORTANT PLAN INFORMATION

Because you are eligible for benefits from MassHealth, Senior Whole Health provides the same benefits you would receive under MassHealth Standard. All MassHealth benefits are covered. The State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. The cost-sharing amounts you will pay are listed below. In addition, you will pay no co-payment amounts listed below for Part D drug coverage. You Senior Whole Health Nurse Care Manager and local area aging agency (ASAP) will assess your need for the following services and work with you and your family to decide what is best for you. Contact Senior Whole Health with questions or for additional information.

Many of the services that are covered by Medicaid are also covered by Medicare through your Medicare Advantage HMO, Senior Whole Health (HMO). These services are not listed below; only the services that may continue when Medicare coverage ends are shown below.

| Benefit | MassHealth Standard | Senior Whole Health (HMO) |
|---|---|---|
| Adult Day Health and Transportation (minimum 2 days/week)<br><br>Includes health care, supervision, restorative services, and socialization at a DMA approved site. | Covered; $0 co-pay. | $0 co-pay<br><br>Authorization needed. |
| Adult Foster Care (AFC)/Group Adult Foster Care (GAFC)<br><br>AFC is for adults who need daily help with personal care, but want to live in a family setting rather than in a nursing home or other facility. The caregiver provides meals, companionship, personal care assistance, and 24-hour supervision. AFC adults live with trained paid caregivers who provide daily care. Caregivers may be individuals, couples, or larger families.<br><br>GAFC includes personal care services for eligible seniors and adults with disabilities who live in GAFC-approved housing. Housing may be an assisted living residence or specially designated public or subsidized housing. | Covered; $0 co-pay. | $0 co-pay<br><br>Authorization needed. |
| Chore Services<br><br>Includes light chores and heavy chores to helps | Covered; $0 copay. | $0 copay<br><br>Authorization needed. |

| Benefit | MassHealth Standard | Senior Whole Health (HMO) |
|---|---|---|
| client remain at home or promote safety and health. | | |
| Companion Services<br><br>Includes socialization, help with shopping and errands, escort to doctor's appointments, nutrition sites, walks, recreational activities and assistance with preparation and serving of light snacks. | Covered; $0 copay. | $0 co-pay.<br><br>Authorization needed. |
| Dementia day care<br><br>Structured, secure environment for individuals with cognitive disabilities approved by Elder Affairs. | Covered; $0 copay. | $0 co-pay.<br><br>Authorization needed. |
| Environmental Adaptation Services<br><br>Home adaptations, modifications or adaptive equipment to help client remain independent or improve independence. | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |
| Grocery shopping/delivery services<br><br>Includes obtaining grocery orders, shopping, delivery and assistance as needed; may include nutritional information and education. | Covered; $0 copay | $0 copay.<br><br>Authorization needed. |
| Health/Wellness Education<br>Covers:<br>-Written health education materials<br>-Nutritional training<br>-Nutritional benefits<br>-Other wellness services | Covered; $0 copay | $0 copay<br><br>Authorization rules may apply. |
| Hearing Services<br><br>Includes audiology exams and evaluations, diagnostic services, hearing aids or instruments, and services related to the care and maintenance of hearing aids or instruments | Covered: $0 copay. | $0 copay.<br><br>Authorization rules may apply. Contact Senior Whole Health. |
| Home Assessment | Limited coverage; $0 copay. | $0 copay. |

| Benefit | MassHealth Standard | Senior Whole Health (HMO) |
|---|---|---|
| Includes home assessments by SWH Nurse Care Manager and ASAP GSSC. | | |
| Home-delivered Meals<br><br>Includes well balanced means meeting Elder Affairs' definition of Nutrition Standards and client's nutritional needs delivered to those unable to prepare nutritional meals or attend congregate meal site. | Covered; $0 copay. | $0 copay<br><br>Authorization needed. |
| Home Health Aide<br><br>Includes simple dressing changes, assistance with meds, activities to support skilled therapies and routine care of prosthetic and orthotic devices under the supervision of a licensed RN or other professional. | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |
| Homemaker<br><br>Includes assistance with shopping, menu planning, meal preparation, laundry and light housekeeping. | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |
| Laundry Service<br><br>Cleaning services provided by a laundry company. | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |
| Long term Nursing Home Care (custodial care) | Covered; $0 copay unless MassHealth determines you have a monthly Patient Paid Amount (PPA) for which you are responsible. | $0 copay unless MassHealth determines you have a monthly Patient Paid Amount (PPA) for which you are responsible.<br><br>Authorization needed. |
| Nutritional assessment<br><br>Comprehensive assessment conducted by a qualified nutritionist with nutritional plan based on assessment. | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |

| Benefit | MassHealth Standard | Senior Whole Health (HMO) |
|---|---|---|
| Over the Counter Medications | Limited coverage; $1 copay for certain covered over-the-counter drugs mainly used for diabetes, high blood pressure, and high cholesterol. $2 copay for other over-the-counter drugs. | $0 copay.<br><br>Prescription needed; generics only unless otherwise approved by SWH. See formulary. |
| Personal Care Attendant (PCA)<br><br>A consumer-directed program that allows Clients to hire PCAs to help with Activities of Daily Living (ADLs) such as mobility/transfers, medications, bathing or grooming, dressing or undressing, range of motion exercises, eating, toileting and with Instrumental Activities of Daily Living (IADLs) such as shopping, laundry, meal preparation, housekeeping.<br><br>Does not cover recreation, babysitting, or vocational training, verbal prompting or cuing, or supervision. | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |
| Personal care services<br><br>Includes bathing, dressing, grooming, foot care, assistance with dentures, shaving, assistance with bedpan, eating, ambulating and transfers. | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |
| Personal Emergency Response Systems (PERS)<br><br>A medical communications system allowing clients with a medical emergency at home to activate electronic device to transmit signal to a monitoring station. | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |
| Respite Care<br><br>Includes one or more home care services to | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |

| Benefit | MassHealth Standard | Senior Whole Health (HMO) |
|---|---|---|
| temporarily relieve the caregiver of a client in emergencies or planned circumstances, to relieve the caregiver of the daily stresses and demands of caring for a client in efforts to strengthen or support the informal support system. May include short term placement in Adult Foster Care, nursing facilities, rest homes, or hospitals. | | |
| Social Day Care Services<br><br>Individualized programs of social activity for clients requiring daytime supervision at sites other than home. | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |
| Substance abuse—certain 24-hour substance abuse treatment services for post medical detoxification defined as Level IIIB and Level IIIC by the Massachusetts Department of Public Health. | Covered; $0 copay. | $0 copay.<br><br>Authorization rules may apply. |
| Tobacco Cessation Services including group or individual counseling if requested by your doctor.<br><br>Nicotine replacement medicine including nicotine patches, gum, lozenges, and certain other medicines if prescribed by your doctor. | Covered; $0 copay.<br><br>Limited to 16 counseling sessions. | $0 copay.<br><br>Authorization needed. |
| Transportation (non-emergency to medical appointments)<br>Taxi and chair-car or other transport for medical reasons within the Member's community or nearest community no other resource is available. | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |
| Vision (routine and preventive)<br>-Annual routine eye exam<br>-Corrective glasses or contact lenses | Covered; no copay.<br><br>Must choose frames from a special group of frames for MassHealth. | In-Network VSP<br>$0 copay for the cost of routine eye exams with a network provider for up to 1 visit per calendar year.<br><br>$0 of the cost for frames up to $150 and 20% of the cost over $150, |

| Benefit | MassHealth Standard | Senior Whole Health (HMO) |
|---|---|---|
| | | limited to one pair every 24 months<br><br>Nonsurgical medical eyecare through a VSP doctor.<br><br>Post cataract exam and same lens/frame benefit<br><br>Does **not** cover progressive or no-line bi/trifocals.<br><br>No authorization needed if you go to a Vision Service Plan (VSP) provider. |
| Wander Response System | Covered; $0 copay. | $0 copay.<br><br>Authorization needed. |

Senior Whole Health (HMO) also offers caregivers support and advocacy in the form of training programs. Spoken language and hearing interpreter services are available for in-home visits and, in some circumstances, medical visits.

**Special Notice to MassHealth Seniors**
You may be eligible to join Senior Whole Health if you receive assistance from MassHealth Standard regardless if you have Medicare or not.

**Appeal Rights**
As a member of Senior Whole Health, you have the right to file an appeal with the MassHeatlh Board of Hearings. You may also reach them by telephone at 1-800-655-0338 or 1-617-210-5800. You or your authorized representative should mail, fax, or deliver your written appeal to: Board of Hearings, 2 Boylston Street, Boston MA 02116. Their fax number is 1-617-210-5820.