

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Senior Whole Health (HMO SNP). Our plan is offered by SENIOR WHOLE HEALTH, LLC/Senior Whole Health, 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 Senior Whole Health (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 Senior Whole Health (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 Senior Whole Health (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 Senior Whole Health (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 Senior Whole Health (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 Senior Whole Health (HMO SNP) AVAILABLE?

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

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

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

You must also be enrolled in the MassHealth Standard to join this plan.

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

CAN I CHOOSE MY DOCTORS?

Senior Whole Health (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.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 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?

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

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

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

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Senior Whole Health (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.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 OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

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

- * 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare 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 Senior Whole Health (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 Senior Whole Health (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 Senior Whole Health (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 Senior Whole Health (HMO SNP) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Senior Whole Health for more information about Senior Whole Health (HMO SNP).

Visit us at www.seniorwholehealth.com or, call us:

Customer Service Hours:

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

Current and Prospective members should call toll-free (888)-794-7268 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program.
(TTY/TDD 711)

Current and Prospective members should call locally (888)-794-7268 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program.
(TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

SECTION II - SUMMARY OF BENEFITS

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

Benefit	Original Medicare	Senior Whole Health
IMPORTANT INFORMATION		
1 - Premium and Other Important Information	In 2012 the monthly Part B Premium is \$0 and the annual Part B deductible amount is \$0.	General * Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services. **Please consult with your plan about cost sharing when receiving services from out-of-network providers.
	If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.	\$0 monthly plan premium* In Network \$0 annual deductible* \$6,700 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.
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 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 and	For each benefit period: Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day	In-Network Plan covers 90 days each benefit period.

Senior Whole Health Summary of Benefits 2012

Benefit	Original Medicare	Senior Whole Health
Rehabilitation Services)		You will not be charged additional cost sharing for professional services. \$0 annual deductible*
	Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.	\$0 co-pay*
	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	For each benefit period: Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day	In-Network \$0 co-pay 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.
	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.	\$0 annual deductible* Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Senior Whole Health Summary of Benefits 2012

Benefit	Original Medicare	Senior Whole Health
<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$0 per day</p>	<p>General Authorization rules may apply.</p>
	<p>100 days for each benefit period. 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. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p>
		<p>\$0 annual deductible*</p>
		<p>\$0 co-pay for SNF services* You will not be charged additional cost sharing for professional services.</p>
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 co-pay</p>	<p>General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered home health visits.*</p>
<p>7 - Hospice</p>	<p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
<p>OUTPATIENT CARE</p>		
<p>8 - Doctor Office Visits</p>	<p>0% coinsurance</p>	<p>General Authorization rules may apply. In-Network \$0 co-pay for each primary care doctor visit for Medicare-covered</p>

Senior Whole Health Summary of Benefits 2012

Benefit	Original Medicare	Senior Whole Health
		<p>benefits.*</p> <p>\$0 co-pay for the cost of each in-area, network urgent care Medicare-covered visit.*</p> <p>\$0 co-pay for each specialist doctor visit for Medicare-covered benefits.*</p>
9 - Chiropractic Services	<p>Supplemental routine care not covered</p> <p>0% 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>In-Network</p> <p>\$0 co-pay 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>
10 - Podiatry Services	<p>Supplemental routine care not covered.</p> <p>0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 co-pay for Medicare-covered podiatry benefits.*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11 - Outpatient Mental Health Care	<p>0% coinsurance for most outpatient mental health services.</p> <p>0% 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</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 co-pay for Medicare-covered Mental Health visits.*</p> <p>\$0 co-pay for Medicare-covered partial hospitalization program services.*</p> <p>\$0 co-pay for each Medicare-covered visit with a psychiatrist.*</p> <p><i>See page 21 for more information about Outpatient Mental Health Care.</i></p>

Senior Whole Health Summary of Benefits 2012

Benefit	Original Medicare	Senior Whole Health
	therapist's office and is an alternative to inpatient hospitalization.	
12 - Outpatient Substance Abuse Care	0% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered visits.*</p>
13 - Outpatient Services/Surgery	0% coinsurance for the doctor's services	<p>In-Network \$0 co-pay for each Medicare-covered ambulatory surgical center visit.*</p> <p>\$0 co-pay for each Medicare-covered outpatient hospital facility visit.*</p>
14 - Ambulance Services (medically necessary ambulance services)	0% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered ambulance benefits.*</p>
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	0% coinsurance for the doctor's services	<p>General \$0 co-pay for Medicare-covered emergency room visits.*</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p>
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	0% coinsurance	<p>General \$0 co-pay for Medicare-covered urgently-needed-care visits.*</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>

Senior Whole Health Summary of Benefits 2012

Benefit	Original Medicare	Senior Whole Health
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% coinsurance	General Authorization rules may apply.
		In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.
		\$0 co-pay for Medicare-covered Occupational Therapy visits.*
		\$0 co-pay for Medicare-covered Physical and/or Speech and Language Therapy visits.*
		\$0 co-pay for Medicare-covered Cardiac Rehab services.*
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	0% coinsurance	General Authorization rules may apply.
		In-Network \$0 co-pay for Medicare-covered items.*
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% coinsurance	General Authorization rules may apply.
		In-Network \$0 co-pay for Medicare-covered items.*
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	0% coinsurance for diabetes self-management training	General Authorization rules may apply.
	0% coinsurance for diabetic therapeutic shoes or inserts	In-Network \$0 co-pay for Diabetes self-management training* \$0 co-pay for: - Diabetes monitoring supplies*
	0% coinsurance for diabetic	-Therapeutic shoes or inserts*

Senior Whole Health Summary of Benefits 2012

Benefit	Original Medicare	Senior Whole Health
	therapeutic shoes or inserts	
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	0% coinsurance for diagnostic tests and x-rays	General Authorization rules may apply.
	\$0 co-pay for Medicare-covered lab services	In-Network \$0 co-pay for Medicare-covered: <ul style="list-style-type: none"> - lab services* - diagnostic procedures and tests* - X-rays.* - diagnostic radiology services (not including X-rays)* - therapeutic radiology 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.	
0% coinsurance for the digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.		
22 - Cardiac and Pulmonary Rehabilitation Services	0% coinsurance for Cardiac Rehabilitation services 0% coinsurance for Pulmonary Rehabilitation services 0% coinsurance for Intensive Cardiac Rehabilitation services	General Authorization rules may apply.
	This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.	In-Network \$0 co-pay for: <ul style="list-style-type: none"> --Medicare-covered Cardiac Rehabilitation Services* --Medicare-covered Intensive Cardiac Rehabilitation Services* --Medicare-covered Pulmonary Rehabilitation Services*

Benefit	Original Medicare	Senior Whole Health
PREVENTIVE SERVICES		
<p>23 – Preventive Services and Wellness/Education Programs</p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 co-pay 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. 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>Authorization rules may apply.</p> <p>In-Network</p>

Senior Whole Health Summary of Benefits 2012

Benefit	Original Medicare	Senior Whole Health
	<p>– 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</p> <p>- Personalized Prevention Plan Services (Annual Wellness Visits)</p> <p>- Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p> <p>- Prostate Cancer Screening Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</p> <p>- Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</p> <p>- Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	<p>The plan covers the following supplemental education/wellness programs:</p> <p>- Health Club Membership/Fitness Classes</p> <p><i>See page 21 for more information about Preventive Services and Wellness/Education Programs.</i></p>

Senior Whole Health Summary of Benefits 2012

Benefit	Original Medicare	Senior Whole Health
<p>24 – Kidney Disease and Conditions</p>	<p>0% coinsurance for renal dialysis</p>	<p>General Authorization rules may apply.</p>
	<p>0% coinsurance for kidney disease education services</p>	<p>In Network \$0 co-pay for renal dialysis* \$0 co-pay for kidney disease education services*</p>
<p>25 – Outpatient Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General \$0 annual deductible for Part B covered drugs.* \$0 co-pay for Part B covered chemotherapy drugs and other Part-B covered drugs.*</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.seniorwholehealth.com on the web.</p> <p>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.</p> <p>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).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p>

Benefit	Original Medicare	Senior Whole Health
		<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Senior Whole Health (HMO SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>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.</p> <p>In-Network You pay a \$0 annual deductible.</p> <p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 co-pay or - A \$1.10 co-pay or - A \$2.60 co-pay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 co-pay or

Benefit	Original Medicare	Senior Whole Health
		<p>- A \$3.30 co-pay or - A \$6.50 co-pay.</p> <p>Retail Pharmacy You can get drugs the following way(s): - one-month (34-day) supply - three-month (93-day) supply</p> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy You can get drugs the following way(s): - one-month (34-day) supply</p> <p>Mail Order You can get drugs the following way(s): - one-month (34-day) supply - three-month (93-day) supply</p> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Catastrophic Coverage You pay a \$0 co-pay.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Senior</p>

Senior Whole Health Summary of Benefits 2012

Benefit	Original Medicare	Senior Whole Health
		<p>Whole Health (HMO SNP).</p> <p>You can get drugs the following way: - one-month (34-day) supply</p> <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by Senior Whole Health (HMO SNP) up to the plan's cost of the drug minus the following: For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 co-pay or - A \$1.10 co-pay or - A \$2.60 co-pay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 co-pay or - A \$3.30 co-pay or - A \$6.50 co-pay. <p>Out-of-Network Catastrophic Coverage You will be reimbursed in full for drugs purchased out-of-network.</p>
<p>26 – Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered dental benefits*</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>Plan offers additional comprehensive dental benefits. <i>See page 21 for more information about Dental Services.</i></p>

Senior Whole Health Summary of Benefits 2012

Benefit	Original Medicare	Senior Whole Health
27 - Hearing Services	Supplemental routine hearing exams and hearing aids not covered.	General Authorization rules may apply.
	0% coinsurance for diagnostic hearing exams.	In-Network In general, supplemental routine hearing exams and hearing aids not covered.
28 - Vision Services	0% coinsurance for diagnosis and treatment of diseases and conditions of the eye.	General Authorization rules may apply.
	Supplemental routine eye exams and glasses not covered.	In-Network \$0 co-pay for diagnosis and treatment for diseases and conditions of the eye* \$0 co-pay for - one pair of eyeglasses or contact lenses after cataract surgery * - 0% of the cost for up to 1 frame(s) every two years
	Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	\$75 plan coverage limit for eye glass frames every two years. <i>See page 21 for more information about Vision Services.</i>
Over-the-Counter Items	Not covered.	General The plan does not cover Over-the-Counter items.
Transportation (Routine)	Not covered.	In-Network This plan does not cover routine transportation.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.

SECTION III—IMPORTANT PLAN INFORMATION

As a member of Senior Whole Health you will receive all of your Medicare and MassHealth benefits through Senior Whole Health. In Section II we listed the Medicare benefits and supplemental benefits we cover. We would like to give you some additional information about some of those benefits:

11 - Outpatient Mental Health Care

No authorization required for first 15 non-physician in-network visits; authorization required for more than 15 in-network visits.

Authorization needed for all out-of network visits.

23 – Preventive Services and Wellness/Education Programs

\$55/month for Health Club Membership/Fitness Classes; authorization required.

26 – Dental Services

Includes:

- extractions (removing teeth), emergency care visits
- some oral surgery such as biopsies and soft-tissue surgery
- restorative (fillings)
- endodontic (root canal)
- periodontic (deep scaling)
- crowns
- dentures (full, partial, or repair)
- surgical procedures related to full or partial dentures
- diagnostic (x-rays and exams)
- preventive (cleanings)

General

Authorization required. You must use a DentaQuest provider. Look in your Provider Directory, or contact Member Services for a list.

28 - Vision Services

\$145 total towards the cost of frames (\$75 in addition to \$70 MassHealth benefit); limited to one pair every 24 months. Post cataract exam and same lens/frame benefit.

SECTION IV- COMPREHENSIVE WRITTEN STATEMENT OF COST SHARING PROTECTIONS and MASSHEALTH COVERED SUMMARY OF BENEFITS

Because you are eligible for benefits from MassHealth, you are entitled to cost-sharing protections. The State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. Your Medicare Part B premium is paid for you because of your eligibility for MassHealth Standard coverage.

Senior Whole Health cannot charge you any more than you would be required to pay under the State MassHealth plan if you were not enrolled in our plan. Senior Whole Health provides the same benefits you would receive under MassHealth.

You will always have a \$0 co-payment for all office visits and medical services. Additionally, prescription drug co-payments will always be \$0.

Your Primary Care Physician, Senior Whole Health Nurse Care Manager, and Primary Care Team will work with you to determine what services you need and Senior Whole Health (HMO SNP) will authorize the services in your care plan.

Many of the services covered by MassHealth are also covered by Medicare through Senior Whole Health Medicare Advantage HMO. Those benefits are listed in Section II, above. Only services not included in Section II that are different or that may continue when Medicare coverage ends are shown below.

Benefit Category	MassHealth Standard	Senior Whole Health
<p>29- Adult Day Health and Transportation (minimum 2 days/week) Center-based services that may include nursing services and health oversight, assistance with activities of daily living, nutritional and dietary services, counseling services, activities and transportation at a MassHealth approved site.</p>	<p>\$0 co-pay</p>	<p><i>Authorization required.</i> \$0 co-pay</p>
<p>30- Adult Foster Care (AFC)/Group Adult Foster Care (GAFC) AFC is for members 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</p>	<p>\$0 co-pay</p>	<p><i>Authorization required.</i> \$0 co-pay</p>

Senior Whole Health Summary of Benefits 2012

Benefit Category	MassHealth Standard	Senior Whole Health
<p>provides meals, companionship, personal care assistance, and 24-hour supervision. AFC members live with trained paid caregivers who provide daily care. Caregivers may be individuals, couples, or larger families.</p> <p>GAFC includes personal care services for eligible members with disabilities who live in GAFC-approved housing. Housing may be an assisted living residence or specially designated public or subsidized housing.</p>		
<p>Audiology—See Hearing on page 26</p>		
<p>31- Chiropractic Services Includes up to total of 20 office visits or chiropractic manipulative treatments or combination per calendar year. Includes radiology services.</p>	<p>Covers up to 20 visits. MassHealth covered services; \$0 co-pay</p>	<p>In Network \$0 co-pay Out of network <i>Authorization required.</i></p>
<p>32- Chore Services Assistance with light chores and heavy chores to help members remain at home or promote safety and health.</p>	<p>\$0 co-pay</p>	<p><i>Authorization required.</i> \$0 co-pay</p>
<p>33- Companion Services 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.</p>	<p>\$0 co-pay</p>	<p><i>Authorization required.</i> \$0 co-pay</p>
<p>34- Day Habilitation Services Structured, goal-oriented treatment program of medically oriented, therapeutic and habilitation services for developmentally disabled members.</p>	<p>\$0 co-pay</p>	<p><i>Authorization required.</i> \$0 co-pay</p>

Senior Whole Health Summary of Benefits 2012

Benefit Category	MassHealth Standard	Senior Whole Health
<p>35- Dementia day care Structured, secure environment for members with cognitive disabilities at a State approved center.</p>	\$0 co-pay	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>36- Dental Services Includes:</p> <ul style="list-style-type: none"> • extractions (removing teeth), emergency care visits • some oral surgery such as biopsies and soft-tissue surgery • restorative (fillings) • endodontic (root canal) • periodontic (deep scaling) • crowns • dentures (full, partial, or repair) • surgical procedures related to full or partial dentures • diagnostic (x-rays and exams) • preventive (cleanings) 	Not covered.	<p>General <i>Authorization required.</i></p> <p>\$0 co-pay</p> <p>You must use a DentaQuest provider. Look in your Provider Directory, or contact Member Services for a list.</p>
<p>37- Environmental Adaptation Services Home adaptations, modifications or adaptive equipment to help members remain independent or improve independence.</p>	\$0 co-pay	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>38- Geriatric Support Services Coordination (GSSC) In-home assessment and home-based services coordination provided by a plan contracted ASAP case manager.</p>	Not covered.	<p><i>No authorization required.</i></p> <p>\$0 co-pay</p>
<p>39- Grocery shopping/delivery services Includes obtaining grocery orders, shopping, delivery and assistance as needed; may include nutritional information and education.</p>	\$0 co-pay	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>40- Health/Wellness Education Covers:</p> <ul style="list-style-type: none"> - Written health education materials - Nutritional training - Nutritional benefits 	\$0 co-pay	<p><i>Authorization rules may apply.</i></p> <p>\$0 co-pay</p>

Senior Whole Health Summary of Benefits 2012

Benefit Category	MassHealth Standard	Senior Whole Health
- Other wellness services		
41- Hearing (Audiology) Services Includes audiology exams and evaluations, diagnostic services, hearing aids or instruments, and services related to the care and maintenance of hearing aids or instruments.	\$0 co-pay	<i>Authorization required for hearing aids, supplies, and repairs. No authorization required for exams.</i> \$0 co-pay
42- Home Assessment Includes home assessments by SWH Nurse Care Manager and ASAP GSSC.	Limited coverage; \$0 co-pay.	<i>No authorization required.</i> \$0 co-pay
43 - Home-delivered Meals Includes well balanced means meeting Elder Affairs' definition of Nutrition Standards and member's nutritional needs delivered to those unable to prepare nutritional meals or attend congregate meal site.	\$0 co-pay	<i>Authorization required.</i> \$0 co-pay
44 - Home Health Aide Help with 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.	\$0 co-pay	<i>Authorization required.</i> \$0 co-pay
45 - Homemaker Assistance with shopping, menu planning, meal preparation, laundry and light housekeeping.	\$0 co-pay	<i>Authorization required.</i> \$0 co-pay
46 - Inpatient Hospital Care Coverage includes days not covered by Medicare, up to 365 days a year or 366 days in a leap year.	\$0 co-pay	<i>Authorization required.</i> \$0 co-pay

Senior Whole Health Summary of Benefits 2012

Benefit Category	MassHealth Standard	Senior Whole Health
<p>47 - Inpatient Mental Health Care Including substance abuse services. Coverage includes days that are not covered by Medicare, up to 365 days a year or 366 days in a leap year.</p>	<p>\$0 co-pay</p>	<p><i>Authorization required.</i> <i>Except in an emergency the hospital must tell us that you are going to be admitted to the hospital.</i></p> <p>\$0 co-pay</p>
<p>48 - Institutional/Long term Nursing Home Care (Custodial Care) Non-skilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care.</p>	<p>\$0 co-pay <i>unless</i> MassHealth determines you have a monthly Patient Paid Amount (PPA) for which you are responsible.</p>	<p><i>Authorization required.</i></p> <p>\$0 co-pay <i>unless</i> MassHealth determines you have a monthly Patient Paid Amount (PPA) for which you are responsible.</p>
<p>49 - Interpreter/translation Services Interpreters/translators for use during visits with specialists in limited circumstances.</p>	<p>Not covered.</p>	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>50 - Laundry Service Cleaning services provided by a laundry company.</p>	<p>\$0 co-pay</p>	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>51 - Nutritional assessment Comprehensive assessment conducted by a qualified nutritionist with nutritional plan based on assessment.</p>	<p>\$0 co-pay</p>	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>52 - Outpatient Mental Health Care</p>	<p>\$0 co-pay</p>	<p>\$0 co-pay</p> <p>Value Options (VO) is network provider. Contact Member Services for information.</p>
<p>53 - Over the Counter (OTC) and Prescription Medicines</p>	<p>Limited coverage; \$1 co-pay for certain covered over-the-counter drugs mainly</p>	<p><i>Certain over-the-counter medications are covered with a prescription. Please see your Over the Counter</i></p>

Senior Whole Health Summary of Benefits 2012

Benefit Category	MassHealth Standard	Senior Whole Health
	used for diabetes, high blood pressure, and high cholesterol. \$3 co-pay for other over-the-counter drugs and generic drugs for both first-time prescriptions and refills. Total pharmacy co-pays per year that can be charged is \$200.	Formulary for details. \$0 co-pay
<p>54 - Personal Care Attendant (PCA) A consumer-directed program that allows members 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. Does not cover recreation, babysitting, or vocational training, verbal prompting or cuing, or supervision.</p>	\$0 co-pay	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>55 - Personal care services Includes assistance with bathing, dressing, grooming, foot care, dentures, shaving, eating, ambulating and transfers.</p>	\$0 co-pay	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>56 - Personal Emergency Response Systems (PERS) A medical communications system allowing members with a medical emergency at home to activate an electronic device to transmit a signal to a monitoring station.</p>	\$0 co-pay	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>57 - Physical Exams (including routine visits)</p>	\$0 co-pay	<p><i>No authorization required.</i></p> <p>\$0 co-pay</p>

Senior Whole Health Summary of Benefits 2012

Benefit Category	MassHealth Standard	Senior Whole Health
<p>58 - Podiatry Services Care for medical conditions affecting the lower limbs including routine foot care.</p>	\$0 co-pay	\$0 co-pay
<p>59 - Respite Care Includes one or more home care services to temporarily relieve the caregiver of a member in emergencies or planned circumstances, to relieve the caregiver of the daily stresses and demands of caring for a member 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.</p>	\$0 co-pay	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>60 - Social Day Care Services Individualized programs of social activity for members requiring daytime supervision at sites other than home.</p>	\$0 co-pay	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>
<p>61 - Substance Abuse Services 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.</p>	\$0 co-pay	<p>Value Options (VO) is network provider. Contact Member Services for information.</p> <p>\$0 co-pay</p>
<p>62 - Tobacco Cessation Services Includes group or individual counseling if requested by your doctor. Nicotine replacement medicine including nicotine patches, gum, lozenges, and certain other medicines if prescribed by your doctor.</p>	<p>\$0 co-pay</p> <p>Limited to 16 counseling sessions.</p>	<p><i>Authorization required.</i></p> <p><i>Prescription required for nicotine replacement medicine.</i></p> <p>\$0 co-pay</p>
<p>63 - Transportation (non-emergency to medical appointments) Taxi and chair-car or other transport for <i>medical reasons</i> within the member's community or nearest community if no other resource is available.</p>	\$0 co-pay	<p><i>Authorization required.</i></p> <p>Must use in-network provider only. Contact Member Services for information.</p> <p>\$0 co-pay</p>

Senior Whole Health Summary of Benefits 2012

Benefit Category	MassHealth Standard	Senior Whole Health
<p>64 - Vision (routine and preventive) -Annual routine eye exam -Corrective glasses or contact lenses -Vision training</p>	<p>\$0 co-pay</p> <p>Must choose frames from a special group of frames for MassHealth.</p>	<p><i>No authorization required for VSP provider</i></p> <p>\$0 co-pay for the cost of routine eye exams with a network provider for up to 1 visit per calendar year.</p> <p>Nonsurgical medical eye care does not cover progressive or no-line bi/trifocals.</p> <p>In-Network: <u>VSP</u> is the network provider. Contact Member Services for information.</p>
<p>65 - Wander Response System</p>	<p>\$0 co-pay</p>	<p><i>Authorization required.</i></p> <p>\$0 co-pay</p>