

2020

Summary of Benefits

Dignity Health Plan (HMO-SNP)

January 1, 2020 – December 31, 2020



Member Services: 1-866-266-6010

8:00 a.m. to 8:00 p.m., 7 days a week

www.dignityhealthplan.com

Dignity Health Plan (HMO-SNP)

H8492, Plan 001

January 1, 2020 – December 31, 2020

Dignity Health Plan (HMO-SNP) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage” by calling member services at 1-866-266-6010. Hours are seven (7) days a week from 8:00 am to 8:00 pm. TTY users call 711 or visit our website at www.dignityhealthplan.com.

To join **Dignity Health Plan (HMO-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Louisiana: Acadia, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Feliciana, Grant, Iberville, Jefferson, Jefferson Davis, LaSalle, Lafayette, Lafourche, Livingston, Morehouse, Natchitoches, Orleans, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Tammany, Tangipahoa, Terrebonne, Union, Vermillion, Vernon, Washington, Webster, West Baton Rouge, West Feliciana, and Winn.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at 1-866-266-6010 (TTY users should call 711), or visit us at www.dignityhealthplan.com

Premiums and Benefits	Dignity Health Plan (HMO-SNP)
Monthly Plan Premium	<p>You pay \$32.20</p> <p>You must continue to pay your Medicare Part B premium.</p>
Deductible	<p>\$183.00</p> <p>These are 2020 cost sharing amounts.</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>You pay no more than \$6,700 annually</p> <p>Includes copays and other costs for medical services for the year.</p>
Inpatient Hospital	<p>You pay a \$1340 deductible for days 1-60</p> <p>You pay a \$335 copay per day for days 61-90</p> <p>You pay a \$682 per lifetime reserve day</p> <p>These are 2020 cost sharing amounts.</p> <p>Cost shares are applied starting on the first day of admission and do not include the date of discharge.</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital.</p> <p>Prior authorization required.</p>
Outpatient Hospital	<p>A 20% of the cost for Medicare covered services</p> <p>Prior authorization required</p>
Doctor Visits <ul style="list-style-type: none"> • Primary • Specialists 	<p>You pay 20% per visit</p> <p>You pay 20% per visit</p>
Preventative Care (e.g., flu vaccine, diabetic screenings)	<p>You pay nothing</p> <p>Other preventative services are available. There are some covered services that have a cost.</p>
Emergency Care	<p>20% of the cost of Medicare covered services (Up to \$90 per visit)</p> <p>If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered.</p>

Premiums and Benefits	Dignity Health Plan (HMO-SNP)
Urgently Needed Services	20% of the cost for Medicare covered services (up to \$65) and up to 3 days
Ambulatory Surgery Center	20% of the cost for Medicare covered services Prior authorization required if over \$500
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT Scan • X-Rays 	20% of the cost for Medicare covered services A separate facility charge could apply for the facility in which the services are received. You pay \$0 copay for lab services Prior Authorization is required for some services In addition, DME, Part B drugs, physicians' services and doctor's office visit cost share may also apply Authorization required for high tech radiological services such as CT, CAA, MRI, MRA, and PET scans No authorization is required for X-Ray services
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid 	Number for Routine Hearing Exams: 1 every year. You pay a \$0 copay. Number for Fitting/Evaluation for Hearing Aid: 2 every year. You pay a \$0 copay. Maximum Plan Benefit Coverage amount: \$1,000 every year 20% of the cost of Medicare covered services
Dental Services	<u>Preventive Dental Care</u> <ul style="list-style-type: none"> • Up to 3 oral exams annually • Up to 2 cleaning (prophylaxis) annually • Annual dental x-rays <u>Comprehensive Dental Care</u> You receive comprehensive dental care including diagnostics, restorative, endodontics, periodontics, extractions, prosthodontics, oral/maxillofacial surgery and other services. Maximum Annual Plan Benefit Coverage for preventive and comprehensive dental: \$500 20% of the cost for Medicare covered services

Premiums and Benefits	Dignity Health Plan (HMO-SNP)
Vision Services	<p>Routine eye exam: You pay a \$0 copay for an annual routine eye exam.</p> <p>You may get glasses and frames.</p> <p>Maximum Plan Benefit Coverage amount for routine eye exam and glasses and lenses: \$300 every year</p> <p>20% of the cost for Medicare covered services</p>
Mental Health Services <ul style="list-style-type: none"> • Outpatient group therapy/ individual therapy visit 	20% of the cost for Medicare covered services
Skilled Nursing Facility	<p>You pay nothing for the first 20 days of each benefit period.</p> <p>You pay \$167.50 per day for days 21-100</p> <p>You pay all costs for each day after day 100</p> <p>These are 2020 cost sharing amounts.</p> <p>3-day inpatient hospital stay prior to SNF admission is not required</p>
Physical Therapy	20% of the cost for Medicare covered services Prior authorization required
Ambulance	20% of the cost for Medicare covered services
Transportation	Not covered
Medicare Part B Rx Drugs and Home Infusion Drugs	20% of the cost of Medicare covered services Authorization are required if over \$500.

Outpatient Prescription Drugs			
Stage 1 <i>Yearly Deductible Stage</i>	Stage 2 <i>Initial Coverage Stage</i>	Stage 3 <i>Coverage Gap Stage</i>	Stage 4 <i>Catastrophic Coverage Stage</i>
<p>You begin in this payment stage when you fill your first prescription of the year.</p> <p>During this stage, you pay the full cost of your brand name drugs.</p> <p>You stay in this stage until you have paid \$435 for your brand name drugs (\$435 is the amount of your brand name deductible).</p>	<p>During this stage, the plan pays its share of the cost of your generic drugs and you pay your 25% share of the cost.</p> <p>After you (or others on your behalf) have met your brand name deductible, the plan pays its share of the costs of your brand name drugs and you pay your share.</p> <p>You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$4,020.</p>	<p>During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.</p> <p>You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$6,350. This amount and rules for counting costs toward this amount have been set by Medicare.</p>	<p>During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2020).</p>

Note: Costs may differ based on pharmacy type or status (e.g., preferred /non-preferred, mail order, long-term care (LTC) or home infusion, and 30 or 90 day supply).

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

English

Dignity Health Plan (HMO I-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender or sex. Dignity Health Plan (HMO I-SNP) complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender or sex. Call 1-866-266-6010 (TTY: 711).

Español (Spanish)

Si us ted, o alguien a quien usted está ayudando, tiene preguntas acerca de Dignity Health Plan (HMO I-SNP), tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-266-6010 (TTY: 711).

Français (French)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Dignity Health Plan (HMO I-SNP), vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-866-266-6010 (TTY: 711).

Vietnamese

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Dignity Health Plan (HMO I-SNP), quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình hoàn toàn miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-266-6010 (TTY: 711).

Chinese

如果您，或您正在幫助的人，有關於 Dignity Health Plan (HMO I-SNP) 方面的問題，您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話，請致電 1-866-266-6010 (TTY: 711)。

Arabic

ف لديك الحق ، Dignity Health Plan (HMO I-SNP) إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب 1-866-266-6010 (TTY: 711).

German

Falls Sie oder jemand, dem Sie helfen, Fragen zum Dignity Health Plan (HMO I-SNP) haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-866-266-6010 (TTY: 711) an.

French Creole

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Dignity Health Plan (HMO I-SNP), se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-866-266-6010 (TTY: 711).

Tagalog

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Dignity Health Plan (HMO I-SNP), may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-866-266-6010 (TTY: 711).

Italian

Se tu o qualcuno che stai aiutando avete domande su Dignity Health Plan (HMO I-SNP), hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-866-266-6010 (TTY: 711).

Portuguese

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Dignity Health Plan (HMO I-SNP), você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-866-266-6010 (TTY: 711).

Korean

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Dignity Health Plan (HMO I-SNP) 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-866-266-6010 (TTY: 711) 로 전화하십시오.

Russian

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Dignity Health Plan (HMO I-SNP), то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-866-266-6010 (TTY: 711).

Japanese

ご本人様、またはお客様の身の回りの方でも Dignity Health Plan (HMO I-SNP) についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-866-266-6010 (TTY: 711) までお電話ください。

Urdu

Dignity Health Plan (HMO I-SNP) اگر آپ کسی کو مدد دے رہے ہیں اور آپ دونوں کو سوال بے کے بارے میں، تو آپ دونوں کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ترجمان سے بات کرنے کے فون کریں۔ (TTY: 711) لیے، 6010-266-866-1

Hindi

यदि आपको, या आप जिस व्यजति की सहायिा कर रहे हैं, उन्हें इस विषय Dignity Health Plan (HMO I-SNP) के बारे में सिलाल हैं, िो आपको मुफ्ि में अपनी भाषा में सहायिा िथा िानकारी लेने का अधिकार है। 1-866-266-6010 (TTY: 711) पर फ़ोन करें।

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