2019
SUMMARY OF BENEFITS

SOLIS Health Plans **SPF 009 (HMO)**

H0982-009

Service Area: Hillsborough County

This booklet provides you with a summary of what SOLIS SPF 009 (HMO) covers and what you pay. It does not include every benefit or service covered by the plan or list every limitation or exclusion. If you have questions that are not included in this summary, please contact our Member Services Department. Someone is always available to answer any question or aid you with any issues. More detailed explanations are included in our Evidence of Coverage (EOC). You may access the EOC via our website at www.solishealthplans.com or by requesting it through Member Services. We want to make sure you have the information to make the most of all the benefits available to maintain and improve your health.

Look inside to learn more about the health services and drug coverages the plan provides.

You can see our plan's provider/pharmacy directory on our website.

Do you have questions? We are here to help!

Contact Member Services or go online for more information about the plan:

Toll-Free 1-844-447-6547, TTY 711

October 1st to March 31st: 8am to 8pm EST, 7 days a week
April 1st to September 30th: 8am to 8pm EST, Monday-Friday

www.solishealthplans.com

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Summary of Benefits - January 1, 2019 - December 31, 2019

SPF 009 (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

Are you able to join our plan? The answer is yes, if you are:

- entitled to Medicare Part A
- enrolled in Medicare Part B
- live within our service area listed inside the cover
- and are a United States citizen or lawfully present in the United States

Do I have to use specific doctors, hospitals, and pharmacies?

SOLIS Health Plans has an extensive network of physicians, hospitals, pharmacies, and other providers. If you receive services through providers or pharmacies that are not in our network, the plan may not pay for these services, and you may pay more at non-contracted pharmacies.

If you have questions or need assistance finding a network provider, you may:

- Contact our Member Services Department and one of our Representatives will be able to assist you. They are also able to send you a printed copy of the Combined Provider and Pharmacy Directory.

- Visit our website, www.solishealthplans.com, to search our online searchable directory to find a participating physician or provider.

How can I find out more about Medicare?

You may find the information you are looking for regarding Original Medicare in the current "Medicare and You" handbook. This information is available online at www.medicare.gov or you can request a copy by contact Medicare at 1-800-MEDICARE (1-800-633-4227). They are available 24 hours a day, 7 days a week. TTY users please call 1-877-486-2048.

SPF 009 (HMO) H0982-009

Monthly Plan Premium

- $0
- You must continue to pay your Part B premium.

Deductible

- No deductible

Maximum Out-of-Pocket Responsibility (does not include prescription drugs)

- You pay no more than $3,400 annually
- Includes copays and other costs for medical services for the year

BENEFITS

Inpatient Hospital

- $175 copay per day, days 1 through 7
  $0 copay, days 8 through 90

Referral and/or prior authorization may be required.

Outpatient Hospital

- Hospital Visit: $250 copay per visit
- Observation: $250 copay per visit

- Ambulatory Surgical Center Visit: $50 copay per visit

Referral and/or prior authorization may be required.

Doctor Visits

- Primary Care:
  - $0 copay
  - $35 copay: Primary care services at an outpatient hospital facility

- Specialists:
  - $0 copay
  - $50 copay: Specialist services at an outpatient hospital facility

Referral and/or prior authorization may be required for specialist services.

Preventive Care

- $0 copay for Medicare-covered zero cost-sharing preventive services

Referral and/or prior authorization may be required.

Emergency Care

• $75 copay per visit

If you are admitted to the hospital within 24 hours, your copay is waived.

Urgently Needed Services

• $10 copay

Diagnostic Services/Labs/Imaging

• Diagnostic tests and procedures, Lab services, Diagnostic Radiology services, and X-rays:
    - $0 copay
    - $250 copay: Outpatient Hospital Facility

Referral and/or prior authorization may be required.

Hearing Services

• Medicare-covered hearing services: $0 copay per visit
• Routine hearing exam: $0 copay per visit
• Hearing aid: $500 allowance per ear

Referral and/or prior authorization may be required.

Dental Services

• Preventive: $0 for covered services (exam, cleaning, fluoride, x-rays)
• Comprehensive:
    - Endodontics: $0 copay
    - Prosthodontics: $0 copay
    - Oral/Maxillofacial Surgery: $0 copay
    - Other Services: $0 copay
• Maximum Plan Benefit Coverage amount: $1,500 every year

Vision Services

• Medicare-covered eye exams: $0 per visit
• Eyewear: up to $100 for contact lenses, eyeglasses (lenses and frames), eyeglass lenses or eyeglass frames every year

Referral and/or prior authorization may be required.

Mental Health Services

- Inpatient Psychiatric:
  - $175 copay per day, for days 1-7
    $0 copay, days 8-90

- Outpatient Medicare-covered Individual Sessions: $35 copay
- Outpatient Medicare-covered Group Sessions: $35 copay

Referral and/or prior authorization may be required.

Skilled Nursing Facility (SNF)

- $0 copay, days 1-20
  $150 copay per day, for days 21-100

Referral and/or prior authorization may be required.

Physical Therapy and Speech-language Therapy

- $0 copay

Referral and/or prior authorization may be required.

Ambulance

- $100 copay

Copayment waived if admitted to hospital

Prior authorization is required for non-emergency services.

Transportation

- $0 copay

12 one-way trips a year to or from approved locations.

Medicare Part B Drugs

- Chemotherapy drugs: 20% coinsurance
- Other Part B drugs: 20% coinsurance

Prior authorization is required.

PRESCRIPTION DRUGS

Deductible Phase	You have no deductible for Part D drugs		
Initial Coverage Phase (After you pay your deductible, if applicable)		**Retail**	**Mail Order**
	Drug Tiers	30-Day Supply	90-Day Supply
	Tier 1: Preferred Generic Drugs	$0 copay	$0 copay
	Tier 2: Generic Drugs	$0 copay	$0 copay
	Tier 3: Preferred Brand Drugs	$40 copay	$100 copay
	Tier 4: Non-Preferred Brand Drugs	$85 copay	$225 copay
	Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance
Coverage Gap	Tier 1 and Tier 2 drugs are covered at this stage. For covered drugs on other tiers, after your total drug costs reach $5,000, you pay 37% coinsurance for generic drugs and 25% coinsurance for brand name drugs.		
Catastrophic Coverage	After your total drug costs reach $5,100, you pay the greater of: 5% coinsurance, or $3.40 copay for generic (including brand drugs treated as generic) and a $8.50 copay for all other drugs.		

ADDITIONAL BENEFITS

Chiropractic Services

• $20 copay

Referral and/or prior authorization required after 12 visits.

Diabetes Management

• Monitoring Supplies: $0 copay
• Therapeutic Shoes or Inserts: 20% coinsurance
• Diabetes Self-Management Training: $0 copay

Referral and/or prior authorization may be required.

Durable Medical Equipment (DME) and Supplies

• Durable Medical Equipment (wheelchairs, oxygen, etc.): 20% coinsurance
• Prosthetics (braces, artificial limbs, etc.): 20% coinsurance

Prior authorization is required.

SOLIS Fitness Program

• $0 copay
Unlimited gym visits per calendar year to plan-approved wellness center.

Hospice

• $0 copay for hospice care from a Medicare-certified hospice program.
You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Podiatry Services

• $35 copay

Referral and/or prior authorization required after your first 10 treatments/visits.

Health Education

• $0 copay

Referral may be required.

Home Health Services

• $0 copay

Referral and/or prior authorization may be required.

Nutritional/Dietary Benefit

• $0 copay

Referral may be required.

Additional Sessions of Smoking and Tobacco Cessation Counseling

• $0 copay

Referral may be required.

24 hour Nurse Hotline

• $0 copay

Occupational Therapy

• $25 copay

Referral and/or prior authorization may be required.

Outpatient Substance Abuse Services

• Individual Sessions: $60 copay
• Group Sessions: $60 copay

Referral and/or prior authorization may be required.

Over-the-Counter Items

• $0 copay
The plan covers up to $25 per month for plan approved over-the-counter and health-related products. Any unused plan benefit amount does not roll over into the next month. Please visit our website for a list of covered over-the-counter items.

Renal Dialysis

• 20% coinsurance

Referral and/or prior authorization may be required.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-844-447-6547, TTY 711.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.solishealthplans.com or call 1-844-447-6547, TTY 711 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- ☐ Except in certain emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Disclaimers

SOLIS Health Plans is an HMO plan with a Medicare contract. Our SNPs also have contracts with the Florida Medicaid program. Enrollment in SOLIS Health Plans depends on contract renewal.

This information is not a complete description of benefits. Call 1-844-447-6547 (TTY:711) for more information.

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-447-6547 (TTY: 711).