

2019

SUMMARY OF BENEFITS

SOLIS Health Plans **SPF 010 (HMO D-SNP)**

H0982-010

Service Area: Florida - Hillsborough County

This booklet provides you with a summary of what SOLIS SPF 010 (HMO D-SNP) covers and what you pay. It does not include every benefit or service covered by the plan or list every limitation or exclusion. Depending on your level of Medicaid eligibility, you may not have to pay any costs for the medical services listed within this document, if they are paid by Medicaid or any other third party. 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 010 (HMO D-SNP) is a Medicare Advantage HMO Special Needs Plan with a Medicare contract and a contract with the Florida Medicaid program.

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

In order to be a member of this plan, you must be enrolled in both Medicare and Medicaid. The amount of coverage sponsored by Medicaid depends on your income, assets and other factors.

While some people may receive full Medicaid benefits, some will only receive limited assistance designated for Medicare costs, which will often include copays, deductibles, coinsurance, or premiums.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayments amounts.
- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayments amounts only.
- **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only.
- **Qualifying Individual (QI):** Medicaid pays your part B premium only.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** You get full Medicaid benefits, and Medicaid pays your Part B premium.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.

If your category of Medicaid eligibility changes, your cost-share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

What benefits does each eligibility cover?

Eligibility Level	Helps pay your
QMB+	Part A and Part B, deductibles, coinsurance, and copayments. Provides full Medicaid benefits.
QMB	Part A and Part B premiums, deductibles, coinsurance, and copayments.
QDWI	Part A premiums only
QI	Part B premiums only
SLMB+	Part B premiums only. Provides full Medicaid benefits.
SLMB	Part B premiums only
FBDE	Part A and Part B premiums, deductibles, coinsurance, and copayments. Provides full Medicaid benefits.

Note: If you qualify for a QMB, SLMB, or QI program, you automatically qualify to get Extra Help paying for Medicare prescription drug coverage.

SOLIS Health Plans (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers.

You must access all plan-covered services and care through the SOLIS network of providers including any services we provide for you on behalf of the Florida Medicaid Program. Members receiving care and services not covered under the plan, such as waiver services, must access those services through the Florida Medicaid program network of providers.

If you use providers that are not in network, the plan may not pay for these services. A referral or authorization may be required for covered in-network medical services.

Medicaid providers who also participate in the SOLIS provider network are indicated in the SOLIS Provider Directory.

Monthly Plan Premium

- \$0 - Part C Premium
- \$30.30 - Part D Premium

The plan premium may be funded, either in its entirety or partially, by Medicare's "Extra Help" program. You must continue to pay your Medicare Part B Premium. The Part B premium may be covered through the State Medicaid Program.

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**

- \$0 copay

Referral and/or prior authorization may be required.

Outpatient Hospital

- Hospital Visit: \$0 copay per visit
- Observation: \$0 copay per visit

- Freestanding Ambulatory Surgical Center Visit: \$0 copay per visit

Referral and/or prior authorization may be required.

Doctor Visits

- Primary Care:
 - \$0 copay

- Specialists:
 - \$0 copay

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

- \$0 copay per visit

Urgently Needed Services

- \$0 copay

Diagnostic Services/Labs/Imaging

- Diagnostic tests and procedures, Lab services, Diagnostic Radiology services, and X-rays: \$0 copay

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: \$550 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 copay per visit
- Eyewear: up to \$250 for contact lenses, eyeglass (lenses and frames), eyeglass lenses or eyeglass frames every year.

Referral and/or prior authorization may be required.

Mental Health Services

- Inpatient Psychiatric: \$0 copay
- Outpatient Medicare-covered Individual Sessions: \$0 copay
- Outpatient Medicare-covered Group Sessions: \$0 copay

Referral and/or prior authorization may be required.

Skilled Nursing Facility (SNF)

- \$0 copay, days 1 - 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

- \$0 copay

Prior authorization is required for non-emergency services.

Transportation

- \$0 copay

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

Medicare Part B Drugs

- Chemotherapy drugs: \$0 coinsurance
- Other Part B drugs: \$0 coinsurance

Prior authorization is required.

PRESCRIPTION DRUGS

Deductible Phase	You have no deductible for Part D drugs and this payment stage does not apply to you.	
Initial Coverage Phase (After you pay your deductible, if applicable)	Retail & Mail Order	
	Drug Tiers	30-Day Supply and 90-Day Supply
	Tier 1: Preferred Generic Drugs	\$0 copay
	Tier 2: Generic Drugs	\$0 copay
	Tier 3*: Preferred Brand Drugs	25% coinsurance
	Tier 4*: Non-Preferred Brand drugs	25% coinsurance
	Tier 5*: Specialty Tier Drugs	25% coinsurance

* You are responsible for copayment and coinsurance for Medicare Part D prescription drugs based on the level of Low Income Subsidy (LIS) you get from Medicare.

ADDITIONAL BENEFITS

Chiropractic Services

- \$0 copay

Referral and/or prior authorization required after 12 visits.

Diabetes Management

- Monitoring Supplies: \$0 copay
- Therapeutic Shoes or Inserts: \$0 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.): \$0 copay
- Prosthetics (braces, artificial limbs, etc.): \$0 copay

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

- \$0 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

- \$0 copay

Referral and/or prior authorization may be required.

Outpatient Substance Abuse Services

- Individual Sessions: \$0 copay
- Group Sessions: \$0 copay

Referral and/or prior authorization may be required.

Over-the-Counter Items

- \$0 copay

The plan covers up to \$50 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

- \$0 copay

Referral and/or prior authorization may be required.

Summary of Medicaid Benefit

Coverage of the Medicaid services described below depends upon your level of Medicaid eligibility and must be provided by a Medicaid provider. No matter what your level of Medicaid eligibility is, SOLIS Health Plans SPF 010 (HMO D-SNP) will cover the benefits described in this section.

If you have questions about your Medicaid eligibility, call the Florida Medicaid Agency for Health Care Administration (AHCA), 1-888-419-3456.

Your services are paid first by Medicare and then Medicaid. Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid Eligibility level.

Benefits	Medicaid	SOLIS Health Plans SPF 010 (HMO D-SNP)
Ambulance	Covered depending on your Medicaid eligibility level.	Covered
Chiropractic Care	Covered depending on your Medicaid eligibility level.	Covered
Dental Services	Covered depending on your Medicaid eligibility level.	Covered
Diabetic Supplies and Services	Covered depending on your Medicaid eligibility level.	Covered
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Covered depending on your Medicaid eligibility level.	Covered
Doctor Office Visits	Covered depending on your Medicaid eligibility level.	Covered
Durable Medical Equipment (wheelchairs, oxygen, etc)	Covered depending on your Medicaid eligibility level.	Covered
Emergency Care	Covered depending on your Medicaid eligibility level.	Covered
Podiatry Services	Covered depending on your Medicaid eligibility level.	Covered
Hearing Services	Covered depending on your Medicaid eligibility level.	Covered
Home Health Care	Covered depending on your Medicaid eligibility level.	Covered
Mental Health Care	Covered depending on your Medicaid eligibility level.	Covered
Outpatient Hospital Services	Covered depending on your Medicaid eligibility level.	Covered

Benefits	Medicaid	SOLIS Health Plans SPF 010 (HMO D-SNP)
Ambulatory Surgical Center	Covered depending on your Medicaid eligibility level.	Covered
Integumentary Services	Covered depending on your Medicaid eligibility level.	Covered
Prosthetic Devices (braces, artificial limbs, etc.)	Covered depending on your Medicaid eligibility level.	Covered
Dialysis Services	Covered depending on your Medicaid eligibility level.	Covered
Pain Management	Covered depending on your Medicaid eligibility level.	Covered
Vision Services	Covered depending on your Medicaid eligibility level.	Covered
Regional Perinatal Intensive Care Center	Covered depending on your Medicaid eligibility level.	Covered
Hospice	Covered depending on your Medicaid eligibility level.	Covered
Inpatient Hospital Care	Covered depending on your Medicaid eligibility level.	Covered
Prescription Drug Benefits	Medicaid does not cover Part D covered drugs.	Covered
Reproductive Services	Covered depending on your Medicaid eligibility level.	Covered
Transportation	Covered depending on your Medicaid eligibility level.	Covered
Specialized Therapeutic Services	Covered depending on your Medicaid eligibility level.	Covered

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 emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on a verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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.

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