

2022 Summary of Benefits

PruittHealth Premier D-SNP (HMO D-SNP)

H3291, Plan 002

This is a summary of drug and health services covered by PruittHealth Premier D-SNP (HMO D-SNP) January 1, 2022 - December 31, 2022.

PruittHealth Premier D-SNP (HMO D-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-855-855-0668, TTY should call 711, for more information.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [PruittHealthPremier.com](https://www.PruittHealthPremier.com), or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-855-855-0668, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

To join PruittHealth Premier D-SNP (HMO D-SNP), you must:

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- you are a United States citizen or are lawfully present in the United States,
- -- *and* -- you meet the eligibility requirements described below.

Special eligibility requirements for our plan

Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for both Medicare and Medicaid.

Our service area includes these counties in Georgia: Banks, Barrow, Clarke, DeKalb, Elbert, Forsyth, Fulton, Greene, Gwinnett, Hall, Jackson, Jasper, Madison, Morgan, Oconee, Oglethorpe, and Walton.

PruittHealth Premier D-SNP (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at [PruittHealthPremier.com](https://www.pruithhealth.com). If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1, 2023.

Premium, copayments, coinsurance, and deductibles may vary based on the level of “Extra Help” you receive. Please contact the plan for further details.

Limitations, copayments, and restrictions may apply.

This document is available for free in Spanish.

Este documento está disponible gratis en español.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You 2022**” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

	PruittHealth Premier D-SNP (HMO D-SNP)
Monthly plan premium	\$32.40 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible is \$233. For the Part A deductible, you pay the 2022 Original Medicare cost-sharing amounts for Inpatient Hospital or Mental Health for inpatient visits. \$1,556 deductible
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$7,550
Inpatient Hospital coverage	You pay the 2022 Original Medicare cost-sharing amounts. \$1,556 deductible; \$0 copayment each day for days 1-60; \$389 copayment each day for days 61 to 90; \$778 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior authorization is required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	 20% coinsurance <i>Prior authorization is required.</i> \$100 copayment <i>Prior authorization is required.</i>
Doctor Visits Primary Care Providers Specialists	 \$0 copayment 20% coinsurance <i>Prior authorization is required.</i>
Preventive Care	You pay nothing.
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
Urgently needed services	20% coinsurance up to a max of \$65 Coinsurance is waived if you are admitted to a hospital within 3 days.

	PruittHealth Premier D-SNP (HMO D-SNP)
Diagnostic Services/Labs/Imaging Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g. MRI, CAT Scan) Outpatient X-rays	20% coinsurance <i>Prior authorization is required. No authorization required when services are rendered in a Nursing Facility or Physician Office.</i> \$0 copayment <i>No authorization required for lab services rendered in any place of service.</i> <i>Authorization required for genetic testing only.</i> 20% coinsurance <i>Ultrasounds do not require authorization.</i> 20% coinsurance <i>X-Rays do not require authorization in nursing facility, physician's office, or hospital.</i>
Hearing services Hearing exam <i>Supplemental benefits</i> Routine hearing exam, fitting and evaluation for hearing aids Hearing aids	20% coinsurance of the cost for Medicare-covered hearing services. \$0 copayment for 1 routine hearing exam, fitting and evaluation for hearing aids every year. Up to a \$2,500 credit for both ears combined every year for hearing aids. <i>Prior authorization is required for hearing aids only.</i>
Dental services Medicare-covered dental <i>Supplemental benefits</i> Preventive and comprehensive	20% coinsurance for each Medicare-covered service. <i>Authorization is for Medicare-covered comprehensive dental only.</i> \$0 copayment for: 1 Oral Exam(s) every six months; 1 Prophylaxis (Cleanings) every six months; 1 Dental X-rays every year Annual maximum of \$4,200 towards preventive or comprehensive dental services.

	PruittHealth Premier D-SNP (HMO D-SNP)
Vision care Yearly eye exam for diabetic retinopathy <i>Supplemental benefits</i> Routine eye exam Eyeglasses, lenses, frames, contacts	20% coinsurance for Medicare-covered services. You pay a \$0 copayment for 1 routine eye exam visit every year. Allowance of up to \$500 every year.
Mental Health Services Inpatient visit Outpatient group therapy visit Outpatient individual therapy visit	You pay the 2022 Original Medicare cost-sharing amounts. \$1,556 deductible; \$0 copayment each day for days 1-60; \$389 copayment each day for days 61 to 90; \$778 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior authorization is required.</i> 20% coinsurance <i>Prior authorization is required.</i> 20% coinsurance <i>Prior authorization is required.</i>
Skilled nursing facility (SNF) care	You pay the 2022 Original Medicare cost-sharing amounts. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$194.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. Traditional Medicare benefit period <i>Prior authorization is required.</i>
Physical Therapy	20% coinsurance <i>Authorization is only required for services provided by non-capitated providers.</i>
Ambulance services Ground Ambulance Air Ambulance	20% coinsurance 20% coinsurance

	PruittHealth Premier D-SNP (HMO D-SNP)
Transportation (additional routine)	<p>\$0 copayment</p> <p>Routine transportation for up to 60 trips every year.</p> <p>A trip is considered one-way transportation by taxi, bus/subway, van, or medical transport to a plan approved health-related location.</p>
Medicare Part B prescription drugs <p>Chemotherapy drugs</p> <p>Other Part B drugs</p>	<p>20% coinsurance</p> <p><i>For chemotherapy, only the initial use requires authorization.</i></p> <p>20% coinsurance</p> <p><i>Prior authorization is required for some medications.</i></p>
Ambulatory Surgical Center	<p>20% coinsurance</p> <p><i>Prior authorization is required.</i></p>
Diabetic supplies	\$0 copayment
Foot Care (podiatry services) <p>Foot exams and treatment</p> <p><i>Supplemental benefits</i></p> <p>Routine foot care</p>	<p>20% coinsurance for Medicare-covered services.</p> <p>\$0 copayment for 6 routine foot care visits per year.</p>
Meal Benefit	<p>\$0 copayment</p> <p>Limit of 2 meals per day for 14 days for 4 times per calendar year following hospital or SNF stay.</p>
Healthy Foods Box	<p>\$0 copayment</p> <p>Healthy Foods Box shipped directly to the member monthly via Farmbox Rx.</p> <p><i>*Must have qualifying condition.</i></p>
Occupational or Speech Therapy	<p>20% coinsurance</p> <p><i>Authorization is only required for services provided by non-capitated providers.</i></p>
Over-the-Counter Drugs (OTC) <p><i>Supplemental benefit</i></p> <p>Health Catalog Benefit</p>	<p>The Health Catalog benefit will provide members a maximum of up to \$410 per quarter that they may spend on items from a designated Health Catalog provided to members by OTC Health Solutions. Unused credits do not roll over to the next period.</p>

	PruittHealth Premier D-SNP (HMO D-SNP)
Personal emergency response system (PERS)	<p>\$0 copayment</p> <p>Life Alert button (Provided by Lifeline) available to all members upon enrollment.</p>

	PruittHealth Premier D-SNP (HMO D-SNP)	
Outpatient Prescription Drugs		
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)
Deductible	\$480 for all Part D prescription drugs.	
Cost-Sharing for Covered Drugs	25% coinsurance	25% coinsurance
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none">• 5% coinsurance, or• \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.	

Georgia Medicaid and PruittHealth Premier

PruittHealth Premier (HMO DSNP) is a Medicare Advantage HMO plan with a Medicare Contract. This plan is a Dual Eligible Special Needs Plan (DSNP) for individuals who have both Medicare and Medicaid.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area and be a United States citizen or lawfully present in the United States.

PruittHealth Premier enrolls individuals with different levels of Medicaid benefits. This means that, depending on your level of Medicaid benefits, some or all of the out of pocket costs for PruittHealth Premier could be covered by Medicaid. For more information on your level of Medicaid and the benefits you are entitled to contact: Georgia Department of Community Health: 1-404-656-4507.

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 copayment 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 amount 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.

Eligibility Level	QMB+	QMB	QDWI	QI	SLMB+	SLMB	FBDE
Part A Premium	X	X	X				
Part B Premium	X	X		X	X	X	
Medicare deductibles, copays, coinsurance	X	X					
Full Medicaid Benefits	X				X		X

The cost-sharing protections that the individual is entitled to under Title XIX (Medicaid).

PruittHealth Premier is prohibited from imposing cost-sharing requirements on Dual Eligible enrollees that

would exceed the amounts permitted under the State Medicaid plan if the enrollee were not enrolled in PruittHealth Premier DSNP.

PruittHealth Premier's contracts with network providers include language that ensures providers accept the Medicare fee schedule plus enrollee cost sharing as payment in full. Under PruittHealth Premier, providers may only collect enrollee cost sharing as specified by the Health Plan and in alignment with Medicare and Georgia Medicaid guidelines.

Medicaid Benefits

As a member of the plan, your services are paid first by Medicare through PruittHealth Premier, and then by Medicaid. Below, you can see what Georgia Department of Community Health covers as the Medicaid agency, and what our plan covers for you. If a benefit is exhausted or not covered by Medicare, your Medicaid may provide coverage, through it depends on the type of Medicaid you have.

Once you are a member of the plan, no matter what type of Medicaid you have, PruittHealth Premier (HMO DSNP) will cover the benefits described in the covered benefits section of the Summary of Benefits document.

Benefit	PruittHealth Premier D-SNP (HMO DSNP)	Medicaid
Additional Dental Services	Covered	Covered if Medically Appropriate up to age 21
Additional Foot Care	Covered	Covered
Additional Vision Services	Covered	Not Covered
Ambulance	Covered	Not Covered
Chiropractic Care	Covered	Covered
Dental Services	Covered	Covered
Diabetes Supplies and Services	Covered	Covered if Medically Appropriate up to age 21
Diagnostic Tests Lab and Radiology Services and X Rays	Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment	Covered	Covered
Emergency Care	Covered	Covered
Foot Care	Covered	Covered
Hearing Services	Covered	Covered

Benefit	PruittHealth Premier D-SNP (HMO DSNP)	Medicaid
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Inpatient Hospital Care	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Intermediate Care Facilities	Covered	Covered
Mental Health Care	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Over the Counter Items	Covered	Not Covered
Preventive Care	Covered	Covered
Prosthetic Devices	Covered	Covered
Renal Dialysis	Covered	Covered
Skilled Nursing Facility	Covered	Covered
Transportation (Non Emergency)	Covered	Covered
Urgent Care	Covered	Covered
Vision Services	Covered	Covered

The following is a list of Home and Community Based Services (HCBS) waiver benefits provided under Georgia Medicaid. Whether you receive them is based upon your level of Medicaid:

- Medicare premiums, deductibles and coinsurance
- Non-emergency transportation (to get to and from medical appointments)
- 24 hour medical access
- Skilled nursing services
- Adult day health/adult day care
- Alternative living services/assisted living services (does not include room and board costs)
- Emergency response system
- Home delivered meals
- Home delivered services
- Personal support services – house cleaning, shopping, laundry, assistance with activities of daily living, such as eating, dressing, moving about, etc.
- Respite care- both in-home and out-of-home

The description of the benefits and cost-sharing protections that are covered under the D-SNP.

Benefits provided by PruittHealth Premier D-SNP are summarized above. For a full listing of the benefits see the Evidence of Coverage at www.Pruitthealthpremier.com.

PruittHealth Premier has a contract with Georgia Medicaid to coordinate your Medicare and Medicaid services. Your Medicaid services are still provided through Georgia Medicaid but PruittHealth Premier D-SNP will help in ensuring all of your healthcare services work together.

PruittHealth Premier D-SNP ensures that members continue to have all of the cost sharing protections under both Medicare and Medicaid.

Cost-sharing may differ based on point-of-service (retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long-term (90-day supply).

Pre-Enrollment Checklist

PruittHealth Premier (HMO I-SNP)

PruittHealth Premier D-SNP (HMO D-SNP)

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 1-855-855-0668 (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 PruittHealthPremier.com or call 1-855-855-0668 (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 premium, 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, 2023.
- ☐ 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).
- ☐ **For I-SNP enrollees only:** This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- ☐ **For I-SNP enrollees only:** This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.
- ☐ **For D-SNP enrollees only:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

PruittHealth Premier is an HMO I-SNP and HMO D-SNP with a Medicare contract. Enrollment in PruittHealth Premier depends on contract renewal. PruittHealth Premier complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Out-of-network/non-contracted providers are under no obligation to treat PruittHealth Premier members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.