

Summary of Benefits

January 1, 2010 – December 31, 2010
Pierce and St. Croix Counties Wisconsin



COMMUNITY HEALTH
PARTNERSHIP
HEALTH MAINTENANCE ORGANIZATION

A Program of Partnership Health Plan, Inc.

INTERPRETER SERVICES

Interpreter services are available free of charge.

For help to translate or understand this, please call
1-800-842-1814 (TTY 1-715-838-2900).

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono
1-800-842-1814 (TTY 1-715-838-2900).

Если вам не всё понятно в этом документе, позвоните по телефону
1-800-842-1814 (TTY 1-715-838-2900).

Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau
1-800-842-1814 (TTY 1-715-838-2900).

If you have special needs, this document may be available in other formats.

FOR MORE INFORMATION

More information about Community Health Partnership, a Program of Partnership Health Plan, Inc. (Community Health Partnership (HMO)), Wisconsin Medicaid and Medicare is available from the places listed below.

Prospective Members

Please call the Aging and Disability Resource Center (ADRC) in the county in which you reside. Office hours are Monday through Friday, 8:00 a.m. to 4:30 p.m.

County Aging and Disability Resource Centers

Pierce County

412 West Kinne Street
Ellsworth, WI 54011

(715) 273-6780 or Toll Free (877) 273-0804

St. Croix County

1101 Carmichael Road
Hudson, WI 54016

(715) 381-4360 or Toll Free (800) 372-2333

Current Members

Please call your Team or Customer Service at (715) 838-2900 or (800) 842-1814. TTY users should call (715) 838-2900. You can also visit our website for information at (www.communityhealthpartnership.com).

Hours of Operation:

Monday through Friday - 8:00 a.m. to 4:30 p.m.

General Information

Wisconsin Medicaid

For more information about Wisconsin Medicaid, please call (800) 362-3002. TTY users should call (888) 701-1251. Or, visit (www.dhs.wisconsin.gov) on the web.

Medigap

For more information about Medigap, please call State of Wisconsin Board on Aging and Long Term Care at (800) 242-1060.

Medicare

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

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Section 1 – Introduction

Thank you for your interest in Community Health Partnership (HMO). Our plan is offered by Partnership Health Plan, Inc., a Wisconsin Family Care Partnership and Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

Please call your county's Aging and Disability Resource Center to find out if you are eligible to join. The telephone numbers are listed before the 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 your Team and ask for the "Evidence of Coverage (EOC/Member Handbook)."

YOU HAVE CHOICES IN YOUR HEALTH CARE

Medicare beneficiaries and people who have Medicaid can choose from different health care options. For example, if you have Medicare, one option is the Original (fee-for-service) Medicare Plan and if you have Wisconsin Medicaid, one option is the Wisconsin (fee-for-service) Medicaid Plan.

Another option is a health plan like Community Health Partnership (HMO). You may have other options too. You make the choice. No matter what you decide, if you have Medicare, you are still in the Medicare Program and if you have Wisconsin Medicaid, you are still in the Wisconsin Medicaid Program.

Community Health Partnership (HMO) is a voluntary program and you may join or leave a plan at any time. For more information, please call your county's Aging and Disability Resource Center. The telephone numbers are listed before this introduction.

You can call Medicaid at (800) 362-3002 for more information. TTY users should call (888) 701-1251. You can also call Medicare at 1-800-MEDICARE (1-800-633-4227). Medicare TTY users should call (877) 486-2048. You can call the Medicare numbers 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Community Health Partnership (HMO) and the Original Medicare Plan using this Summary of Benefits. Members who have Medicaid only can also see what is covered in this document. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers, what the Original Medicare Plan covers and what Medicaid covers for people who have Medicaid only.

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Section 1 – Introduction

Community Health Partnership (HMO) members who are enrolled in Medicare receive all of the benefits that the Original Medicare Plan offers, plus all of the benefits of Wisconsin Medicaid including long-term care and support services. We also offer more benefits, which may change from year to year.

WHERE IS COMMUNITY HEALTH PARTNERSHIP (HMO) AVAILABLE?

The service area for this plan includes: Pierce and St. Croix Counties in Wisconsin. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN COMMUNITY HEALTH PARTNERSHIP (HMO)?

You can join Community Health Partnership (HMO) if you are:

- An adult age 18 and over with a Physical or Developmental Disability or are over the age of 65,
- Live in the service area,
- Financially eligible for Wisconsin Medicaid,
- Functionally eligible as determined by the State of Wisconsin Long-Term Care Functional Screen, and;
- If you are eligible for Medicare you must be enrolled in Medicare Part A, Part B, and Part D.

Individuals who are eligible to enroll in Community Health Partnership (HMO), have both Medicaid and Medicare, and have a diagnosis of End Stage Renal Disease (ESRD) at the time of application are not eligible to enroll. If an individual is diagnosed with ESRD while enrolled in Partnership, the individual is eligible to remain enrolled. Individuals who have Medicaid only and have a diagnosis of ESRD at the time of application are eligible to enroll.

To find out if you are eligible to join, please call your county's Aging and Disability Resource Center. The telephone numbers are listed before this introduction.

CAN I CHOOSE MY DOCTORS?

Community Health Partnership (HMO) 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 your Team or Customer Service for a current Provider Directory or for an up-to-date list visit us at (www.communityhealthpartnership.com). Our customer service number is listed before this introduction.

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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 without first contacting your Team and getting prior authorization, you must pay for these services yourself. Neither Community Health Partnership (HMO), the Original Medicare Plan, nor Wisconsin Medicaid will pay for these services.

DOES MY PLAN COVER WISCONSIN MEDICAID AND, FOR MEMBERS ON MEDICARE, MEDICARE PART B, OR MEDICARE PART D DRUGS?

Community Health Partnership (HMO) covers Wisconsin Medicaid prescription drugs, Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Community Health Partnership (HMO) 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. If a pharmacy should leave our network, we will notify the members using that pharmacy and the Team will assist the members with changing to another network

pharmacy. You can ask your Team or Customer Service for a current Pharmacy Directory or visit us at (www.communityhealthpartnership.com). Our customer service number is listed before this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Community Health Partnership (HMO) uses a formulary. A formulary is a list of drugs covered by our plan to meet our members' needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or, if you have Medicare, 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 members before the change is made. We will send a formulary to you and you can see our complete formulary on our website at (www.communityhealthpartnership.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 and with your physician's help you can request an exception or switch to an alternative drug listed on our formulary. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

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HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you have Medicaid only and you do not have Medicare, you will continue to pay nothing for your drugs in 2010. Since you must have Wisconsin Medicaid to enroll in Community Health Partnership (HMO), you will qualify for extra help with your Medicare prescription drug plan costs, and your premium and costs at the pharmacy will be lower. When you join Community Health Partnership (HMO), Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.
- Social Security Administration at (800) 772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call (800) 325-0778.
- Wisconsin Medicaid office at (800) 362-3002. TTY users should call (888) 701-1251.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

Community Health Partnership (HMO) is a Wisconsin Medicaid plan and a Medicare Advantage Plan. All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a

Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Wisconsin Medicaid and Medicare coverage in your area.

As a member of Community Health Partnership (HMO), you have the right to request a coverage decision, 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 a coverage decision 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 Wisconsin, MetaStar, Inc. at (608) 274-1940 or Toll Free at (800) 362-2320.

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As a member of Community Health Partnership (HMO), you have the right to request a coverage determination, which may include 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 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. 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 providers that does not involve coverage for a service or prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may 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 your Team at Community Health Partnership (HMO) for more details.

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WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

If you have Medicare, some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs:

- **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 alpha 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.

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- **Inhalation and Infusion Drugs** provided through Durable Medical Equipment (DME).

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 "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. To obtain a copy of the plan ratings for this plan you can call your Team or Customer Service at the telephone number listed before this introduction.

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
IMPORTANT INFORMATION			
<p>1 - Premium and Other Important Information</p>	<p>In 2010 the monthly Part B premium of \$0 and the yearly Part B deductible amount is \$0.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at (800) 772-1213. TTY users should call (800) 325- 0778. OR Most people will pay the</p>	<p>There is a Medicare Part B premium of \$96.40 each month for your plan benefits. You may be eligible for Medicare Part B premium assistance depending on your income and asset level.</p> <p>There is an additional premium of \$32.20 each month for Medicare Part D prescription drug benefits. You are eligible for \$32.20 of Medicare Part D premium assistance.</p> <p>Unless otherwise noted, out-of-network services are not covered.</p> <p>Members may have to pay a monthly Medicaid cost share as determined by the Pierce or St. Croix County Department of Human Services to remain eligible for</p>	<p>There are no premiums, deductibles, or copayments for members who are eligible for Medicaid but not for Medicare.</p> <p>Unless otherwise noted, out-of-network services not covered.</p> <p>Members may have to pay a monthly Medicaid cost share as determined by the Pierce or St. Croix County Department of Human Services to remain eligible for</p>

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	standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Social Security at (800) 772-1213. TTY users should call (800) 325-0778.	Wisconsin Medicaid and enrolled in Community Health Partnership.	Wisconsin Medicaid and enrolled in Community Health Partnership.
2 - Doctor and Hospital Choice <i>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</i>	You may go to any doctor, specialist or hospital that accepts Medicare.	You must go to network doctors, specialists, and hospitals. You do NOT need a referral to go to network doctors, specialists, and hospitals.	You must go to network doctors, specialists, and hospitals. You do NOT need a referral to go to network doctors, specialists, and hospitals.

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INPATIENT CARE			
<p>3 - Inpatient Hospital Care</p> <p><i>(includes Substance Abuse and Rehabilitation Services)</i></p>	<p>In 2010, the amounts for each benefit period:</p> <p>Days 1 - 60: an initial deductible of \$0</p> <p>Days 61 - 90: \$0 per day</p> <p>Days 91 - 150: \$0 per lifetime reserve day</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>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</p>	<p>There are no deductibles or copayments for covered stays at a network hospital.</p> <p>You are covered for unlimited days each benefit period.</p> <p>You are required to use network hospitals except in an emergency. You do NOT need a referral to receive services from a network hospital.</p> <p>Except in an emergency, your provider must obtain authorization.</p>	<p>There are no deductibles or copayments for covered stays at a network hospital.</p> <p>You are required to use network hospitals except in an emergency. You do NOT need a referral to receive services from a network hospital.</p> <p>Except in an emergency, your provider must obtain authorization.</p>

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Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
	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.		
4 - Inpatient Mental Health Care	<p>Same deductible and copayment as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>There are no deductibles or copayments for covered stays at a network hospital.</p> <p>You are required to use network hospitals except in an emergency. You do NOT need a referral to receive services from a network hospital.</p> <p>Except in an emergency, your provider must obtain authorization from Community Health Partnership (HMO).</p>	<p>There are no deductibles or copayments for covered stays at a network hospital.</p> <p>You are required to use network hospitals except in an emergency. You do NOT need a referral to receive services from a network hospital.</p> <p>Except in an emergency, your provider must obtain authorization from Community Health Partnership (HMO).</p>

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5 - Skilled Nursing Facility (SNF)	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay, in a Medicare-certified skilled nursing facility are:</p> <p>Days 1 - 20: \$0 per day Days 21 - 100: \$0 per day</p> <p>100 days for each benefit period.</p> <p>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>There is no copayment for covered stays at a network Medicare-certified skilled nursing facility.</p> <p>You are covered for an unlimited number of days. You are required to use network skilled nursing facilities.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There is no copayment for covered stays at a network skilled nursing facility.</p> <p>You are required to use network skilled nursing facilities.</p> <p>Prior authorization may be required. Contact plan for details.</p>

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Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
6 - Home Health Care <i>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i>	There is \$0 copayment for all covered home health visits.	There is no copayment for covered home health visits. Prior authorization may be required. Contact plan for details.	There is no copayment for covered home health visits. Prior authorization may be required. Contact plan for details.
7 - Hospice	You pay part of the cost for outpatient drugs. You must receive care from a Medicare-certified hospice.	You must receive care from a network Medicare-certified hospice. Prior authorization may be required. Contact plan for details.	You must receive care from a network hospice. There are no copayments for end-of-life care. Prior authorization may be required. Contact plan for details.
OUTPATIENT CARE			
8 - Doctor Office Visits	0% coinsurance	There are no deductibles or copayments for covered primary care doctor or specialist office visits. Prior authorization may be required. Contact plan for details.	There are no deductibles or copayments for covered primary care doctor or specialist office visits. Prior authorization may be required. Contact plan for details.

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9 - Chiropractic Services	<p>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>There are no deductibles or copayments for covered chiropractic services.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for covered chiropractic services.</p> <p>Prior authorization may be required. Contact plan for details.</p>
10 - Podiatry Services	<p>Routine care not covered.</p> <p>0% for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>There are no deductibles or copayments for covered podiatry services.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for covered podiatry services.</p> <p>Prior authorization may be required. Contact plan for details.</p>
11 - Outpatient Mental Health Care	<p>You pay 0% for most outpatient mental health services.</p>	<p>There are no deductibles or copayments for covered mental health care.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for covered mental health care.</p> <p>Prior authorization may be required. Contact plan for details.</p>

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Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
12 - Outpatient Substance Abuse Care	0% coinsurance	There are no deductibles or copayments for covered substance abuse care. Prior authorization may be required. Contact plan for details.	There are no deductibles or copayments for covered substance abuse care. Prior authorization may be required. Contact plan for details.
13 - Outpatient Services/Surgery	0% coinsurance for the doctor 0% of outpatient facility charges	There are no deductibles or copayments for covered outpatient services/surgery. Prior authorization may be required. Contact plan for details.	There are no deductibles or copayments for covered outpatient services/surgery. Prior authorization may be required. Contact plan for details.
14 - Ambulance Services <i>(medically necessary ambulance services)</i>	0% coinsurance	There are no deductibles or copayments for covered ambulance services. Prior authorization may be required. Contact plan for details.	There are no deductibles or copayments for covered ambulance services. Prior authorization may be required. Contact plan for details.

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Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
<p>15 - Emergency Care</p> <p><i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i></p>	<p>0% coinsurance for the doctor</p> <p>0% of facility charge or 0% per emergency room visit</p> <p>You don't have to pay the emergency room copayment if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p><i>(NOT covered outside the U.S. except under limited circumstances.)</i></p>	<p>There are no deductibles or copayments for covered emergency care.</p> <p><i>(NOT covered outside the U.S.)</i></p>	<p>There are no deductibles or copayments for covered emergency care.</p> <p><i>(NOT covered outside the U.S.)</i></p>
<p>16 - Urgently Needed Care</p> <p><i>(This is NOT emergency care, and in most cases, is out of the service area.)</i></p>	<p>0% coinsurance</p> <p><i>(NOT covered outside the U.S. except under limited circumstances.)</i></p>	<p>There are no deductibles or copayments for covered urgently needed care.</p> <p><i>(NOT covered outside the U.S.)</i></p>	<p>There are no deductibles or copayments for covered urgently needed care.</p> <p><i>(NOT covered outside the U.S.)</i></p>

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Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
17 - Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i>	0% coinsurance	There are no deductibles or copayments for covered outpatient rehabilitation services. Prior authorization may be required. Contact plan for details.	There are no deductibles or copayments for covered outpatient rehabilitation services. Prior authorization may be required. Contact plan for details.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18 - Durable Medical Equipment <i>(includes wheelchairs, oxygen, etc.)</i>	0% coinsurance	There are no deductibles or copayments for covered durable medical equipment. Prior authorization may be required. Contact plan for details.	There are no deductibles or copayments for covered durable medical equipment. Prior authorization may be required. Contact plan for details.
19 - Prosthetic Devices <i>(includes braces, artificial limbs and eyes, etc.)</i>	0% coinsurance	There are no deductibles or copayments for covered prosthetic devices. Prior authorization may be required. Contact plan for details.	There are no deductibles or copayments for covered prosthetic devices. Prior authorization may be required. Contact plan for details.

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<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies</p> <p><i>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self- management training)</i></p>	<p>0% coinsurance</p> <p>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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>There are no deductibles or copayments for covered diabetes self-monitoring training and supplies.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for covered diabetes self-monitoring training and supplies.</p> <p>Prior authorization may be required. Contact plan for details.</p>

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If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
21 - Diagnostic Tests, X-Rays, and Lab Services	<p>0% coinsurance for diagnostic tests and x-rays</p> <p>0% copayment for Medicare-covered lab services.</p> <p>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.</p>	<p>There are no deductibles or copayments for covered diagnostic tests, x-rays and lab services.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for covered diagnostic tests, x-rays and lab services.</p> <p>Prior authorization may be required. Contact plan for details.</p>

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
PREVENTIVE SERVICES			
22 - Bone Mass Measurement <i>(for people who are at risk)</i>	0% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	There are no deductibles or copayments for covered bone mass measurement. Prior authorization may be required. Contact plan for details.	There are no deductibles or copayments for covered bone mass measurement. Prior authorization may be required. Contact plan for details.
23 - Colorectal Screening Exams	0% coinsurance Covered when you are high risk or when you are age 50 and older.	There are no deductibles or copayments for covered colorectal screening exams. Prior authorization may be required. Contact plan for details.	There are no deductibles or copayments for covered colorectal screening exams. Prior authorization may be required. Contact plan for details.

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
<p>24 – Immunizations</p> <p><i>(Flu vaccine, Hepatitis B vaccine- for people who are at risk, Pneumonia vaccine)</i></p>	<p>There is \$0 copayment for the Pneumonia and Flu vaccines.</p> <p>0% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>There are no deductibles or copayments for the Flu, Pneumonia and Hepatitis B vaccines.</p> <p>No referral is necessary for the Flu, Pneumonia, and Hepatitis vaccines.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for the Flu, Pneumonia and Hepatitis B vaccines.</p> <p>No referral is necessary for the Flu, Pneumonia, and Hepatitis vaccines.</p> <p>Prior authorization may be required. Contact plan for details.</p>
<p>25 - Mammograms (Annual Screening)</p>	<p>0% coinsurance</p> <p>No referral needed</p> <p>Covered once a year for all Medicare women age 40 and older. One baseline mammogram covered for women with Medicare between 35 and 39.</p>	<p>There are no deductibles or copayments for covered mammograms.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for covered mammograms.</p> <p>Prior authorization may be required. Contact plan for details.</p>

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
26 - Pap Smears and Pelvic Exams	<p>There is \$0 copayment for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>0% coinsurance for Pelvic Exams.</p>	<p>There are no deductibles or copayments for covered pap smears and pelvic exams.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for covered pap smears and pelvic exams.</p> <p>Prior authorization may be required. Contact plan for details.</p>
27 - Prostate Cancer Screening Exams	<p>There is \$0 copayment for approved lab services.</p> <p>0% coinsurance for the digital rectal exam and other related services.</p> <p>Covered once a year for all men over age 50.</p>	<p>There are no deductibles or copayments for covered prostate cancer screening exams.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for covered prostate cancer screening exams.</p> <p>Prior authorization may be required. Contact plan for details.</p>

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
28 – End-Stage Renal Disease (ESRD)	<p>0% coinsurance for renal dialysis</p> <p>0% coinsurance for Nutrition Therapy for End-Stage Renal Disease (ESRD).</p> <p>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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>There are no deductibles or copayments for covered dialysis or nutrition therapy.</p> <p>Out-of-area dialysis services do not require authorization.</p>	<p>There are no deductibles or copayments for covered dialysis or nutrition therapy.</p> <p>Out-of-area dialysis services do not require authorization.</p>

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
29 - Prescription Drugs	<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>There are no deductibles or copayments for Medicare Part B and Medicaid covered prescription drugs. (See Part D drugs below.)</p> <p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet members' needs. We may periodically add, remove, 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 members before the change is made. We will send a formulary to you and you can see our formulary on our Website at www.communityhealthpartnership.com.</p>	<p>There are no deductibles or copayments for Medicaid covered prescription drugs.</p> <p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet members' needs. We may periodically add, remove, make changes to coverage limitations on certain drugs. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our formulary on our Website at www.communityhealthpartnership.com.</p>

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
<p>29 – Prescription Drugs <i>Continued</i></p>		<p>There are no deductibles or coinsurance for Medicare Part D covered prescription drugs.</p> <p>You pay copayments of \$1.10 for generic prescription drugs and \$3.30 for brand name prescription drugs, or \$2.50 for generic prescription drugs and \$6.30 for brand name prescription drugs, depending on your income level.</p> <p>You do not pay copayments for prescription drugs during certain stays in a medical institution or nursing facility. Contact plan for details.</p> <p>You may receive prescription drugs for a one month (31 day) supply.</p>	<p>There are no deductibles or coinsurance for Medicaid covered prescription drugs.</p> <p>You have no copayments for Medicaid covered prescription drugs.</p> <p>You may receive prescription drugs for a one month (31 day) supply.</p>

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
29 - Prescription Drugs <i>Continued</i>		<p>After your yearly out-of-pocket drug costs reach \$4,550, you will not pay copayments for the rest of the year.</p> <p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Certain over-the-counter drugs are part of the plan benefit.</p> <p>Your provider must get prior authorization from Community Health Partnership (HMO) for certain prescription drugs.</p>	<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Certain over-the-counter drugs are part of the plan benefit.</p> <p>Your provider must get prior authorization from Community Health Partnership (HMO) for certain prescription drugs.</p>

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
29 - Prescription Drug <i>Continued</i>		Covered prescription drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details.	Covered prescription drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details.
ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)			
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	There are no deductibles or copayments for covered dental services. Prior authorization may be required. Contact plan for details.	There are no deductibles or copayments for covered dental services. Prior authorization may be required. Contact plan for details.

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
31 - Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>0% coinsurance for diagnostic hearing exams</p>	<p>There are no deductibles or copayments for covered hearing services.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for covered hearing services.</p> <p>Prior authorization may be required. Contact plan for details.</p>
32 - Vision Services	<p>0% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>There are no deductibles or copayments for covered vision services.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or copayments for covered vision services.</p> <p>Prior authorization may be required. Contact plan for details.</p>

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
33 - Physical Exams	<p>0% coinsurance for one exam within first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include laboratory tests.</p>	There are no deductibles or copayments for covered physical exams.	There are no deductibles or copayments for covered physical exams.
34 – Health/ Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>You pay nothing when you receive these covered services from network providers.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>You pay nothing when you receive these covered services from network providers.</p> <p>Prior authorization may be required. Contact plan for details.</p>

2010 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

Benefit Category	Original Medicare	Community Health Partnership (HMO) Members who are eligible for <u>both</u> Medicare and Wisconsin Medicaid	Community Health Partnership (HMO) Members who are eligible for Wisconsin Medicaid but <u>not</u> Medicare
<p>35 – Other Health Related and Long-Term Care Services</p> <p><i>(case management, acupuncture, supportive housing, personal care assistance and chore services, respite care, adult day care, transportation, home modifications, medical and non-medical transportation, specialized medical supplies, home delivered meals, and personal emergency response systems)</i></p>	<p>Not Covered</p>	<p>There are no copayments for Medicaid covered services and supplies, however, room and board in residential housing (including but not limited to an adult family home, a community-based residential facility and residential care apartment complexes) are not covered and, therefore, members are responsible for room and board charges.</p> <p>Prior authorization may be required. Contact plan for details.</p>	<p>There are no copayments for Medicaid covered services and supplies, however, room and board in residential housing (including but not limited to an adult family home, a community-based residential facility and residential care apartment complexes) are not covered and, therefore, members are responsible for room and board charges.</p> <p>Prior authorization may be required. Contact plan for details.</p>

2009 SUMMARY OF BENEFITS

Section 3 – Benefits and Covered Services

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

SPECIAL FEATURES

Community Health Partnership (HMO) is a different kind of health plan. It gives you health care services in a personal way. We can work with you and your family to give the kind of care you need and want. We want you to stay independent and will encourage you to do as much for yourself as possible. We will help you to make informed health choices.

- Your health care is planned with you and your family or significant others by a special group of people working with you. We call them the Partnership Team. Your Partnership Team includes YOU and:
 - Your significant others;
 - Your primary care physician;
 - Your nurse practitioner;
 - Your registered nurse;
 - Your social services coordinator;
 - Your team assistant; and
 - Others you want to include.
- Your Team is responsible for identifying your outcomes, your assessment, care planning, service authorization and delivery, coordination, monitoring, and health education and prevention.
- Your Team members and network providers have the expertise to meet your outcomes.
- Your Team conducts an assessment in your home. This assessment identifies your needs, strengths and resources.
- Your Team will work with you to develop a member centered plan that clearly identifies your preferences, goals, specified treatments and strategies.
- Your Team coordinates your care by overseeing services delivered by other providers or by providing services to you directly.
- Your Team will meet with you regularly to review your member centered plan.
- Customer service is available Monday through Friday, 8:00 a.m. to 4:30 p.m.

2009 SUMMARY OF BENEFITS

Section 3 – Benefits and Covered Services

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

ELIGIBILITY

To be eligible for Community Health Partnership (HMO) you must be:

- An adult age 18 and over with a Physical or Developmental Disability or are over the age of 65;
- A resident of the Community Health Partnership (HMO) service area, which is Pierce or St. Croix County;
- Financially eligible for Wisconsin Medicaid;
- Functionally eligible as determined by the State of Wisconsin Long-Term Care Functional Screen; and
- If you are eligible for Medicare you must be enrolled in Medicare Part A, Part B, and Part D.

Individuals who are eligible to enroll in Community Health Partnership (HMO), have both Medicaid and Medicare, and have a diagnosis of End Stage Renal Disease (ESRD) at the time of application are not eligible to enroll. If an individual is diagnosed with ESRD while enrolled in Partnership, the individual is eligible to remain enrolled. Individuals who have Medicaid only and have a diagnosis of ESRD at the time of application are eligible to enroll.

There are other eligibility requirements for this Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan, please refer to the Evidence of Coverage (EOC/Member Handbook) for more details.

2009 SUMMARY OF BENEFITS

Section 4 – Statement About Your Medicaid Benefits

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

MEDICAID BENEFITS

Section 2 of this Summary of Benefits provides a detailed description of all of the benefits to which you are entitled as a member of Community Health Partnership (HMO). Community Health Partnership (HMO) is a fully integrated Medicare and Medicaid health and long-term care program for frail elderly and adults with disabilities.

Members receive all Medicaid and, if applicable, Medicare benefits through the Community Health Partnership (HMO) model of care which includes but is not limited to:

- Combined Medicaid and, if applicable, Medicare eligibility determination
- Combined Medicaid and Medicare enrollment procedures;
- Member participation in care planning;
- Member and Team cooperation in managing care;
- Quality management; and
- Responsiveness to grievances and appeals.

For people who are eligible for both Medicare and Medicaid, health care and drugs are usually covered by Medicare while long-term care benefits are usually covered by Medicaid. However, if you are only eligible for Medicaid, **all** of your benefits are covered by Medicaid.

All members of Community Health Partnership (HMO) are eligible to receive the following long-term care benefits:

- Adaptive aids
- Adult day care
- Care/case management
- Communication aids
- Counseling and therapeutic resources
- Financial management services
- Habilitation:
 - Daily living skills training
 - Day center service/treatment
 - Day services for children
 - Prevocational services
 - Supportive employment
 - Vocational futures planning
- Home delivered meals
- Home modifications
- Housing counseling
- Medical and non-medical transportation
- Member education and training
- Personal Emergency Response Systems
- Relocation services
- Residential Care
 - Adult family homes for 1-2 beds
 - Adult family homes for 3-4 beds
 - Children's foster homes/treatment foster homes
 - Community-based residential facilities

2009 SUMMARY OF BENEFITS

Section 4 – Statement About Your Medicaid Benefits

If you have any questions about the plan's benefit costs, please contact Community Health Partnership (HMO)

- Residential care apartment complexes
- Respite care
- Self directed Supports (SDS)
- Specialized medical equipment and supplies
- Supportive home care

All members of Community Health Partnership (HMO) also receive coverage for health care and drugs. These benefits include but are not limited to:

- AODA services
- Surgical services
- Anesthesiology
- Audiology
- Chiropractic
- Community support program
- Dental services
- Diagnostic testing services
- Dialysis services
- Drugs
- Durable medical equipment and medical supplies
- Family planning services
- Home health
- Hospice care services
- Hospital services
- Mental health services
- Nursing home services.
- Nurse practitioner and midwife services

- Nursing services
- Occupational therapy
- Personal care services
- Physical therapy
- Physician services
- Podiatry services
- Private duty nursing services
- Speech and language pathology services
- Transportation
- Vision care services

As a member of Community Health Partnership (HMO) you may be responsible for a monthly cost share. This amount is determined by your county and must be paid to keep your eligibility for Medicaid. Community Health Partnership (HMO) will bill you for the cost share each month.

Providers may not bill you for covered benefits that were authorized by Community Health Partnership (HMO) and received while you are enrolled in our plan. Providers may bill you for non-covered services that you have agreed to pay.

Please refer to Section 2 for a complete description of all of the benefits to which you are entitled as a member of Community Health Partnership (HMO).

Community Health Partnership, a Program of Partnership Health Plan is a program associated with Community Health Partnership, Inc.



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