

Summary of Benefits

January 1, 2012 – December 31, 2012
Chippewa, Dunn, Eau Claire,
Pierce and St. Croix Counties Wisconsin



COMMUNITY HEALTH
PARTNERSHIP

HMO SNP

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
1-715-838-2900 (TTY 1-800-842-1814).

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono
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Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau
1-715-838-2900 (TTY 1-800-842-1814).

Please call Community Health Partnership (HMO SNP), a Program of Partnership Health Plan for more information about this plan. Visit us at www.communityhealthpartnership.com or, call us at (715) 838-2900, 8:00 a.m. to 8:00 p.m., seven days a week. TTY users should call (800) 842-1814. There is always a nurse or social services coordinator on call to help you.

Current and Prospective members should call (715) 838-2900, TTY users should call (800) 842-1814 for questions related to Community Health Partnership.

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web. You may also contact the Medigap Hot line at 1-800-242-1060.

For more information about Medicaid, call 1-800-362-3002. Or, visit www.dhs.wi.gov on the web.

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

Please refer to Sections 3 and 4 of this Summary of Benefits for more information about your Medicaid benefits.

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Section 1 – Introduction

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

You may be eligible to join this plan if you receive assistance from the state and Medicare. All cost sharing in this summary of benefits is based on your level of Medicaid eligibility. Please call Community Health Partnership to find out if you are eligible to join. Our number is listed at the end of this 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 Community Health Partnership and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Community Health Partnership. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time. Please call Community Health Partnership at the number listed at the end of this introduction or 1-800-MEDICARE

(1-800- 633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Community Health Partnership and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS COMMUNITY HEALTH PARTNERSHIP AVAILABLE?

The service area for this plan includes: Chippewa, Dunn, Eau Claire, Pierce and St. Croix Counties, WI. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN COMMUNITY HEALTH PARTNERSHIP?

You can join Community Health Partnership if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Community Health Partnership unless they are members of our organization and have been since their dialysis began.

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You must also be enrolled in the Wisconsin Medicaid to join this plan. Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Community Health Partnership 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 for a current provider directory. For an updated list, visit us at www.communityhealthpartnership.com. Our customer service number is listed at the end of this introduction.

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, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services

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

Community Health Partnership 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. You can ask for a pharmacy directory or visit us at http://www.communityhealthpartnership.com/members/php/pharmacy_wrapper.php. Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Community Health Partnership does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Community Health Partnership uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or 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 enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.communityhealthpartnership.com/members/php/formulary.php>.

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 to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

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- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1- 800-325-0778 or
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Community Health Partnership, you have the right to request an organization determination, 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 an organization determination 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 your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Community Health Partnership, you have the right to request a coverage determination, which includes 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 Part D 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 or believe you should get a non-preferred drug at a lower out-of-pocket cost.

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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 pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

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

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

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Community Health Partnership for more details.

- **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 Alfa 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.
- **Inhalation and Infusion Drugs** administered through DME.

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WHERE CAN I FIND INFORMATION ON 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 "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Community Health Partnership for more information about Community Health Partnership. Visit us at www.communityhealthpartnership.com or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Central

Current and Prospective members should call toll-free (800) 842-1814 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (800) 842-1814).

Current and Prospective members should call locally (715) 838-2900 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (800) 842-1814).

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

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

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

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

The numbers listed in the Original Medicare column are applicable to 2011. These amounts may change in 2012.

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
IMPORTANT INFORMATION		
1 - Premium and Other Important Information	<p>In 2011 the monthly Part B premium is \$115.40 and the yearly Part B deductible is \$162</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General: Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services.</p> <p>Please consult with your Team about cost sharing when receiving services from out-of-network providers.</p> <p>\$0 monthly plan premium</p> <p>In-Network: \$0 annual deductible.</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>

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Benefit	Original Medicare	Community Health Partnership (HMO SNP)
1 - Premium and Other Important Information - <i>CONTINUED</i>		<p>Because you are eligible for Medicaid, you may receive assistance paying your Medicare premium from Medicaid.</p> <p>Some Members may have to pay a monthly Medicaid cost share as determined by your county's Department of Human Services to remain eligible and enrolled in Community Health Partnership.</p>
2 - Doctor and Hospital Choice <i>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</i>	You may go to any doctor, specialist or hospital that accepts Medicare.	<p>In-Network: You must go to network doctors, specialists, and hospitals.</p> <p>No referral is required for network doctors, specialists and hospitals for original Medicare, but prior authorization may be required for Community Health Partnership. Contact your Team for details.</p>

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Benefit	Original Medicare	Community Health Partnership (HMO SNP)
SUMMARY OF BENEFITS		
INPATIENT CARE		
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>For each benefit period:</p> <p>Days 1 - 60: \$1,132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. 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 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>In-Network: Plan covers 90 days each benefit period.</p> <p>You will not be charged additional cost sharing for professional services</p> <p>\$0 annual deductible \$0 copayment</p> <p>Because you have Medicaid: 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 from Community Health Partnership.</p>

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
4 - Inpatient Mental Health Care	<p>For each benefit period:</p> <p>Days 1 - 60: \$1,132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network: \$0 copayment</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$0 annual deductible</p> <p>Because you have Medicaid: 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.</p>

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
<p>5 - Skilled Nursing Facility (SNF)</p> <p><i>(in a Medicare- certified skilled nursing facility)</i></p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <p>Days 1 - 20: \$0 per day Days 21 - 100: \$141.50 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>In-Network: Plan covers up to 100 days each benefit period</p> <p>3-day prior hospital stay is required.</p> <p>\$0 annual deductible</p> <p>\$0 copayment for SNF services</p> <p>You will not be charged additional cost sharing for professional services</p> <p>Because you have Medicaid: There is no copayment for covered stays at a network skilled nursing facility.</p> <p>You are covered for an unlimited number of days.</p> <p>You are required to use network skilled nursing facilities.</p> <p>No prior hospital stay is required.</p> <p>Prior authorization may be required. Contact Team for details.</p>

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
<p>6 - Home Health Care</p> <p><i>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i></p>	\$0 copayment	<p>In-Network: \$0 copayment for Medicare-covered home health visits</p> <p>Because you have Medicaid: There is no copayment for covered home health visits.</p> <p>Prior authorization may be required. Contact your Team for details.</p>
7 - Hospice	You must get care from a Medicare-certified hospice.	<p>General: You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p> <p>Because you have Medicaid: There are no copayments for hospice care.</p> <p>You must receive care from a Medicare-certified hospice.</p> <p>Prior authorization may be required. Contact Team for details.</p>

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
OUTPATIENT CARE		
8 - Doctor Office Visits	20% coinsurance	<p>In-Network: \$0 copayment for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copayment for the cost of each in-area, network urgent care Medicare-covered visit.</p> <p>\$0 copayment for each specialist doctor visit for Medicare-covered benefits.</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered in-area urgent care, primary care doctor or specialist office visits.</p> <p>Prior authorization may be required. Contact Team for details.</p>
9 - Chiropractic Services	Supplemental routine care not covered	<p>In-Network: \$0 copayment for Medicare-covered chiropractic visits</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a</p>

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
9 - Chiropractic Services - <i>CONTINUED</i>	20% 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.	displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. Because you have Medicaid: You are covered for manual manipulation of the spine to correct subluxation (a displacement of a joint or body part) provided by chiropractors or other qualified providers. There are no deductibles or copayments for covered chiropractic services. Prior authorization may be required. Contact your Team for details.
10 - Podiatry Services	Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network: \$0 copayment for Medicare-covered podiatry benefits. Medicare-covered podiatry benefits are for medically-necessary foot care. Because you have Medicaid: There are no deductibles or copayments for covered podiatry services. Prior authorization may be required. Contact your Team for details.

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Benefit	Original Medicare	Community Health Partnership (HMO SNP)
11 - Outpatient Mental Health Care	<p>50% coinsurance for most outpatient mental health services</p> <p>You pay a set copayment amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>In-Network: \$0 copayment for Medicare-covered Mental Health visits</p> <p>\$0 copayment for each Medicare-covered visit with a psychiatrist</p> <p>\$0 copayment for Medicare-covered partial hospitalization program services</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered mental health care.</p> <p>Prior authorization may be required. Contact your Team for details.</p>
12 - Outpatient Substance Abuse Care	50% coinsurance	<p>In-Network: \$0 copayment for Medicare-covered visits</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered substance abuse care.</p> <p>Prior authorization may be required. Contact your Team for details.</p>

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Benefit	Original Medicare	Community Health Partnership (HMO SNP)
13 - Outpatient Services/Surgery	<p>20% coinsurance for the doctor's services</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p>In-Network: \$0 copayment for each Medicare-covered ambulatory surgical center visit</p> <p>\$0 copayment for each Medicare-covered outpatient hospital facility visit</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered outpatient services/surgery.</p> <p>Prior authorization may be required. Contact your Team for details.</p>
14 - Ambulance Services <i>(medically necessary ambulance services)</i>	20% coinsurance	<p>In-Network: \$0 copayment for Medicare-covered ambulance benefits.</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered ambulance services.</p> <p>Prior authorization may be required. Contact your Team for details.</p>

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Benefit	Original Medicare	Community Health Partnership (HMO SNP)
<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>20% coinsurance for the doctor's services</p> <p>20% outpatient hospital facility emergency services.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General: \$0 copayment for Medicare-covered emergency room visits</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered emergency care.</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>20% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General: \$0 copayment for Medicare-covered urgently-needed-care visits.</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered urgently needed care.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>

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Benefit	Original Medicare	Community Health Partnership (HMO SNP)
<p>17 - Outpatient Rehabilitation Services</p> <p><i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i></p>	<p>20% coinsurance</p>	<p>In-Network: There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$0 copayment for Medicare-covered Occupational Therapy visits.</p> <p>\$0 copayment for Medicare-covered Physical and/or Speech and Language Therapy visits.</p> <p>Because you have Medicaid: There are no limits on physical therapy, occupational therapy and speech and language pathology services.</p> <p>There are no deductibles or copayments for covered outpatient rehabilitation services.</p> <p>Prior authorization may be required. Contact your Team for details.</p>

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Benefit	Original Medicare	Community Health Partnership (HMO SNP)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment <i>(includes wheelchairs, oxygen, etc.)</i>	20% coinsurance	<p>In-Network: \$0 copayment for Medicare-covered items.</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered durable medical equipment.</p> <p>Prior authorization may be required. Contact your Team for details.</p>
19 - Prosthetic Devices <i>(includes braces, artificial limbs and eyes, etc.)</i>	20% coinsurance	<p>In-Network: \$0 copayment for Medicare-covered items.</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered prosthetic devices.</p> <p>Prior authorization may be required. Contact your Team for details.</p>

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Benefit	Original Medicare	Community Health Partnership (HMO SNP)
20 - Diabetes Programs and Supplies	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>In-Network: \$0 copayment for Diabetes self-management training</p> <p>\$0 copayment for:</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies • Therapeutic shoes or inserts <p>Because you have Medicaid: There are no deductibles or copayments for covered diabetes self-monitoring training and supplies or for medically necessary nutrition therapy.</p> <p>Prior authorization may be required. Contact your Team for details.</p>

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% 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 supplemental routine screening tests, like checking your cholesterol.</p> <p>20% coinsurance for the digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network: \$0 copayment for Medicare-covered:</p> <ul style="list-style-type: none"> • lab services • diagnostic procedures and tests • X-rays • diagnostic radiology services (not including X-rays) • therapeutic radiology services <p>Because you have Medicaid: There are no deductibles or copayments for covered diagnostic tests, x-rays and lab services.</p> <p>Prior authorization may be required. Contact your Team for details.</p>

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
22 - Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>In-Network \$0 copayment for:</p> <ul style="list-style-type: none"> • Medicare-covered Cardiac Rehabilitation Services • Medicare-covered Intensive Cardiac Rehabilitation Services • Medicare-covered Pulmonary Rehabilitation Services <p>Because you have Medicaid: There are no deductibles or copayments for covered cardiac and pulmonary rehabilitation services.</p> <p>Prior authorization may be required. Contact your Team for details.</p>

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
PREVENTIVE SERVICES		
23 – Preventive Services and Wellness/Education Programs	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. • Cardiovascular Screening • Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine for people with Medicare who are at risk • HIV Screening. \$0 copayment for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the 	<p>General: \$0 copayment for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm screening • Bone Mass Measurement • Cardiovascular Screening • Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine • HIV Screening • Breast Cancer Screening (Mammogram) • Medical Nutrition Therapy Services • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine • Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) • Smoking Cessation (Counseling to stop smoking)

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
23 – Preventive Services and Wellness/Education Programs – CONTINUED	<p>test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <ul style="list-style-type: none"> • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. • Medical Nutrition Therapy Services 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 and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening. 	<ul style="list-style-type: none"> • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>In-Network: This plan does not cover supplemental education/wellness programs.</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered preventive services and wellness/education programs.</p> <p>Prior authorization may be required. Contact your Team for details.</p>

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
23 – Preventive Services and Wellness/Education Programs - <i>CONTINUED</i>	<p>Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</p> <ul style="list-style-type: none"> • Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. • Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
24 - Kidney Disease and Conditions	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p>In-Network: \$0 copayment for renal dialysis</p> <p>\$0 copayment for kidney disease education services</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered dialysis or kidney disease education services.</p> <p>Prior authorization may be required. Contact your Team for details</p>
25 - Outpatient 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>Drugs covered under Medicare Part B</p> <p>General: \$0 annual deductible for Part B-covered drugs.</p> <p>\$0 copayment for Part B covered chemotherapy drugs and other Part-B covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General: This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.communityhealthpartnership.com/members/php/formulary.php on the web.</p>

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
<p>25 - Outpatient Prescription Drugs – <i>CONTINUED</i></p>		<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>Your in-network prescription coverage may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
<p>25 - Outpatient Prescription Drugs – <i>CONTINUED</i></p>		<p>Some drugs have quantity limits. Your provider must get prior authorization from Community Health Partnership for certain drugs.</p> <p>If you request a formulary exception for a drug and Community Health Partnership approves the exception, you will pay the generic cost share for generic drugs and the brand cost share for brand drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
<p>25 - Outpatient Prescription Drugs – <i>CONTINUED</i></p>		<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network: You pay a \$0 annual deductible.</p> <p>Initial Coverage: Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copayment or • A \$1.10 copayment or • A \$2.60 copayment <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • A \$0 copayment or • A \$3.30 copayment or • A \$6.50 copayment. <p>Retail Pharmacy: You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (31-day) supply

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
<p>25 - Outpatient Prescription Drugs – <i>CONTINUED</i></p>		<p>Long Term Care Pharmacy: You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (31-day) supply <p>Catastrophic Coverage: You pay a \$0 copayment.</p> <p>Out-of-Network: Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Community Health Partnership.</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> • one-month (31-day) supply

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
<p>25 - Outpatient Prescription Drugs – <i>CONTINUED</i></p>		<p>Out-of-Network Initial Coverage: Depending on your income and institutional status, you will be reimbursed by Community Health Partnership up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copayment or • A \$1.10 copayment or • A \$2.60 copayment <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 copayment or • A \$3.30 copayment or • A \$6.50 copayment. <p>Out-of-Network Catastrophic Coverage: You will be reimbursed in full for drugs purchased out-of-network.</p> <p>Because you have Medicaid and are enrolled in Partnership: There are no deductibles or copayments for covered prescription drugs.</p>

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
25 - Outpatient Prescription Drugs - <i>CONTINUED</i>		Prior authorization may be required. Please refer to the Formulary for a list of drugs that require prior authorization. You or your provider need to get approval from the plan before we will agree to cover the drug for you. If you do not get this approval, your drug might not be covered by the plan. Contact your Team for details.
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network: \$0 copayment for Medicare-covered dental benefits.</p> <p>In general, preventive dental benefits (such as cleaning) not covered</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered dental services, which includes preventive dental services.</p> <p>Prior authorization may be required. Contact your Team for details.</p>

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
27 - Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network: In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>\$0 copayment for Medicare-covered diagnostic hearing exams.</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered hearing services.</p> <p>Prior authorization may be required. Contact your Team for details.</p>
28 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p>	<p>In-Network: Non-Medicare Supplemental eye exams and glasses not covered.</p> <p>\$0 copayment for diagnosis and treatment for diseases and conditions of the eye.</p>

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
28 - Vision Services - <i>CONTINUED</i>	<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>\$0 copayment for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Because you have Medicaid: There are no deductibles or copayments for covered vision services.</p> <p>Prior authorization may be required. Contact your Team for details.</p>
Over-the-Counter Items	Not covered.	<p>General: The plan does not cover Over-the-Counter items.</p> <p>Because you have Medicaid: Certain over-the-counter items are covered.</p> <p>Prior authorization may be required. Contact your Team for details.</p>
Transportation (Routine)	Not covered.	<p>In-Network: This plan does not cover supplemental routine transportation.</p> <p>Because you have Medicaid: Routine transportation is covered.</p> <p>Prior authorization may be required. Contact your Team for details.</p>

2012 SUMMARY OF BENEFITS

Section 2 – Benefits Comparison

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

Benefit	Original Medicare	Community Health Partnership (HMO SNP)
Acupuncture	Not covered.	<p>In-Network: This plan does not cover Acupuncture.</p> <p>Because you have Medicaid: Acupuncture may be covered.</p> <p>Prior authorization may be required. Contact your Team for details.</p>
Medicaid Covered Services	Not covered.	For a complete list of Medicaid services covered in this plan, please see Section IV in this Summary of Benefits, titled "Statement about Your Medicaid Benefits."

2012 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

SPECIAL FEATURES

Community Health Partnership, a Medicare Advantage Special Needs Plan, 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. An Interdisciplinary Team (Team) works with you to identify your goals (outcomes), and develops a Plan to support you with achieving these outcomes. We call them your Team which 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 on your Team
- Your Team is responsible for 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 care plan.
- Customer service is available 8:00 a.m. to 8:00 p.m. seven days a week.
- You and the Team develop your plan of care based on your outcomes, but Community Health Partnership has a responsibility to support your outcomes in the most cost-effective manner possible. To accomplish this, your Team uses a process called Resource Allocation Decision-Making (RAD). This process is approved by the State of Wisconsin to help guide decision-making regarding your plan of care.

2012 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

As stated above, you and others are part of the Team who take an active role in decision-making regarding the health and long-term care services you need to support your outcomes.

To be Eligible for Community Health Partnership you must:

- Be at least 18 years old;
- Be a frail elder or an adult with physical or developmental disabilities;
- Reside in our service area which includes Chippewa, Dunn, Eau Claire, Pierce and St. Croix Counties;
- Be financially eligible for Wisconsin Medicaid;
- Be functionally eligible as determined via the Wisconsin Long-term Care Functional Screen prior to enrollment and annually thereafter;
- Medicare eligible applicants to the Partnership Program must be enrolled in all Parts of Medicare for which they are eligible. Once current enrollees become eligible for Medicare, they must enroll in the Partnership Medicare Advantage Special Needs Plan (SNP) and obtain all Medicare covered services from the Partnership Medicare Advantage SNP; and
- Individuals who are eligible to enroll in Community Health Partnership, 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.

Contact the Aging and Disability Resource Center (ADRC) in your county to find out if you are eligible to join and to enroll.

Chippewa County ADRC
(715) 726-7777 ~ Toll Free (888) 400-6920

Dunn County ADRC
Voice/TDD (715) 232-4006

Eau Claire County ADRC
Voice/TTY (715) 839-4735 ~ Toll Free (888) 338-4636

Pierce County ADRC
(715) 273-6780 ~ Toll Free (877) 273-0804
~ TTY/TDD: (715) 273-5051

St. Croix County ADRC
(715) 381-4360 ~ Toll Free (800) 372-2333

2012 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

Please remember that **you must** contact the ADRC in your county to enroll. That is the only way to enroll in Community Health Partnership.

Partnership is a fully integrated Medicare and Medicaid health and long-term care program for the frail elderly and adults with physical or developmental disabilities. Members receive all Medicaid and Medicare benefits through the Partnership model of care which includes but is not limited to:

- Combined Medicaid and 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.

Listed below are the Wisconsin Medicaid benefits covered by Community Health Partnership. Because you are a member of this Partnership program, your Medicare deductible and coinsurance amounts are paid on your behalf.

When people are eligible for both Medicare and Medicaid, health care and prescription drugs are usually covered by Medicare while long-term care benefits and over-the-counter drugs are usually covered by Medicaid.

- Members are required to use network providers for all types of service, except emergency care.
- There are no deductibles or copayments for covered, authorized services.
- In 2012 Partnership members will not have to pay a copayment for Part D prescription drugs. This is an important change that you will want to know about.
- Prior authorization is required for most types of service. Contact your Team for details.
- Services are **NOT** covered outside of the United States and its territories, except under limited circumstances.

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

- Alcohol and other drug abuse (AODA) services
- Anesthesiology
- Audiology
- Chiropractic
- Community support program
- Dental services
- Diagnostic testing services
- Dialysis services
- Drugs
- Durable medical equipment and medical supplies

2012 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

- Family planning services
- Home health
- Hospice care services
- Hospital services
- Independent nurse practitioner services
- Mental health services
- Nursing home services.
- Nursing services
- Occupational therapy
- Personal care services
- Physical therapy
- Physician services
- Podiatry services
- Private duty nursing services
- Speech and language pathology services
- Surgical services
- Transportation
- Vision care 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
- Residential care apartment complexes
- Respite care
- Self directed Supports (SDS)
- Specialized medical equipment and supplies
- Supportive home care

All members of Community Health Partnership are also eligible to receive the following long-term care benefits which are covered by Medicaid:

- Adaptive aids
- Adult day care
- Care/case management
- Communication aids
- Counseling and therapeutic resources
- Financial management services

2012 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

As a member of Community Health Partnership, 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 will bill you for the cost share each month. (The federal government refers to this as the “post-eligibility treatment of income.”).

If you reside in substitute care, you **must also pay** for room and board. Community Health Partnership will also bill you for room and board each month.

Providers may not bill you for covered benefits that were authorized by Community Health Partnership and received while you were 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 description of the Medicare benefits to which you are entitled as a member of Community Health Partnership.

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



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