

INTRODUCTION

Summary of Benefits

Section 1 for

PARTNERSHIPADVANTAGE (HMO SNP)

January 1, 2012 -

December 31, 2012

NAPA, SOLANO AND YOLO COUNTIES

Thank you for your interest in Partnership*Advantage*. Our plan is offered by PARTNERSHIP HEALTHPLAN OF CALIFORNIA, 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 Partnership*Advantage* 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 Partnership*Advantage* 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 Partnership*Advantage*. 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 Medi-Cal (dual eligible) you may join or leave a plan at any time.

Please call Partnership*Advantage* 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 Partnership*Advantage* 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 PARTNERSHIP- ADVANTAGE AVAILABLE?

The service area for this plan includes: Napa, Solano and Yolo Counties, CA. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN PARTNERSHIPADVANTAGE?

You can join Partnership*Advantage* 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 Partnership*Advantage* unless they are members of our organization and have been since their dialysis began.

You must also be enrolled in the California Medi-Cal program to join this plan.

Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Partnership*Advantage* 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 up-to-date list, visit us at www.partnershiphp.org.

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 for 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?

Partnership*Advantage* 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 www.partnershiphp.org. Our customer service number is listed at the end of this introduction.

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

Partnership*Advantage* does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Partnership*Advantage* 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 www.partnershiphp.org.

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:

- 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 local Medi-Cal 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 Partnership*Advantage*, 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 re-

gain 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's contact information.

As a member of *PartnershipAdvantage*, 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. 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's 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 *PartnershipAdvantage* 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 *PartnershipAdvantage* 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 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.
- Inhalation and infusion drugs administered through DME.



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 Partnership HealthPlan of California for more information about Partnership *Advantage*. Visit us at www.partnershiphp.org or, call us:

Member Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Pacific

Current members should call locally (866) 264-3626 for questions related to the Medicare Advantage Prescription Drug Program.

(TTY/TDD (800) 735-2929)
Prospective members should call locally (866) 249-9933 for questions related to the Medicare Advantage Prescription Drug Program.

(TTY/TDD (800) 735-2929)
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 Member Services at the phone number listed above.

Este documento puede estar disponible en un idioma que no sea Inglés. Para obtener más información, llame a Servicio al Miembro al teléfono que aparece arriba.

SUMMARY OF BENEFITS REPORT • Section 2

Benefit Category	Original Medicare	Partnership <i>Advantage</i>
IMPORTANT INFORMATION		
1 - Premium and Other Important Information	<p>In 2012 the monthly Part B Premium is \$0 and the annual Part B deductible amount is \$0.</p> <p>If a doctor supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General</p> <p>*Depending on your level of Medi-Cal eligibility, you may not have any cost-sharing responsibility for original Medicare services</p> <p>**Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$47.5 monthly plan premium*</p> <p>In-Network</p> <p>\$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 Medi-Cal eligibility.</p>
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>
INPATIENT CARE		
3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	<p>For each benefit period:</p> <ul style="list-style-type: none"> • Days 1 - 60: \$0 deductible • Days 61 - 90: \$0 per day • Days 91 - 150: \$0 per lifetime reserve day <p>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>In-Network</p> <p>Plan covers 90 days each benefit period.</p> <p>\$0 annual deductible*</p> <p>\$0 copay*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>



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Benefit Category	Original Medicare	Partnership <i>Advantage</i>
3 - Inpatient Hospital Care (continued)	<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>	
4 - Inpatient Mental Health Care	<p>For each benefit period: Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime.</p> <p>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 copay*</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>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital</p>
5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<p>In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$0 per day 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.</p> <p>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>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>\$0 annual deductible</p> <p>\$0 copay for SNF services*</p>

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Benefit Category	Original Medicare	Partnership <i>Advantage</i>
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits.*
7 - Hospice	You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
OUTPATIENT CARE 8 - Doctor Office Visits	0% coinsurance	General \$0 copay for each primary care doctor visit for Medicare-covered benefits.* \$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.* \$0 copay for each specialist doctor visit for Medicare-covered benefits.*
9 - Chiropractic Services	Supplemental routine care not covered 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.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered chiropractic visits.* Medicare-covered chiropractic visits are 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.



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Benefit Category	Original Medicare	Partnership <i>Advantage</i>
10 - Podiatry Services	<p>Supplemental routine care not covered</p> <p>0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network \$0 copay for Medicare-covered podiatry benefits.*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11 - Outpatient Mental Health Care	<p>0% coinsurance for most outpatient mental health services</p> <p>0% coinsurance of the Medicare-approved 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>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Mental Health visits.* \$0 copay for each Medicare-covered visit with a psychiatrist.* \$0 copay for Medicare-covered partial hospitalization program services*</p>
12 - Outpatient Substance Abuse Care	<p>0% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered visits.*</p>
13 - Outpatient Services\Surgery	<p>0% coinsurance for the doctor’s services</p> <p>0% coinsurance for ambulatory surgical center facility services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.* \$0 copay for each Medicare-covered outpatient hospital facility visit.*</p>
14 - Ambulance Services (medically necessary ambulance services)	<p>0% coinsurance</p>	<p>In-Network \$0 copay for Medicare-covered ambulance benefits.*</p>

SUMMARY OF BENEFITS REPORT • Section 2

Benefit Category	Original Medicare	Partnership <i>Advantage</i>
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	0% coinsurance for the doctor's services 0% outpatient hospital facility emergency services. NOT covered outside the U.S. except under limited circumstances.	General \$0 copay for Medicare-covered emergency room visits.* Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	0% coinsurance NOT covered outside the U.S. except under limited circumstances.	General \$0 copay for Medicare-covered urgently-needed care visits.*
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% coinsurance	General Authorization rules may apply. 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. \$0 copay for Medicare-covered Occupational Therapy visits.* \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.*

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	0% coinsurance	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.*
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Benefit Category	Original Medicare	Partnership <i>Advantage</i>
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered items.*</p>
20 - Diabetes Programs and Supplies	0% coinsurance for diabetes self-management training 0% coinsurance for diabetes supplies 0% coinsurance for diabetic therapeutic shoes or inserts	<p>In-Network \$0 copay for Diabetes self-management training.*</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies* • Therapeutic shoes or inserts*
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	0% coinsurance for diagnostic tests and x-rays. \$0 copay for Medicare-covered lab Services. 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. 0% coinsurance for the digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay 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*

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Benefit Category	Original Medicare	Partnership <i>Advantage</i>
<p>22 - Cardiac and Pulmonary Rehabilitation Services</p>	<p>0% coinsurance for Cardiac Rehabilitation services</p> <p>0% coinsurance for Pulmonary Rehabilitation services</p> <p>0% 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>General Authorization rules may apply.</p> <p>In-Network \$0 copay 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>PREVENTIVE SERVICES</p> <p>23 - Preventive Services and Wellness/Education Programs</p>	<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 	<p>General \$0 copay 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)



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Benefit Category	Original Medicare	Partnership <i>Advantage</i>
<p>23 - Preventive Services and Wellness/Education Programs (continued)</p>	<ul style="list-style-type: none"> • HIV Screening. \$0 copay 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 test. Medicare covers this test once every 12 months or up to three times during a pregnancy. • 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. 	<ul style="list-style-type: none"> • Smoking Cessation (Counseling to stop smoking) • Welcome to Medicare Physical Exam (Initial Preventative 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>

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Benefit Category	Original Medicare	Partnership <i>Advantage</i>
23 - Preventive Services and Wellness/Education Programs (continued)	<ul style="list-style-type: none"> • Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • 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 preventative 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. 	
24 - Kidney Disease and Conditions	<p>0% coinsurance for renal dialysis</p> <p>0% coinsurance for kidney disease education services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for renal dialysis*</p> <p>\$0 copay for kidney disease education services*</p>



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Benefit Category	Original Medicare	Partnership <i>Advantage</i>
<p>25 - Outpatient Prescription Drugs</p>	<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 copay 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 www.partnershiphp.org on the web. 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, <p>or</p> <ul style="list-style-type: none"> - have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p>

Benefit Category	Original Medicare	Partnership <i>Advantage</i>
<p>25 - Outpatient Prescription Drugs (continued)</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> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Partnership<i>Advantage</i> for certain 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.</p> <p>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> <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>If you request a formulary exception for a drug and Partnership<i>Advantage</i> approves the exception, you will pay the generic cost share for generic drugs and the brand cost share for brand drugs.</p> <p>In-Network You pay a \$0 annual deductible.</p>



Benefit Category	Original Medicare	Partnership <i>Advantage</i>
<p>25 - Outpatient Prescription Drugs (continued)</p>		<p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>\$0 copay for generic drugs (including brand drugs treated as generic).</p> <p>For all other brand drugs, either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$3.30 copay; or • A \$6.50 copay. <p>Additional Coverage Gap The plan covers many formulary generics (65% to 99% of formulary generic drugs) through the coverage gap.</p> <p>Catastrophic Coverage You pay a \$0 copay.</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 Partnership<i>Advantage</i>.</p>

SUMMARY OF BENEFITS REPORT • Section 2

Benefit Category	Original Medicare	Partnership <i>Advantage</i>
<p>25 - Outpatient Prescription Drugs (continued)</p>		<p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by Partnership<i>Advantage</i> up to the plan's cost of the drug minus the following: \$0 copay for generic drugs (including brand drugs treated as generic). For all other brand drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$3.30 copay; or • A \$6.50 copay. <p>Out-of-Network Catastrophic Coverage You will be reimbursed in full for drugs purchased out-of-network.</p>
<p>26 - Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network \$0 copay for Medicare-covered dental benefits* \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • oral exams • up to 2 cleaning(s) every year • fluoride treatments • up to 1 dental x-ray(s) every year <p>Plan offers additional comprehensive dental benefits.</p>
<p>27 - Hearing Services</p>	<p>Supplemental routine hearing exams and hearing aids not covered. 0% coinsurance for diagnostic hearing exams.</p>	<p>In-Network In general, supplemental routine hearing exams and hearing aids not covered. \$0 copay for Medicare-covered diagnostic hearing exams*</p>



SUMMARY OF BENEFITS REPORT • Section 2

Benefit Category	Original Medicare	Partnership <i>Advantage</i>
28 - Vision Services	<p>0% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental 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>In-Network</p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye*</p> <ul style="list-style-type: none"> • and up to 1 supplemental routine eye exam(s) every year <p>\$0 copay for</p> <ul style="list-style-type: none"> • one pair of eyeglasses or contact lenses after cataract surgery* • up to 1 pair(s) of glasses every two years <p>\$100 plan coverage limit for eye exams every year.</p> <p>\$100 plan coverage limit for eye wear every two years.</p>
Over-the-Counter Items	Not covered	<p>General</p> <p>The plan does not cover Over-the-Counter items.</p>
Transportation (Routine)	Not covered	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for each one-way trip to plan-approved location.</p>
Acupuncture	Not covered	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>

Your Supplemental Benefits

Partnership*Advantage* includes several supplemental benefits that are not covered by Original Medicare, or that are limited under Original Medicare. Please review the chart below to see which benefits we offer. Limitations and prior authorization rules may apply.

Additional Benefits just for Partnership*Advantage* Members:

Benefit Category	Original Medicare	Partnership <i>Advantage</i> (HMO SNP)
Comprehensive Dental Benefits	Preventative services (such as cleanings) not covered.	<p>You pay \$0 for:</p> <ul style="list-style-type: none"> - Oral Exams - Routine Cleanings (up to two (2) every year) - Fluoride Treatments - Fillings - Tooth Extractions - Oral Surgery - Crowns and Bridges - Dentures <p>Some procedures require prior authorization</p> <p>Please contact the plan for information on limitations and exclusions</p>
Prescription Drug Coverage	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 coverage.	<p>You pay \$0 for:</p> <ul style="list-style-type: none"> - \$0 for Generic medications <p>Depending on your income and institutional status, you pay the following for Brand medications:</p> <ul style="list-style-type: none"> • A \$0 copay • A \$3.30 copay; or • A \$6.30 copay



SUMMARY OF BENEFITS • Section 3

Benefit Category	Original Medicare	Partnership <i>Advantage</i> (HMO SNP)
Vision Benefits	<ul style="list-style-type: none"> • Diagnosis and treatment of diseases of the eye. • Routine exams not covered. • Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. • Annual glaucoma screenings covered for people at risk. 	<p>You pay \$0 for:</p> <p>The Original Medicare benefit, plus:</p> <ul style="list-style-type: none"> • Up to 1 pair of eyeglasses every two years • A \$100 limit for eye wear every two years • A \$100 limit for one routine eye exam per year
Non-Emergency Transportation	Not covered	<p>You pay \$0 for:</p> <ul style="list-style-type: none"> • Non-emergency transportation to and from covered health care services. • Transportation must be provided by a contracted transportation provider. • Coverage is limited to \$1000.00 each benefit year. • Prior authorization is required.

SUMMARY OF BENEFITS • Section 3

Benefit Category	Original Medicare	Partnership <i>Advantage</i> (HMO SNP)
Safety Assessment/Home Adaptation	Not covered	You pay \$0 for <ul style="list-style-type: none"> • Assessment of the bathroom for safety bars. • Cost of the bar and installation are covered, if the assessor determines a need based on medical and/or physical condition. • All services must be provided by a contracted provider. • Benefit is limited to \$1,000.00 per benefit year. • Prior authorization is required.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your County Medi-Cal (Medicaid) Office.



Your Cost Sharing Protections

- Full-Scope Medi-Cal beneficiaries receive covered Medi-Cal benefits without any cost sharing.
- In the event that you receive a benefit that is not covered by Partnership*Advantage*, but is covered by Medi-Cal, you will not owe any cost sharing.
 - o You do not have to do anything to receive your Medi-Cal benefits; Partnership HealthPlan of California coordinates your Medi-Cal and Medicare benefits for you.
- If you receive a benefit that is not covered by Partnership*Advantage* or Medi-Cal, you may be responsible for payment for that service.
 - o To find out which benefits are covered by Partnership*Advantage*, please see Chapter 4, Section 2.1 of your Evidence of Coverage.
 - o To find out which benefits are excluded from your Partnership*Advantage* coverage, please see Chapter 4, Section 3.
 - o To find out which benefits are covered by your PHC Medi-Cal, please see your Member Services Handbook.
 - o If you have any questions about covered or excluded services, call our Member Services Department at the number listed in Section 1 of this document.

What Happens When You Lose Your Medi-Cal

As a member of Partnership*Advantage*, you are only responsible for costs detailed in the Partnership*Advantage* Evidence of Coverage.

If you lose your Medi-Cal or move into Share of Cost (SOC) Medi-Cal you can stay with Partnership*Advantage* for up to two (2) months beginning the month after you lose full-scope Medi-Cal.

During these two (2) months, also called a “grace period”, you will continue to have access to those services listed in the Partnership*Advantage* Evidence of Coverage. However, Medi-Cal-only services (those not covered by Medicare) will not be covered, and you may be financially responsible for those services unless you regain full-scope Medi-Cal eligibility.

If you do not regain full-scope Medi-Cal benefits within two (2) months, you will be disenrolled the 1st day of the third month after you have lost full-scope Medi-Cal.

How your Medicare and Medi-Cal benefits work together in Partnership*Advantage*

Members of Partnership*Advantage* receive the benefit of having one health plan manage their Medicare and Medi-Cal benefits. Please read the following information about your protections under Partnership*Advantage*:

Covered benefits

- Your Partnership*Advantage* Evidence of Coverage lists benefits that are excluded, and not covered by Medicare or Partnership.
- Your Partnership HealthPlan of California Member Handbook (for Medi-Cal) lists additional Medi-Cal benefits you may continue to receive, even if that benefit isn't covered by Medicare or Partnership*Advantage*.
- If you need another copy of your PHC Member Handbook, please call our Member Services Department at the number listed at the end of this Summary of Benefits.

Benefits covered by Medi-Cal, and provided to you under this plan are detailed below. For full detail on your Medi-Cal covered benefits, call our Member Services Department or read your Partnership HealthPlan of California's Member Handbook.

STATE OF CALIFORNIA MEDICAID (MEDI-CAL) PROGRAM COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID) BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	Partnership <i>Advantage</i> Benefits
1 - Inpatient hospital services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
2 - Outpatient hospital services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
3 - Rural health clinic services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
4 - Federally qualified health center services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.



SUMMARY OF BENEFITS • Section 4

Benefit Category	Medicaid (Medi-Cal)	Partnership <i>Advantage</i> Benefits
5 - Laboratory services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
6 - X-rays	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
7 - Skilled nursing facility care for over 21 years of age - Subacute care	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
8 - Pediatric nursing facility care for under 21 years of age - Subacute services (Early & periodic screening, diagnosis, and treatment supplemental services)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
9 - Family planning services & supplies	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
10 - Physician services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
11 - Medical & surgical dental services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
12 - Ophthalmologist services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
13 - Podiatry services*	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
14 - Optometry services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
15 - Chiropractic services*	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.

SUMMARY OF BENEFITS • Section 4

Benefit Category	Medicaid (Medi-Cal)	Partnership <i>Advantage</i> Benefits
17 - Nurse anesthetist services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
18 - Optician and optical fabricating lab services*	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
19 - Medical supplies (does not include incontinence creams and washes products)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
20 - Incontinence creams and washes*	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
21 - Durable medical equipment	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
22 - Hearing aids	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
23 - Enteral formulae	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
24 - Acupuncture services*	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
25 - Licensed midwife services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
26 - Home health services through a home health agency (including home health nursing and aide services, physical and occupational therapy, speech pathology and audiology services, intermittent nursing, home health aid care, medical supplies, equipment and appliances)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.



SUMMARY OF BENEFITS • Section 4

Benefit Category	Medicaid (Medi-Cal)	Partnership <i>Advantage</i> Benefits
27 - Physical therapy and related services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
28 - Rehabilitation facilities	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
29 - Private duty nursing (Waiver only)	\$0 copay for Medicaid-covered services.	\$0 copay through Fee-For-Service Medicaid (Medi-Cal)
30 - Clinic (Organized outpatient clinic, Indian Health Services, alternate birthing centers, ambulatory surgical centers)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
31 - Dental services*	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
32 - Occupational therapy	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
33 - Speech pathology/ Speech therapy*	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
34 - Audiology services*	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
35 - Pharmaceutical services and prescribed drugs	\$0 copay for drugs excluded from Medicare Part D coverage	In-Network \$0 copay for Medicaid-covered services.
36 - Dentures*	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
37 - Prosthetic appliances (Orthotic appliances) prosthetic eyes	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.

SUMMARY OF BENEFITS • Section 4

Benefit Category	Medicaid (Medi-Cal)	Partnership <i>Advantage</i> Benefits
38 - Eyeglasses, other eye appliances*	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
39 - Comprehensive Perinatal Services Program (Preventive services)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
40 - Adult day health care	\$0 copay for Medicaid-covered services.	\$0 copay through Fee-For-Service Medicaid (Medi-Cal).
41 - Chronic dialysis services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
42 - Rehabilitation services (ADHC, chronic dialysis, outpatient heroin detoxification, rehabilitative mental health, drug Medi-Cal, independent rehabilitation centers)	\$0 copay for Medicaid-covered services.	\$0 copay through Fee-For-Service Medicaid (Medi-Cal).
43 - Institutes for Mental Diseases (for under 21 years of age and over 65 years of age, including inpatient psychiatric care).	\$0 copay for Medicaid-covered services.	\$0 copay through Fee-For-Service Medicaid (Medi-Cal) in Napa and Yolo counties. \$0 copay in Solano County.
44 - Intermediate Care Facility	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
45 - Nurse midwife	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
46 - Hospice	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
47 - TB-related services	\$0 copay for Medicaid-covered services.	\$0 copay through Fee-For-Service Medicaid (Medi-Cal).
48 - Respiratory care for ventilator-dependent patients	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.



SUMMARY OF BENEFITS • Section 4

Benefit Category	Medicaid (Medi-Cal)	Partnership <i>Advantage</i> Benefits
49 - Family nurse practitioner	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
50 - Home and community care for functionally disabled elderly (Waiver only)	\$0 copay for Medicaid-covered services.	\$0 copay through Fee-For-Service Medicaid (Medi-Cal).
51 - Community-supported living arrangements (Waiver only)	\$0 copay for Medicaid-covered services.	\$0 copay through Fee-For-Service Medicaid (Medi-Cal).
52 - Personal care services	\$0 copay for Medicaid-covered services.	\$0 copay through Fee-For-Service Medicaid (Medi-Cal).
53 - Rural primary care hospital	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
54 - Nonmedical health facilities	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
55 - Emergency hospital services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
56 - Transportation (State provides emergency and non-emergency medical transportation. Meets federal requirement for assurance of transportation to medically necessary services)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
57 - Services for pregnant women that treat a condition that may impact the woman and/or the fetus (Not specifically stated as a benefit but is a mandated provision under federal regulations)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.

SUMMARY OF BENEFITS • Section 4

Benefit Category	Medicaid (Medi-Cal)	Partnership <i>Advantage</i> Benefits
58 - Marriage and family counselor services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
59 - Licensed clinical social worker services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
60 - Case management (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
61 - Private duty nursing agency services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
62 - Individual nurse provider services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
63 - Nonmedical services (Waiver only)	\$0 copay for Medicaid-covered services.	\$0 copay through Fee-For-Service Medicaid (Medi-Cal).

*Legislation enacted in July 2009 added Section 14131.10 of the W&I Code to exclude several optional benefit categories from coverage under the Medi-Cal program. The optional benefits indicated are excluded from coverage under the Medi-Cal program effective July 1, 2009. The optional benefits exclusion policy does not apply to the following beneficiaries: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a skilled nursing facility (Nursing Facilities Level A and Level B, including subacute care facilities); 3) beneficiaries who are pregnant (pregnancy-related benefits and services; other benefits and services to treat conditions that, if left untreated, might cause difficulties for the pregnancy); 4) California Children's Services beneficiaries; and 5) beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly. Most claims for excluded optional benefit services billed by a physician or physician group remain reimbursable on or after July 1, 2009. However, these claims will be denied if the rendering provider is not a physician, but one of the optional benefit providers. More information on the reduced benefits and services affected by this new legislation is available on the California Department of Health Care Services website at www.dhcs.ca.gov.



About PHC

Since 1994, the mission of Partnership HealthPlan of California has been to provide our members with access to quality health care services. With the development of our program, *PartnershipAdvantage*, we can now extend our services to qualifying individuals who have Medicare and PHC Medi-Cal coverage.

Enrollment in *PartnershipAdvantage*

PartnershipAdvantage was specifically designed for people who are eligible for PHC Medi-Cal and Medicare.

If you receive full-scope Medi-Cal without a Share of Cost, and also have Medicare Part A (hospital insurance) and Part B (medical insurance) you may qualify for *PartnershipAdvantage*.

For additional information about the eligibility requirements for *PartnershipAdvantage*, please call our Marketing Department toll-free at 866-249-9933.

Customer Service

PartnershipAdvantage has trained staff available to assist you 8am to 8pm 7 days a week. Our staff will help you with any questions or problems you have relating to your prescriptions and all other medical care.

We look forward to assisting you with your health care needs.

Disclaimers

If you have any questions about this plan's benefits or costs, please contact *PartnershipAdvantage* toll free at 866-264-3626. Persons with hearing and/or speech impairments can call California Relay Service at 800-735-2929.

Partnership HealthPlan of California is a Medicare Advantage Organization with a Medicare contract and a contract with the California Medi-Cal Program.

This plan is available to any resident of Solano, Napa or Yolo counties with Full-Scope Medi-Cal through Partnership HealthPlan of California and Medicare.

You must continue to pay your Part B premium. This Part B premium is covered for full-dual members by the State of California.

Benefits, co-payments, provider network, pharmacy network, and formulary are subject to change the beginning of each calendar year. Please contact *PartnershipAdvantage* for details.

For full information on Partnership HealthPlan of California benefits, call our Member Services Department at the phone number listed above.

This notice is available in other formats and languages. To receive this notice in another format or language, please call our Member Services Department at 1-866-264-3626, TTY 1-800-735-2929 8-8, seven days a week.

Este aviso está disponible en otros formatos e idiomas. Para recibir este aviso en otro formato o idioma por favor llame a nuestro Departamento de Servicios para Miembros al 1-866-264-3626, TTY 1-800-735-2929 8-8, los siete días a la semana.







