

Heart of America Health Plan (Cost) Summary of Benefits

H3503

January 1 - December 31, 2012

Section I

Introduction to the Summary of Benefits for

Heart of America Health Plan
January 1, 2012 - December 31, 2012

North Central North Dakota

Thank you for your interest in ***Heart of America Health Plan***. Our plan is offered by *Heart of America Health Plan*, a Medicare-approved Cost Plan. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover. To get a complete list of our benefits, please call Heart of America Health Plan 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 managed care cost plan, like Heart of America Health Plan. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You can join Heart of America Health Plan if you are enrolled in Medicare Part A and Part B, or enrolled in Medicare Part B only and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Heart of America Health Plan, unless they are members of our organization and have been since their dialysis began.

You may be able to join or leave a plan only at certain times. For more information please call Heart of America at 701-776-5848 or 1-800-525-5661 (TTY 1-800-366-6888), Monday-Friday 8:00 a.m.-8:00 p.m., or 1-800-Medicare (1-800-633-4227), TTY 1-800-633-4227, 24 hours a day, 7 days a week.

How can I compare my options?

You can compare *Heart of America Health Plan* 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.

Where is *Heart of America Health Plan* available?

The service area for this plan includes: *All of Pierce, Benson and Rolette Counties and parts of Bottineau, McHenry, Wells and Towner Counties.* You must live in one of the following zip codes to join the plan:

***Zip Code Listing:**

58310, 58313, 58316, 58317, 58318, 58319, 58324, 58325, 58329, 58331, 58332, 58341,
58343, 58346, 58348, 58351, 58353, 58356, 58357, 58362, 58363, 58365, 58366, 58367,
58368, 58369, 58374, 58384, 58385, 58386, 58423, 58438, 58451, 58710, 58712, 58713,
58736, 58741, 58744, 58748, 58762, 58783, 58788, 58789, 58793

Can I choose my doctors?

Heart of America Health Plan has formed a network of experienced doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. A referral is needed to see specialists. The health providers in our network can change at any time. You can ask us for a current Provider Directory for an up-to-date list. Our number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves.

What should I do if I have other insurance in addition to Medicare?

If you have Medicare supplemental insurance that fills gaps in the Original Medicare Plan, you may not need it if you join *Heart of America Health Plan*. If you drop your supplemental policy, you may not be able to get the same one back. You should check into this carefully before you drop your supplemental policy to make sure you have all of the coverage you need.

You or your spouse may have, or be able to get, employer group health coverage. If so, you should talk to the employer to find out how your benefits will be affected if you join *Heart of America Health Plan*. Get this information before you decide.

What are my protections in this plan?

All health plans in the Medicare program agree to stay with the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a managed care plan leaves the Medicare program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of *Heart of America Health Plan*, 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, in North Dakota it's the North Dakota Health Care Review at 701-852-4231.

If *Heart of America Health Plan* ever denies your claim or a service, we will explain our decision to you in writing. You always have the right to appeal and ask us to review the claim or service that was denied. If a decision is not made in your favor, your appeal will be reviewed by an independent organization that works for Medicare.

Please call *Heart of America Health Plan* at **1-701-776-5848 or 1-800-525-5661 (TTY 1-800-366-6888)**
Monday-Friday 8:00 a.m.-5:00 p.m. for more information about this plan.

Please call **Medicare** at **1-800-MEDICARE (1-800-633-4227)**, (TTY/TDD # 1-877-486-2048)

for more information about Medicare.

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

Section II

Summary of Benefits

If you have any questions about this plan's benefits or cost, please contact Heart of America Health Plan for details.

Benefit	Original Medicare	Heart of America Health Plan
<i>IMPORTANT INFORMATION</i>		
<p>1. Premium and Other Important Information</p>	<p>In 2012 the monthly Part B Premium is \$99.90 and the annual Part B deductible amount is \$140.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>\$138.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>

Benefit	Original Medicare	Heart of America Health Plan
<p>2. Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p> <p>Each year you pay \$140.00 deductible on Part B services.</p> <p>If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.</p>	<p>In most cases, you must go to network doctors, specialists, and hospitals. You will need a referral to go to a specialist. If you go to a provider without a referral and the provider accepts Medicare patients, you're covered under Original Medicare. You would pay the Part A and Part B deductibles and coinsurance.</p>
INPATIENT CARE		
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2012 the amounts for each benefit period are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Days 1 - 60: \$1,156 deductible <input type="checkbox"/> Days 61 - 90: \$289 per day <input type="checkbox"/> Days 91 - 150: \$578 per lifetime reserve day <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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>You pay nothing for each Medicare-covered stay in a network hospital up to 150 days per benefit period.</p> <p>You pay 100% per day for each additional day beyond 150 days for each benefit period in a network hospital.</p>

Benefit	Original Medicare	Heart of America Health Plan
<p>4. Inpatient Mental Health Care</p>	<p>In 2012 the amounts for each benefit period are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Days 1 - 60: \$1,156 deductible <input type="checkbox"/> Days 61 - 90: \$289 per day <input type="checkbox"/> Days 91 - 150: \$578 per lifetime reserve day <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>You pay nothing for each Medicare-covered hospital stay for days 1-190.</p> <p>There is a 190-day lifetime limit in a psychiatric hospital.</p>

Benefit	Original Medicare	Heart of America Health Plan
<p>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Days 1 - 20: \$0 per day <input type="checkbox"/> Days 21 - 100: \$144.50 per day <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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>You pay nothing each day for days 1-20 each benefit period for Medicare-covered services AND you pay nothing each day for days 21-100 each benefit period for Medicare-covered services.</p> <p>You pay 100% for each additional day beyond 100 days each benefit period.</p> <p>You pay 100% for each non Medicare-covered stay.</p> <p>3-day prior hospital stay is required.</p>

Benefit	Original Medicare	Heart of America Health Plan
<p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p>You pay nothing for Medicare-covered home health visits.</p> <p>You pay 100% for Custodial care.</p> <p>You pay 100% for Homemaker services.</p>
<p>7. Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care</p> <p>You must get care from a Medicare-certified hospice</p>	<p>When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal condition are paid for by Original Medicare, not Heart of America Health Plan.</p>

Benefit	Original Medicare	Heart of America Health Plan
<i>OUTPATIENTCARE</i>		
8. Doctor Office Visits	20% coinsurance	<p>You pay nothing for each primary care doctor office visit for Medicare-covered benefits.</p> <p>You pay nothing for each specialist visit for Medicare-covered benefits.</p> <p>See Routine Physical Exams for more information.</p>
9. Chiropractic Services	<p>Supplemental routine care not covered</p> <p>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.</p>	You pay nothing for Medicare-covered benefits.

Benefit	Original Medicare	Heart of America Health Plan
<p>10. Podiatry Services</p>	<p>Supplemental routine care not covered</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>You pay nothing for Medicare-covered benefits.</p>
<p>11. Outpatient Mental Health Care</p>	<p>40% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</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>You pay nothing for each individual visit for Medicare-covered benefits.</p> <p>You pay nothing for each group visit for Medicare-covered benefits.</p> <p>You pay nothing for Medicare-covered partial hospitalization program benefits.</p>
<p>12. Outpatient Substance Abuse Care</p>	<p>20% coinsurance</p>	<p>You pay nothing for each individual visit for Medicare-covered benefits.</p> <p>You pay nothing for each group visit for Medicare-covered benefits.</p>

Benefit	Original Medicare	Heart of America Health Plan
<p>13. Outpatient Services/Surgery</p>	<p>20% coinsurance for the doctor's services</p> <p>20% coinsurance for ambulatory surgical center facility services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p>	<p>You pay nothing for each Medicare-covered visit to an ambulatory surgical center.</p> <p>You pay nothing for each Medicare-covered visit to an outpatient hospital facility.</p>
<p>14. Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>You pay nothing for Medicare-covered ambulance services.</p>
<p>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>You pay nothing for each Medicare-covered emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>

Benefit	Original Medicare	Heart of America Health Plan
<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>You pay nothing for Medicare-covered urgently needed care.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>
<p>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>You pay nothing for each Medicare-covered Occupational Therapy visit.</p> <p>You pay nothing for each Medicare-covered Physical Therapy and/or Speech Language Pathology visit.</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p>18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>You pay nothing for Medicare-covered items.</p>
<p>19. Prosthetic Devices (includes braces, artificial limbs, and eyes, etc.)</p>	<p>20% coinsurance</p>	<p>You pay nothing for Medicare-covered items.</p>
<p>20. Diabetes Programs and Supplies</p>	<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>You pay nothing for Medicare-covered items.</p>

Benefit	Original Medicare	Heart of America Health Plan
<p>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay 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 digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50</p>	<p>You pay nothing for each Medicare-covered clinical lab service.</p> <p>You pay nothing for each Medicare-covered diagnostic test.</p> <p>You pay nothing for each Medicare-covered x-ray.</p> <p>You pay nothing for each Medicare-covered radiology service.</p>

Benefit	Original Medicare	Heart of America Health Plan
<p>22 – Cardiac and Pulmonary Rehabilitation Services</p>	<p>20% coinsurance Cardiac Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary 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>You pay nothing for each Medicare-covered Cardiac and Pulmonary Rehabilitation service.</p>

Benefit	Original Medicare	Heart of America Health Plan
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 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. 	<p>You pay nothing 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 Preventive Plan Services (Annual Wellness Visits) * Pneumococcal Vaccine * Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) * Smoking Cessation (Counseling to stop smoking) * Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)

Benefit	Original Medicare	Heart of America Health Plan
<p>23 – Preventive Services and Wellness/Education Programs (continued)</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. Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. 	<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 the plan for details.</p>

Benefit	Original Medicare	Heart of America Health Plan
<p>23 – Preventive Services and Wellness/Education Programs (continued)</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. 	
<p>24. Kidney Disease and Conditions</p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p>You pay nothing for Medicare-covered renal dialysis and kidney disease education services.</p>

Benefit	Original Medicare	Heart of America Health Plan
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>This plan does not cover prescription drugs.</p>

Benefit Category	Original Medicare	Heart of America Health Plan
<i>Preventive Services (continued)</i>		
26. Dental Services	Preventive dental services (such as cleaning) not covered.	Preventive dental benefits (such as cleaning) not covered.
27. Hearing Services	20% coinsurance for diagnostic hearing exams. Supplemental routine hearing exams and hearing aids not covered.	You pay nothing for Medicare-covered diagnostic hearing exams. Supplemental routine hearing exams and hearing aids not covered.
28. Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Supplemental routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	You pay nothing for Medicare-covered diagnosis and treatment of the eye. Supplemental routine eye exams and glasses not covered. You pay nothing for Medicare-covered eyeglasses or contact lenses after cataract surgery. You pay nothing for Medicare-covered glaucoma screenings covered for people at risk.
29. Over-the Counter Items	Not covered.	This plan does not cover Over-the-Counter items.
30. Transportation (Routine)	Not covered.	This plan does not cover routine transportation.
31. Acupuncture	Not covered.	This plan does not cover Acupuncture.

Benefit	Original Medicare	Heart of America Health Plan
32. Point of Service	Not covered.	This plan does not offer Point of Service benefits.