




Gateway Health
Medicare Assured™

2016 Summary of Benefits

NORTH CAROLINA

Gateway Health
Medicare Assured
DiamondSM (HMO SNP)

Gateway Health
Medicare Assured
RubySM (HMO SNP)

GATEWAY to **BETTER**



For Medicare beneficiaries who are also eligible for Medicaid or assistance from the State.

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Gateway Health Medicare Assured DiamondSM (HMO SNP) is an HMO plan with a Medicare contract and a contract with North Carolina Medical Assistance (Medicaid). Enrollment in this plan depends on contract renewal.

Gateway Health Medicare Assured RubySM (HMO SNP) is an HMO plan with a Medicare contract and a contract with North Carolina Medical Assistance (Medicaid). Enrollment in this plan depends on contract renewal.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Gateway Health Medicare Assured DiamondSM (HMO SNP)** or **Gateway Health Medicare Assured RubySM (HMO SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Gateway Health Medicare Assured DiamondSM (HMO SNP)** and **Gateway Health Medicare Assured RubySM (HMO SNP)** cover and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Sections in this booklet

- Things to Know About **Gateway Health Medicare Assured DiamondSM (HMO SNP) and Gateway Health Medicare Assured RubySM (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-855-847-6430.

Things to Know About Gateway Health Medicare Assured DiamondSM (HMO SNP) and Gateway Health Medicare Assured RubySM (HMO SNP)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Gateway Health Medicare Assured DiamondSM (HMO SNP) and Gateway Health Medicare Assured RubySM (HMO SNP) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-855-847-6430.
- If you are not a member of this plan, call toll-free 1-877-935-2168.
- Our website: <http://www.MedicareAssured.com>

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Who can join?

To join **Gateway Health Medicare Assured DiamondSM (HMO SNP)** or **Gateway Health Medicare Assured RubySM (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and North Carolina Medical Assistance (Medicaid), and live in our service area.

Our service area includes the following counties in North Carolina: Alexander, Alleghany, Avery, Beaufort, Bertie, Bladen, Caswell, Catawba, Chatham, Chowan, Cumberland, Davie, Duplin, Durham, Greene, Halifax, Hertford, Hyde, Jackson, Johnston, Jones, Lincoln, Madison, Martin, McDowell, Mitchell, Northampton, Orange, Pamlico, Pender, Pitt, Polk, Sampson, Swain, Transylvania, Vance, Wake, Warren, Wayne, Wilkes, and Yancey.

Which doctors, hospitals, and pharmacies can I use?

Gateway Health Medicare Assured DiamondSM (HMO SNP) and **Gateway Health Medicare Assured RubySM (HMO SNP)** have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (www.MedicareAssured.com).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare.**
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.MedicareAssured.com>.
- Or, call us and we will send you a copy of the formulary.

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	\$0 per month.	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	\$0 to \$74 per year for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of North Carolina Medical Assistance (Medicaid) eligibility.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$3,400 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Refer to the "Medicare & You" handbook for Medicare-covered services. For North Carolina Medical Assistance (Medicaid)-covered services, refer to the Medicaid Coverage section in this document.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of North Carolina Medical Assistance (Medicaid) eligibility.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Refer to the "Medicare & You" handbook for Medicare-covered services. For North Carolina Medical Assistance (Medicaid)-covered services, refer to the Medicaid Coverage section in this document.</p>

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
	Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured Diamond SM (HMO SNP)	Gateway Health Medicare Assured Ruby SM (HMO SNP)
COVERED MEDICAL AND HOSPITAL BENEFITS		
NOTE: Services with a ¹ may require prior authorization.		
OUTPATIENT CARE AND SERVICES		
Acupuncture	Not covered	Not covered
Ambulance¹	You pay nothing	\$0 or \$200 copay
Chiropractic Care¹	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$0 or \$20 copay
Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$0 copay</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months): \$0 copay • Dental x-ray(s) (for up to 1 every six months): \$0 copay • Oral exam (for up to 1 every six months): \$0 copay <p>See the Additional Information Section of this booklet for other covered dental benefits.</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$0 or \$35 copay</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months): \$0 copay • Dental x-ray(s) (for up to 1 every six months): \$0 copay • Oral exam (for up to 1 every six months): \$0 copay <p>See the Additional Information Section of this booklet for other covered dental benefits.</p>

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured Diamond SM (HMO SNP)	Gateway Health Medicare Assured Ruby SM (HMO SNP)
Diabetes Supplies and Services	<p>Diabetes monitoring supplies: You pay nothing</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: You pay nothing</p> <p>If you get diabetic supplies and services at a Durable Medical Equipment (DME) provider, there is no limit to manufacturer. If you get them from a pharmacy, specified manufacturers are limited.</p>	<p>Diabetes monitoring supplies: 0% or 20% of the cost</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 0% or 20% of the cost</p> <p>If you get diabetic supplies and services at a Durable Medical Equipment (DME) provider, there is no limit to manufacturer. If you get them from a pharmacy, specified manufacturers are limited.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may vary based on place of service)¹</i>	<p>Diagnostic radiology services (such as MRIs, CT scans): You pay nothing</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$0 or \$35-175 copay, depending on the service</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: \$0 or \$35 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 or \$60 copay</p> <p>A separate office visit may be billed when you receive services in addition to these Medicare-covered services.</p>
Doctor's Office Visits	<p>Primary care physician visit: You pay nothing</p> <p>Specialist visit: You pay nothing</p>	<p>Primary care physician visit: You pay nothing</p> <p>Specialist visit: \$0 or \$35 copay</p>

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
Durable Medical Equipment (<i>wheelchairs, oxygen, etc.</i>) ¹	You pay nothing Prior authorization is required for purchases if the purchase price is \$500 or more.	0% or 20% of the cost Prior authorization is required for purchases if the purchase price is \$500 or more.
Emergency Care	You pay nothing	\$0 or \$75 copay
Foot Care (<i>podiatry services</i>)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing Routine foot care: 20% of the cost	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$0 or \$35 copay Routine foot care: \$35 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$0 copay Routine hearing exam: \$0 copay Hearing aid fitting/evaluation: \$0 copay Hearing aid: \$0 copay Our plan pays up to \$750 every two years for hearing aids. Benefit amount applies to both ears combined.	Exam to diagnose and treat hearing and balance issues: \$0 copay Routine hearing exam: \$0 copay Hearing aid fitting/evaluation: \$0 copay Hearing aid: \$0 copay Our plan pays up to \$750 every two years for hearing aids. Benefit amount applies to both ears combined.
Home Health Care ¹	You pay nothing	You pay nothing
Mental Health Care ¹	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
	<p>The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>You pay nothing</p> <p>Outpatient group therapy visit: You pay nothing</p> <p>Outpatient individual therapy visit: You pay nothing</p>	<p>The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$0 or \$275 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 <p>Outpatient group therapy visit: \$0 or \$35 copay</p> <p>Outpatient individual therapy visit: \$0 or \$35 copay</p>

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
Outpatient Rehabilitation¹	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</p> <p>Occupational therapy visit: You pay nothing</p> <p>Physical therapy and speech and language therapy visit: You pay nothing</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$0 or \$35 copay</p> <p>Occupational therapy visit: \$0 or \$35 copay</p> <p>Physical therapy and speech and language therapy visit: \$0 or \$35 copay</p>
Outpatient Substance Abuse¹	<p>Group therapy visit: You pay nothing</p> <p>Individual therapy visit: You pay nothing</p>	<p>Group therapy visit: \$0 or \$35 copay</p> <p>Individual therapy visit: \$0 or \$35 copay</p>
Outpatient Surgery	<p>Ambulatory surgical center: You pay nothing</p> <p>Outpatient hospital: You pay nothing</p>	<p>Ambulatory surgical center: \$0 or \$200 copay</p> <p>Outpatient hospital: \$0 or \$200-275 copay, depending on the service</p> <p>Other cost sharing may apply to non-surgery services.</p>
Over-the-Counter Items	<p>Please visit our website to see our list of covered over-the-counter items.</p> <p>Members receive a \$35 allowance every 3 months towards the purchase of Medicare-approved non-prescription over-the-counter medications and health-related items through our OTC catalog.</p>	<p>Please visit our website to see our list of covered over-the-counter items.</p> <p>Members receive a \$35 allowance every 3 months towards the purchase of Medicare-approved non-prescription over-the-counter medications and health-related items through our OTC catalog.</p>

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
Prosthetic Devices <i>(braces, artificial limbs, etc.)¹</i>	<p>Prosthetic devices: You pay nothing</p> <p>Related medical supplies: You pay nothing</p> <p>Prior authorization is required for purchases if the purchase price is \$500 or more.</p>	<p>Prosthetic devices: 0% or 20% of the cost</p> <p>Related medical supplies: 0% or 20% of the cost</p> <p>Prior authorization is required for purchases if the purchase price is \$500 or more.</p>
Renal Dialysis	You pay nothing	0% or 20% of the cost
Transportation¹	<p>You pay nothing</p> <p>Plan covers up to 24 one-way trips to plan-approved locations every year. Authorization and scheduling rules apply.</p>	<p>You pay nothing</p> <p>Plan covers up to 24 one-way trips to plan-approved locations every year. Authorization and scheduling rules apply.</p>
Urgently Needed Services	You pay nothing	\$0 or \$45 copay
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay</p> <p>Routine eye exam (for up to 1 every three months): \$0 copay</p> <p>Contact lenses: (for up to 1 every year): \$0 copay</p> <p>Eyeglasses (frames and lenses): (for up to 1 every year): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 or \$35 copay</p> <p>Routine eye exam (for up to 1 every three months): \$0 copay</p> <p>Contact lenses: (for up to 1 every year): \$0 copay</p> <p>Eyeglasses (frames and lenses): (for up to 1 every year): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay</p>

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
	<p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p> <p>Our plan covers up to \$90 toward non-vendor frames or \$100 toward specialty contact lenses per calendar year.</p> <p>Supplemental Eyewear: Glasses, limited to one (1) pair, or Contact Lenses, limited to one (1) pair each year</p>	<p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p> <p>Our plan covers up to \$90 toward non-vendor frames or \$100 toward specialty contact lenses per calendar year.</p> <p>Supplemental Eyewear: Glasses, limited to one (1) pair, or Contact Lenses, limited to one (1) pair each year</p>

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
Preventive Care	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam: You pay nothing</p>	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam: You pay nothing</p>

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
Hospice	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>
INPATIENT CARE		
Inpatient Hospital Care¹	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>You pay nothing</p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$0 or \$275 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)¹	Our plan covers up to 100 days in a SNF. You pay nothing	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$0 or \$160 copay per day for days 21 through 100
PRESCRIPTION DRUG BENEFITS		
How much do I pay?	For Part B drugs such as chemotherapy drugs ¹ : You pay nothing Other Part B drugs ¹ : You pay nothing	For Part B drugs such as chemotherapy drugs ¹ : 0% or 20% of the cost Other Part B drugs ¹ : 0% or 20% of the cost
Initial Coverage	Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.95 copay For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$7.40 copay. 	Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.95 copay For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$7.40 copay.

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
	<p>You may get your drugs at network retail pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>	<p>You may get your drugs at network retail pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>
Catastrophic Coverage	<p>You pay nothing</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay nothing for all drugs.</p>

**ADDITIONAL INFORMATION ABOUT GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Benefit	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
Dental Services	<p>In addition to those items described in Section II, you pay nothing for the following covered services:</p> <ul style="list-style-type: none"> • 1 dental bitewing x-ray per side every six months • 1 panoramic x-ray every five years • 1 partial or 1 complete denture per arch every five years. <p>Comprehensive dental services coverage limit is \$500 every 2 years.</p> <p>Coverage is limited to fillings, simple extractions and denture repair. Additional dental services, such as root canals, crowns, surgical extractions, denture relines and periodontal (gum) treatments, are not covered.</p>	<p>In addition to those items described in Section II, you pay nothing for the following covered services:</p> <ul style="list-style-type: none"> • 1 dental bitewing x-ray per side every six months • 1 panoramic x-ray every five years

**ADDITIONAL INFORMATION ABOUT GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Benefit	Gateway Health Medicare Assured DiamondSM (HMO SNP)	Gateway Health Medicare Assured RubySM (HMO SNP)
<p>Health & Wellness Programs</p>	<p>Disease management programs</p> <ul style="list-style-type: none"> • Health education materials • Telephonic support and education from Plan Care Managers <p>Health Club Membership/Fitness Classes</p> <p>Provides membership at participating network fitness centers at no cost, including:</p> <ul style="list-style-type: none"> • Basic membership to one Plan approved fitness facility per month • Orientation to the fitness center and instructions about how to use equipment and services • One @Home Pak per year for those members with limited access to a network fitness center. 	<p>Health Club Membership/Fitness Classes</p> <p>Provides membership at participating network fitness centers at no cost, including:</p> <ul style="list-style-type: none"> • Basic membership to one Plan approved fitness facility per month • Orientation to the fitness center and instructions about how to use equipment and services • One @Home Pak per year for those members with limited access to a network fitness center.

SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND AND GATEWAY HEALTH MEDICARE ASSURED RUBY

The benefits described below are covered by **Medicaid**. The benefits described in the “Covered Medical and Hospital Benefits” section of the Summary of Benefits are covered by **Medicare**. For each benefit listed below, you can see what North Carolina Medical Assistance (Medicaid) covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Coverage of the benefits described below depends upon your level of **Medicaid** eligibility. No matter what your level of **Medicaid** eligibility is, **Gateway Health Medicare Assured DiamondSM** and **Gateway Health Medicare Assured RubySM** will cover the benefits described in the “Covered Medical and Hospital Benefits” section of the Summary of Benefits. If you have questions about your **Medicaid** eligibility and what benefits you are entitled to call **North Carolina Medical Assistance (Medicaid)** at the number listed below.

The services listed below are available only to those members eligible under Title XIX (Medicaid) for medical services. Medically-necessary Medicaid-covered services must be obtained through the North Carolina Division of Medical Assistance (Medicaid) fee-for-service Medicaid Program, North Carolina Medical Assistance (Medicaid). **Gateway Health Medicare Assured DiamondSM** and **Gateway Health Medicare Assured RubySM** cannot provide Medicaid-covered services for our Medicare members.

Medicaid is usually the payer of last resort. This means, as a member of our plan, you must access benefits that are covered by both programs through Medicare (**Gateway Health Medicare Assured DiamondSM** or **Gateway Health Medicare Assured RubySM**) first and North Carolina Medical Assistance (Medicaid) last. As applicable, for services that are reimbursed by both Medicare and Medicaid for dual eligible members, providers will bill **Gateway Health Medicare Assured DiamondSM** or **Gateway Health Medicare Assured RubySM** for the Medicare portion of the bill. Providers may not seek additional payments for the Medicare Cost Sharing Obligations. Providers will bill the North Carolina Division of Medical Assistance (Medicaid) for the Medicaid portion of the bill.

If you have questions about how your benefits are coordinated between programs, contact:

- Medicare - **Gateway Health Medicare Assured DiamondSM** and **Gateway Health Medicare Assured RubySM** Member Services at 1-855-847-6430, 8 am – 8 pm, 7 days a week. TTY users call 711.
- North Carolina Medical Assistance (Medicaid) – 1-800-662-7030, TTY users call 711.

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Summary of Medicaid-covered Benefits for Contract H9190, Plans 007 & 008			
Benefit	Medicaid State Plan Benefit Limits	Gateway Health Medicare Assured DiamondSM (HMO SNP)**	Gateway Health Medicare Assured RubySM (HMO SNP)***
Inpatient Hospital Care	Medicaid covers Medicare deductibles, copays, and coinsurances	Our plan covers 90 days for an inpatient hospital stay. You pay nothing per day for days 1 through 90	Our plan covers 90 days for an inpatient hospital stay. \$0 or \$275 copay per day for days 1 through 5 You pay nothing per day for days 6 through 90
Inpatient Mental Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances	Up to 190 days in a lifetime for inpatient mental healthcare in a psychiatric hospital. The inpatient psychiatric hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. You pay nothing per day for days 1 through 90	Up to 190 days in a lifetime for inpatient mental healthcare in a psychiatric hospital. The inpatient psychiatric hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. \$0 or \$275 copay for days 1 through 5 You pay nothing for days 6 through 90

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Summary of Medicaid-covered Benefits for Contract H9190, Plans 007 & 008			
Benefit	Medicaid State Plan Benefit Limits	Gateway Health Medicare Assured DiamondSM (HMO SNP)**	Gateway Health Medicare Assured RubySM (HMO SNP)***
Skilled Nursing Facility / Long Term Care	Medicaid covers Medicare deductibles, copays, and coinsurances Medicaid covers additional days beyond Medicare 100 day limit	Skilled Nursing Facility: Up to 100 days. Days 1-100: You pay nothing	Skilled Nursing Facility: Up to 100 days. Days 1-20: \$0 copay per day Days 21-100: \$0 or \$160 copay per day
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	\$0 or \$75 copay
Outpatient Services / Surgery	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid Outpatient Services/Surgery	You pay nothing	Ambulatory surgical center: \$0 or \$200 copay Outpatient hospital: \$0 or \$200-275 copay, depending on the service
Outpatient Rehabilitation Services	Medicaid covers Medicare deductibles, copays, and coinsurances	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing Occupational therapy visit, physical therapy and speech and language visit: You pay nothing	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$0 or \$35 copay Occupational therapy visit, physical therapy and speech and language visit: \$0 or \$35 copay

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Summary of Medicaid-covered Benefits for Contract H9190, Plans 007 & 008			
Benefit	Medicaid State Plan Benefit Limits	Gateway Health Medicare Assured DiamondSM (HMO SNP)**	Gateway Health Medicare Assured RubySM (HMO SNP)***
Outpatient Mental Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid Outpatient Mental Health Care	You pay nothing	Outpatient group therapy visit: \$0 or \$35 copay Outpatient individual therapy visit: \$0 or \$35 copay
Doctor Office Visits	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid doctor office visits	Primary Care Physician: You pay nothing Specialist: You pay nothing	Primary Care Physician: You pay nothing Specialist: \$0 or \$35 copay
Welcome to Medicare and Annual Wellness Visit	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	You pay nothing
Prostate Cancer Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	You pay nothing
Pap Smears and Pelvic Exams	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid pap smears and pelvic exams	You pay nothing	You pay nothing

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Summary of Medicaid-covered Benefits for Contract H9190, Plans 007 & 008			
Benefit	Medicaid State Plan Benefit Limits	Gateway Health Medicare Assured DiamondSM (HMO SNP)**	Gateway Health Medicare Assured RubySM (HMO SNP)***
Mammograms	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid mammograms	You pay nothing	You pay nothing
Colorectal Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	You pay nothing
Bone Mass Measurement	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	You pay nothing
Immunizations	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	You pay nothing

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

<p>Vision Services</p>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances</p> <p>\$3 copay for Medicaid vision services</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay</p> <p>Routine eye exam (for up to 1 every three months): \$0 copay</p> <p>Contact lenses: (for up to 1 every year): \$0 copay</p> <p>Eyeglasses (frames and lenses): (for up to 1 every year): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay</p> <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p> <p>Our plan covers up to \$90 toward non-vendor frames or \$100 toward specialty contact lenses per calendar year.</p> <p>Supplemental Eyewear: Glasses, limited to one (1) pair, or Contact Lenses, limited to one (1) pair each year</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 or \$35 copay</p> <p>Routine eye exam (for up to 1 every three months): \$0 copay</p> <p>Contact lenses: (for up to 1 every year): \$0 copay</p> <p>Eyeglasses (frames and lenses): (for up to 1 every year): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay</p> <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p> <p>Our plan covers up to \$90 toward non-vendor frames or \$100 toward specialty contact lenses per calendar year.</p> <p>Supplemental Eyewear: Glasses, limited to one (1) pair, or Contact Lenses, limited to one (1) pair each year</p>
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**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Summary of Medicaid-covered Benefits for Contract H9190, Plans 007 & 008			
Benefit	Medicaid State Plan Benefit Limits	Gateway Health Medicare Assured DiamondSM (HMO SNP)**	Gateway Health Medicare Assured RubySM (HMO SNP)***
Podiatry Services	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid podiatry services	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing Routine foot care: 20% of the cost	\$0 or \$35 copay
End-stage Renal Disease	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	0% or 20% of the cost
Hospice	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
Intermediate Care Facility / Mental Retardation and Intermediate Care Facility / Other Related Conditions	\$0 copay	Not covered	Not covered

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Summary of Medicaid-covered Benefits for Contract H9190, Plans 007 & 008			
Benefit	Medicaid State Plan Benefit Limits	Gateway Health Medicare Assured DiamondSM (HMO SNP)**	Gateway Health Medicare Assured RubySM (HMO SNP)***
Diagnostic Tests, X-rays, Lab Services	Medicaid covers Medicare deductibles, copays, and coinsurances	<p>Diagnostic radiology services (such as MRIs, CT scans): You pay nothing</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$0 or \$35-175 copay, depending on the service</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: \$0 or \$35 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 or \$60 copay</p> <p>A separate office visit may be billed when you receive services in addition to these Medicare-covered services.</p>
Home Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	You pay nothing

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Summary of Medicaid-covered Benefits for Contract H9190, Plans 007 & 008			
Benefit	Medicaid State Plan Benefit Limits	Gateway Health Medicare Assured DiamondSM (HMO SNP)**	Gateway Health Medicare Assured RubySM (HMO SNP)***
Diabetes Programs and Supplies	Medicaid covers Medicare deductibles, copays, and coinsurances	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: You pay nothing	Diabetes monitoring supplies: 0% or 20% of the cost Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: 0% or 20% of the cost
Durable Medical Equipment	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	0% or 20% of the cost
Prosthetic Devices	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	0% or 20% of the cost
Ambulance Services	Medicaid covers Medicare deductibles, copays, and coinsurances	You pay nothing	\$0 or \$200 copay
Transportation (Routine)	\$0 copay for Medicaid transportation services	You pay nothing Plan covers up to 24 one-way trips to plan-approved locations every year. Authorization and scheduling rules apply.	You pay nothing Plan covers up to 24 one-way trips to plan-approved locations every year. Authorization and scheduling rules apply.

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Summary of Medicaid-covered Benefits for Contract H9190, Plans 007 & 008			
Benefit	Medicaid State Plan Benefit Limits	Gateway Health Medicare Assured DiamondSM (HMO SNP)**	Gateway Health Medicare Assured RubySM (HMO SNP)***
Urgently Needed Care	Medicaid covers Medicare deductibles, copays, and coinsurances	\$0 copay	\$0 or \$45 copay
Prescription Drugs	Medicaid does not cover Part D covered drugs \$3 for Medicaid prescription drugs	Generic drugs: \$0, \$1.20 or \$2.95 copay Brand drugs: \$0, \$3.60 or \$7.40 copay	Generic drugs: \$0, \$1.20 or \$2.95 copay Brand drugs: \$0, \$3.60 or \$7.40 copay
Hearing Services	Medicaid covers Medicare deductibles, copays, and coinsurances	Exam to diagnose and treat hearing and balance issues: \$0 copay Routine hearing exam: \$0 copay Hearing aid fitting/evaluation: \$0 copay Hearing aid: Our plan pays up to \$750 every two years for hearing aids. Benefit amount applies to both ears combined.	Exam to diagnose and treat hearing and balance issues: \$0 copay Routine hearing exam: \$0 copay Hearing aid fitting/evaluation: \$0 copay Hearing aid: Our plan pays up to \$750 every two years for hearing aids. Benefit amount applies to both ears combined.
Case Management (Targeted Case Management)	\$0 copay	Not Applicable	Not Applicable

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Summary of Medicaid-covered Benefits for Contract H9190, Plans 007 & 008			
Benefit	Medicaid State Plan Benefit Limits	Gateway Health Medicare Assured DiamondSM (HMO SNP)**	Gateway Health Medicare Assured RubySM (HMO SNP)***
Chiropractor Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances</p> <p>\$2 copay for Medicaid chiropractic services</p>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing</p>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing</p>
Dental Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances</p> <p>\$3 copay Medicaid dental services</p>	<p>Preventive dental services, \$0 copay, includes:</p> <p>Cleaning: 1 every 6 months</p> <p>Dental x-ray: 1 dental bite-wing x-ray per side, every 6 months, 1 panoramic x-ray every 5 years</p> <p>Oral exam: 1 every 6 months</p> <p>Comprehensive dental coverage is \$500 every 2 years. Coverage is limited to fillings, simple extractions and denture repair. Up to one (1) partial or one (1) complete denture per arch every 5 years.</p> <p>Additional dental services, such as root canals, crowns, surgical extractions, denture relines and periodontal (gum) treatments, are not covered.</p>	<p>Preventive dental services, \$0 copay, includes:</p> <p>Cleaning: 1 every 6 months</p> <p>Dental x-ray: 1 dental bite-wing x-ray per side, every 6 months, 1 panoramic x-ray every 5 years</p> <p>Oral exam: 1 every 6 months</p>

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR GATEWAY HEALTH MEDICARE ASSURED DIAMOND
AND GATEWAY HEALTH MEDICARE ASSURED RUBY**

Summary of Medicaid-covered Benefits for Contract H9190, Plans 007 & 008			
Benefit	Medicaid State Plan Benefit Limits	Gateway Health Medicare Assured DiamondSM (HMO SNP)**	Gateway Health Medicare Assured RubySM (HMO SNP)***
Additional Vision Services	\$3 copay for Medicaid vision services \$2 copay for optical repair over \$5 \$2 copay for optical supplies	Eyeglasses (frames and lenses), 1 per year. Our plan covers up to \$90 toward non-vendor frames or \$100 toward specialty contact lenses per calendar year.	Eyeglasses (frames and lenses), 1 per year. Our plan covers up to \$90 toward non-vendor frames or \$100 toward specialty contact lenses per calendar year.
Personal Care Services	\$0 copay	Not Available	Not Available
Private Duty Nursing	\$0 copay	Not Available	Not Available

** In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility

*** In this plan, what you pay for covered services may depend on your level of Medicaid eligibility.

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1-888-905-1302/TTY: 711

8 a.m. to 8 p.m., 7 days a week

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