



2019 Summary of Benefits Eon Deluxe (HMO SNP) GEORGIA / SOUTH CAROLINA

**For more information:
Current Members: 1-888-906-3889 (TTY: 711)
Prospective Members: 1-844-895-8643 (TTY:711)**

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium – The State pays the Part B premium for full dual members. Copays may vary based on the level of Extra Help you receive. Please contact the plan for further details. Eon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



2019 Summary of Benefits

Eon Deluxe (HMO SNP)

H6672, Plan 001

H9403, Plan 001

January 1, 2019 - December 31, 2019

Eon Health is a Medicare Advantage dual eligible Special Needs HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join **Eon Health (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be enrolled in Medicaid, and live in our service area. Our service area includes the following counties in **Georgia**: Baker, Baldwin, Banks, Barrow, Bibb, Bleckley, Bryan, Butts, Chatham, Cherokee, Clayton, Clinch, Crawford, Dawson, DeKalb, Dodge, Dooly, Fayette, Forsyth, Franklin, Greene, Hancock, Hart, Heard, Henry, Houston, Jasper, Jones, Lamar, Lumpkin, Macon, Madison, McIntosh, Meriwether, Monroe, Morgan, Newton, Oconee, Oglethorpe, Peach, Pickens, Pike, Pulaski, Putnam, Rabun, Rockdale, Schley, Screven, Stephens, Talbot, Taliaferro, Taylor, Twiggs, Walton, White, Wilcox and Wilkinson. **South Carolina**: Beaufort, Chester, Colleton, Fairfield, Greenville, Hampton, Jasper, Lee, Saluda, Spartanburg and Union.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

You can see our Provider and Pharmacy Directory on our website at www.eonhealthplan.com.

You can see our Formulary (List of Part D prescription drugs) on our website at www.eonhealthplan.com.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For more information, please call us at Current Members: 1-888-906-3889, Prospective Members: 1-844-895-8643 (TTY users should call 711) or visit us at www.eonhealthplan.com. Our call center is open from October 1 through March 31, Monday through Sunday, 8:00am – 8:00pm ET and from April 1 through September 30, Monday through Friday, 8:00am – 8:00pm ET (you may leave a voicemail Saturday, Sunday and Federal Holidays). Eon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Premiums and Benefits	Eon Deluxe HMO
Monthly Plan Premium	\$0 per month
Deductible	Part C (Medical) \$0 Part D (Pharmacy) \$0
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$3,400 in-network
Inpatient Hospital	\$0 / day for days 1-5 \$0 / day for days 6-90
Outpatient Hospital	Ambulatory Surgical Center: \$0 copay Outpatient Hospital: \$0 copay
Doctor Visits <i>(Primary and Specialists)</i>	Primary Care Physician visit: \$0 copay Specialist visit: \$0 copay
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0 copay
Emergency Care	\$0 copay
Urgently Needed Services	\$0 copay
Diagnostic Services / Labs / Imaging ¹	Diagnostic radiology services (such as MRIs, CT scans): 0% coinsurance. Diagnostic tests and procedures: \$0 copay. Lab services: \$0 copay. Outpatient x-rays: \$0 copay. Therapeutic radiology services (such as radiation treatment for cancer): 0% coinsurance.
Hearing Services ¹	Exam to diagnose and treat hearing and balance issues: \$0 copay. Routine hearing exam (for up to 1 every year): \$0 copay Hearing aid fitting/evaluation (for up to 1 every 3 years): \$0 copay. Our plan pays up to \$750 every three years for hearing aids. Benefit amount applies to both ears combined.
Dental Services ¹	<p>Preventive dental services: 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. 1 dental bitewing x-ray per side every six months: \$0 copay. 1 panoramic x-ray every five years: \$0 copay.</p> <p>Comprehensive dental services: Coverage limit is \$800 every year. \$0 copay Coverage is limited to fillings, simple extractions, dentures, and denture repair. Additional dental services, such as root canals, crowns, surgical extractions, denture relines and periodontal (gum) treatments, are not covered. 1 partial or 1 complete denture per arch every five years. \$0 copay.</p>
Vision Services ¹	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay. Routine eye exam (for up to 1 every year): \$0 copay. Contact lenses: (for up to 1 every year): \$0 copay. Eyeglasses (frames and lenses): (for up to 1 every year): \$0 copay. Eyeglasses or contact lenses after cataract surgery: \$0 copay. \$225 every year for contact lenses and or eyeglasses (frames and lenses).

¹May require prior authorization

Premiums and Benefits	Eon Deluxe HMO
Mental Health Services ¹	Inpatient: \$0 / Day for Days 1-5 \$0 / Day for Days 6-90
	Outpatient: Group therapy visit: \$0 copay Individual therapy visit: \$0 copay
Skilled Nursing Facility (SNF) ¹	\$0 / day for days 1-20 \$0 / day for days 21-100
Physical Therapy ¹	Physical therapy visit: \$0 copay
Ambulance ¹	\$0 copay
Transportation	\$0 copay / 30 one-way trips
Medicare Part B Drugs ¹	\$0 copay

Premiums and Benefits	Eon Deluxe / Prescription Drug Benefits	
Outpatient Prescription Drugs		
	Generic Drugs	Brand Name
Initial Coverage	\$0 copay; or \$1.25 copay; or \$3.40 copay; or 15%	\$0 copay; or \$3.80 copay; or \$8.50 copay; or 15%
Cost-Sharing may change depending on when you enter a new phase of the Part D benefit.		

Benefits	Eon Deluxe/Additional Health Benefits
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$0 copay Medicare covered visit. Routine visit not covered.
Foot Care (Podiatry Services)	Foot exams and treatment if you have diabetes related nerve damage and/or meet certain conditions: \$0 copay. Routine foot care: \$0 copay.
Meals ¹	Georgia: Up to 20 meals up to 28 days immediately following an inpatient stay. South Carolina: Up to 20 meals up to 30 days immediately following an inpatient stay.
Over-the-Counter (OTC) items	Georgia: Members receive a \$45 allowance every month. South Carolina: Members receive a \$50 allowance every month.
Wellness Programs (e.g. fitness)	Fitness program SilverSneakers®: Membership to an in-network fitness facility. One "Steps Kit" per year for those members with limited access to a network fitness center.

¹May require prior authorization

Eon Deluxe (HMO SNP)

STATEMENT OF MEDICAID BENEFITS AND COST SHARING PROTECTIONS

Eligibility

Eon Deluxe (HMO SNP)

The Eon Deluxe Plan is available to anyone with both Medicare Parts A and B and who receives Medical Assistance from the state Medicaid program to cover Medicare cost-sharing.

- **Eon Deluxe (HMO SNP)** members with **Full benefit Medicaid status** (Full Benefit Dual Eligible (FBDE), Qualified Medicare Beneficiary (QMB), Qualified Medicare Beneficiary Plus (QMB +), and Specified Low-Income Medicare Beneficiary Plus (SLMB +) are covered by the state Medicaid program for their Medicare cost sharing.

- **Eon Deluxe (HMO SNP)** members with **full Medicaid** coverage are enrolled in the State Medicaid program that pays their Medicare cost sharing. These members are also eligible to receive additional Medicaid benefits described below.

Cost Sharing and Cost-sharing Protection for All Members

In the **Eon Deluxe** plan, the state Medicaid program pays the cost sharing for Medicare-covered medical services you receive.

You pay no cost sharing for the Medicare-covered benefits described in the Covered Medical and Hospital Benefits section of this Summary of Benefits. You will pay small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. When you receive health services, the provider should only bill **Eon Deluxe (HMO SNP)** or the state Medicaid program for the cost of those services and cost-sharing amounts. The provider should not bill you for services or cost sharing.

If you receive care from a non-contracted provider, the provider may not understand **Eon Deluxe** or these billing rules. If you receive a bill from a provider for Medicare-covered services, please notify Member Services so we can help you.

Please see chapter 7 of your **Eon Deluxe** Evidence of Coverage for more information.

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 your state Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

EXHIBIT 3
Georgia Medicaid
Summary of Benefits

Benefit	Co-Payment ¹
Doctor and nurse office visits (when you visit a doctor or nurse for check-ups, lab tests, exams, or treatment)	\$0 co-pay ²
Nurse visits in the home after delivery of the baby	\$0 co-pay ²
Nursing facilities (nursing homes)	\$0 co-pay ²
Emergency ambulance services	\$0 co-pay ²
Preventive dental care, fillings, and oral surgery for children	\$0 co-pay ²
Certain emergency dental care for adults	\$0 co-pay ²
Non-emergency transportation (to get to and from medical appointments)	\$0 co-pay ²
Exams, immunizations (shots), and treatments for children	\$0 co-pay ²
Family planning services (such as exams, drugs, treatment and counseling)	\$0 co-pay ²
Hospice care services provided by a Medicaid hospice provider	\$0 co-pay ²
Hearing services for children	\$0 co-pay ²
Diagnostic, screening and preventive services	\$0 co-pay ²
Laboratory services	\$0 co-pay ²
Mental health clinic services	\$0 co-pay ²
Nurse midwife and nurse practitioner services	\$0 co-pay ²
Psychological services (for people under the age of 21)	\$0 co-pay ²
Therapy services (physical, occupational and speech)	\$0 co-pay ²
Rural Health Clinic and Federally Qualified Health Center services	\$0 co-pay ²
Childbirth education classes	\$0 co-pay ²
Birth center services	\$0 co-pay ²
Dialysis and services for end-stage renal (kidney) disease	\$0 co-pay ²
Vision services	Co-pay ²
Durable medical equipment. Medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers)	Co-pay ³
Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides)	Co-pay ⁴
Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight	Co-pay ⁵
Inpatient hospital services (room and board, drugs, lab tests, and other services when you have to stay in the hospital)	Co-pay ⁶
Prescription drugs	Co-pay ⁷
Orthotics and prosthetics (artificial limbs and replacement devices)	Co-pay ⁸

Applicable Co-Payments

1. Co-payments do not apply to the following services:

- Dialysis
- Emergency services
- Family Planning services (must bill with medical diagnosis)
- July 1, 2018 Physician Services Manual Q-2
- Waiver Services

2. The Division of Medical Assistance implemented a tiered member co-payment scale as described in 42 C.F.R. § 447.54 on all evaluation and management procedure codes (99201 - 99499), including the ophthalmologic services procedure codes (92002 - 92014) used by physicians or physicians' assistants.

The tiered co-payment amounts are as follows:

State's payment for the service	Maximum co-payment chargeable to recipient
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

3. Durable Medical Equipment ("DME")

For members 21 years of age or older, a \$3.00 co-payment will be applied to all DME services with the modifier NU, except for DME supply procedure codes ("A" codes). Procedure codes, E0441 and E0442, are exempt from co-payment. A \$3.00 co-payment will be applied to the following rental procedure codes: E1390 RR, E1391 RR, E0424 RR, E0431 RR, E0434 RR, E0439 RR, E0439 QE, E0439 QF, E0465 RR, E0466 RR, E0470 RR, and E0784 RR. A \$1.00 co-payment will be applied to all other procedure codes that have a modifier RR.

4. Home Health Services

A \$3.00 co-payment will be applied for each home health visit. The co-payment does not apply to the following members:

- Pregnant women
- Members under the age of 21 of age
- Hospice care members
- Women diagnosed with breast or cervical cancer and receiving Medicaid under the Women's Health Medicaid Program, aid categories 245 and 800, only. This applies to all services rendered.

5. Hospital Outpatient Services

A \$3.00 member co-payment will be applied on all non-emergency outpatient hospital visits. The co-payment does not apply for the following members:

- Pregnant women
- Members under 21 years of age
- Women diagnosed with breast or cervical cancer who are receiving Medicaid under the Breast and Cervical Cancer (BCC) program or Presumptive Eligibility Aid Categories 245 and 800 only are not subject to the co-payment.
- Hospice care patients

Persons who have both Medicare and Medicaid coverage are not subject to the co-payment.

Applicable Co-Payments (cont.)

6. Hospital Inpatient Services

A co-payment of \$12.50 will be applied for non-emergency inpatient hospital admissions.

7. Pharmacy Services

A \$0.50 co-payment will be applied for each preferred generic or preferred generic or preferred brand drug dispensed by the pharmacy as follows:

Category	Co-Payment
Preferred Generic	\$0.50
Preferred Brand	\$0.50
Non-Preferred Brand or Non-Preferred Generic	Under \$10.00 = \$0.50 \$10.01 - \$25.00 = \$1.00 \$25.01 - \$50.00 = \$2.00 \$50.01 or more = \$3.00

This co-payment does not apply to the following members:

- Pregnant women
- Members under the age of 21 years of age
- Institutionalized individuals
- Hospice care members
- Members enrolled in the Breast and Cervical Cancer eligibility groups

Emergency services and family planning services are also exempt from this co-payment.

8. Orthotic and Prosthetic Services

A \$3.00 co-payment will be applied for orthotic and prosthetic services (main component codes, or "base" codes).

The co-payment does not apply to the following members:

- Pregnant women
- Members under the age of 21 years of age
- Nursing facility resident
- Hospice care member
- Women diagnosed with breast or cervical cancer and receiving Medicaid under the BCC Waiver or Presumptive Eligibility (aid categories 245 and 800 only)

Eon Deluxe (HMO SNP)

Statement of Medicaid Benefits and Cost Sharing

Eligibility

Eon Deluxe (HMO SNP)

The Eon Deluxe Plan is available to anyone with both Medicare Parts A and B and who receives Medical Assistance from the state.

Medicaid program to cover Medicare cost-sharing.

- **Eon Deluxe (HMO SNP)** members with **Full benefit Medicaid status** (Full Benefit Dual Eligible (FBDE), Qualified Medicare.

Beneficiary (QMB), Qualified Medicare Beneficiary Plus (QMB +), and Specified Low-Income Medicare Beneficiary Plus (SLMB +) are covered by the state Medicaid program for their Medicare cost sharing.

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Eon Deluxe (HMO SNP)
South Carolina Medicaid Program Statement of Understanding

Within limits, Medicaid will pay for services that are medically necessary.

For Medicaid payment purposes, the following definitions apply:

- Children - birth through 20 years of age
- Adults - 21 years of age and older

Co-payments - The South Carolina Medicaid program requires many beneficiaries to pay a small part of their medical bill for some services called a co-payment. Certain groups do not pay co-payments for the medical services they receive: Children, Pregnant Women, and People in a Nursing Home, People receiving Home and Community Based Waiver Services, and People receiving Family Planning.



For more information:

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Prospective Members: 1-844-895-8643 (TTY:711)