



Your Health
Our Mission

2023 Summary of Benefits

H3132
Broward, Duval and
Miami-Dade Counties

January 1, 2023 – December 31, 2023



Erica Walton,
PHP Provider

PHP (HMO SNP) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in PHP 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" or go to www.php-fl.org/for-members/publications.

To join PHP, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be diagnosed with HIV, and live in our service area. Our service area includes the following counties in Florida: Broward, Duval and Miami-Dade.

For more information, please call us at (888) 456-4715, 8:00 a.m. to 8:00 p.m., seven days a week. TTY users call 711. Or visit us at www.php-fl.org.

Discrimination Is Against the Law

PHP (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services.

If you believe that PHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services, P.O. Box 46160, Los Angeles, CA 90046, (888) 456-4715, TTY 711, Fax (888) 235-8552, email php@positivehealthcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-456-4715 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-456-4715 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-456-4715 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-456-4715 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-456-4715 (TTY : 711)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-456-4715 (ATS : 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-456-4715 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-456-4715 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-456-4715 (رقم هاتف الصم والبكم: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-456-4715 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-456-4715 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-456-4715 (TTY: 711) 번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-456-4715 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-456-4715 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-456-4715 (TTY: 711).



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have questions, you can call and speak to a Member Services representative at (888) 456-4715. Agents are available 8:00 am to 8:00 pm, seven days a week. TTY users call 711.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.php-fl.org/for-members/publications or call (800) 263-0067 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium. The premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- Except in emergency and urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Monthly Plan Premium	You pay nothing.	You must continue to pay your Medicare Part B premium.
Deductible	\$505 per year for Part D prescription drugs.	Deductible only applies to Part D prescription drugs.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	You pay no more than \$5,000 annually	This amount is the most you will pay for copays for medical services for the year. Once you reach this limit, we will pay the full cost of your medical services for the rest of the year.
Inpatient Hospital	<p>You pay the following for inpatient stays:</p> <ul style="list-style-type: none"> • \$100 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 • \$0 copay per day for "lifetime reserve days" 91 through 150 	<p>The copays for hospital benefits are based on benefit periods. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. Our plan covers 90 days each benefit period. 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. Authorization required.</p>

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Outpatient Hospital	You pay nothing for outpatient hospital service, i.e., outpatient surgery and surgery services and diagnostic radiology services, tests and procedures done at a hospital facility.	Some services require referral and authorization.
Ambulatory Surgery Center	You pay nothing for outpatient surgery and ambulatory surgery center services done at an ambulatory surgery center.	Referral and authorization required.
Doctor Visits	You pay nothing for primary care visits. You pay nothing for specialist visits.	Referral required for most specialist visits. Some specialist services/procedures require authorization.
Preventive Care	You pay nothing for preventive services such as annual wellness visit, breast cancer screenings, diabetes screening, immunizations, flu vaccines, and several other preventive services.	Any additional preventive services approved by Medicare during the plan year will be covered.
Emergency Care	You pay \$75 copay per visit.	
Urgently Needed Services	You pay nothing.	
Diagnostic Services/ Labs/Imaging	You pay nothing for the following services: <ul style="list-style-type: none"> • Diagnostic radiology services, e.g., MRI, CT, PET scans • Lab services • Diagnostic tests and procedures • Outpatient x-rays • Colonoscopy, sigmoidoscopy, endoscopy • Radiation therapy 	Referral required. The following services require authorization: <ul style="list-style-type: none"> • Certain diagnostic procedures and tests • Certain diagnostic radiological services • Certain therapeutic radiological services The following services do not require authorization: <ul style="list-style-type: none"> • Lab • X-rays

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Hearing Services	<p>You pay nothing for one hearing exam every year.</p> <p>You pay nothing for hearing aids.</p>	<p>Referral required.</p> <p>Plan pays up to \$2,500 every year for up to 2 hearing aids.</p> <p>Authorization required.</p>
Dental Services	<p>You pay nothing for limited Medicare-covered dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth).</p> <p>You pay nothing for the following preventive services:</p> <ul style="list-style-type: none"> • Cleanings (up to 2 every year) • Dental x-rays (1 every year) • Fluoride treatment (up to 2 every year) • Oral exam <p>You pay nothing for the following comprehensive dental services:</p> <ul style="list-style-type: none"> • Non-routine services • Diagnostic services • Restorative services • Endodontics/periodontics/ extractions • Prosthodontics, other oral/ maxillofacial surgery, other services 	<p>Referral and authorization required for Medicare-covered dental services.</p> <p>No referral or authorization required for preventive or comprehensive dental services.</p> <p>Comprehensive dental services are limited to \$1,150 every year.</p>

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Vision Services	<p>You pay nothing for the following Medicare-covered services:</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) • Eyeglasses or contact lenses after cataract surgery <p>You pay nothing for the following supplemental vision services:</p> <ul style="list-style-type: none"> • Routine eye exam (1 every year) • One (1) pair of eyeglasses (lenses and frames or lenses) or contact lenses every year 	<p>Referral and authorization required for Medicare-covered vision services.</p> <p>No referral or authorization required for supplemental vision services.</p> <p>Our plan pays up to \$250 every year for eyewear.</p>

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Mental Health Services	<p>You pay nothing for the following services:</p> <ul style="list-style-type: none"> • Outpatient group therapy visit • Outpatient individual therapy visit <p>You pay the following for inpatient stays:</p> <ul style="list-style-type: none"> • \$100 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 • \$0 copay per day for "lifetime reserve days" 91 through 150 	<p>No referral or authorization required for outpatient mental health services.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period starts the day you go into a hospital or skilled nursing care. 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. Our plan covers 90 days each benefit period. 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. Authorization required for inpatient stays.</p>

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Skilled Nursing Facility (SNF)	You pay the following for SNF stays: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$100 copay per day for days 21 through 100 	Our plan covers up to 100 days in a benefit period. A benefit period starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. No prior hospital stay is required. Authorization required.
Physical Therapy	You pay nothing for physical therapy services.	Referral required.
Ambulance	You pay \$150 copay for one-way or round-trip ambulance services.	
Transportation	You pay nothing for unlimited round trips to plan-approved locations every year.	Plan must authorize and book transportation and will verify that transportation requested is to and from provider offices or facilities.
Medicare Part B Drugs	You pay nothing for chemotherapy and other Part B drugs.	Some Medicare Part B drugs require authorization.

Premiums and Benefits	PHP (HMO SNP)		What You Should Know												
Cost Sharing for Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage Phases															
Phase 1: Deductible	For tiers 1 through 4, you pay the full cost of your drugs until you reach \$505. There is no deductible for Select Insulins.		This phase begins when you fill your first prescription in the year. There is no cost sharing for tier 5 drugs. You pay \$35 for Select Insulins not matter what cost-sharing tier it's on.												
Phase 2: Initial Coverage	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Network Retail Pharmacy One-Month (30-Day) Supply</th> <th style="width: 50%; text-align: center;">Network Retail Pharmacy Three-Month (100-Day) Supply</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">You pay 15% \$35 copay</td> <td style="text-align: center;">You pay 15% \$35 copay</td> </tr> <tr> <td style="text-align: center;">You pay 15% \$35 copay</td> <td style="text-align: center;">You pay 15% \$35 copay</td> </tr> <tr> <td style="text-align: center;">You pay 25%</td> <td style="text-align: center;">You pay 25%</td> </tr> <tr> <td style="text-align: center;">You pay 25%</td> <td style="text-align: center;">You pay 25%</td> </tr> <tr> <td style="text-align: center;">You pay nothing</td> <td style="text-align: center;">You pay nothing</td> </tr> </tbody> </table>		Network Retail Pharmacy One-Month (30-Day) Supply	Network Retail Pharmacy Three-Month (100-Day) Supply	You pay 15% \$35 copay	You pay 15% \$35 copay	You pay 15% \$35 copay	You pay 15% \$35 copay	You pay 25%	You pay 25%	You pay 25%	You pay 25%	You pay nothing	You pay nothing	<p>After you pay your yearly deductible, you pay coinsurance for tier 1 through 4 drugs until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our plan.</p> <p>Important Message About What You Pay for Insulin - You won't pay more than \$35 for each insulin product covered by our plan, no matter what cost-sharing tier it's on.</p>
Network Retail Pharmacy One-Month (30-Day) Supply	Network Retail Pharmacy Three-Month (100-Day) Supply														
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<p>Tier 1: Generic Drugs Select Insulins</p> <p>Tier 2: Preferred Brand Drugs Select Insulins</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <p>Tier 4: Specialty Drugs</p> <p>Tier 5: Select Care Drugs</p>															

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Phase 3: Coverage Gap	<p>For tiers 1 through 4, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and no more than 25% of the plan's cost for covered generic drugs.</p> <p>You pay \$35 for each insulin product covered by our plan, no matter what cost-sharing tier it's on.</p>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660. You stay in the coverage gap phase until your costs total \$7,400.</p>
Phase 4: Catastrophic Coverage	<p>For tiers 1 through 4 drugs, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$4.15 copay for generic (including brand drugs treated as generic) and \$10.35 copay for all other drugs. 	<p>After your yearly out-of-pocket drug costs reach \$7,400, you enter the catastrophic coverage phase. You stay in this phase through the end of the year.</p>
<p>Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost sharing as an in-network pharmacy. For more information on the stages of the benefit, please call us or see our Evidence of Coverage on our website at www.php-fl.org/for-members/publications.</p> <p>If you receive "Extra Help" from Medicare to pay for your prescription drug costs, the above Part D cost sharing information does not apply to you. Please call us for more information.</p>		

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Additional Benefits		
Acupuncture	You pay nothing for up to two (2) acupuncture visits per month.	Referral and authorization required.
Chiropractic Services	You pay nothing for Medicare-covered chiropractic services.	Our plan covers only manual manipulation of the spine to correct subluxation. Referral required.
Durable Medical Equipment (DME) and Supplies	You pay nothing for covered DME and medical supplies.	Authorization required.
Foot Care (<i>podiatry services</i>)	<p>You pay nothing for the following Medicare-covered podiatry services:</p> <ul style="list-style-type: none"> • Foot exams and treatment • Routine foot care 	Referral required. Certain podiatric procedures require authorization.
Health and Wellness Program	You pay nothing for the plan's Health and Wellness Supplemental Benefit, which is a choice of a gym membership OR up to \$200 every year of over-the-counter pharmacy items.	
In-Home Support Services (IHSS)	You pay nothing for up 16 hours a week of IHSS for up to two (2) weeks.	IHSS is available to members after discharge from an acute hospital or skilled nursing facility. IHSS include the following non-medical personal care and domestic services: bathing, grooming and dressing assistance, bowel and bladder care, accompaniment to medical appointments, light housecleaning, meal preparation, laundry, and grocery shopping. Authorization required.

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Meal Benefit	You pay nothing for up to two (2) meals per day for up to 28 days (56-meal limit per year).	Meal benefit is available to members post-inpatient discharge from an acute hospital or skilled nursing facility and members who have a chronic condition or other medical condition that prevents leaving the home to grocery shop. Meals may be provided in multiple increments through the year up to the 56-meal limit for the year. Authorization required.
Therapeutic Massage	You pay nothing for up to two (2) one (1)-hour therapeutic massages per month to increase blood circulation.	Therapeutic massage benefit is available to members who have been diagnosed with AIDS-related neuropathy. Referral and authorization required.

PHP has a network of doctors, hospitals, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

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 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.

This document is available in other formats such as large print or audio.

For more information, please call us at (888) 456-4715, 8:00 a.m. to 8:00 p.m., seven days a week. TTY users call 711. Or visit us at www.php-fl.org.

