2025 SUMMARY OF BENEFITS

January 1, 2025 – December 31, 2025

The Health Plan SecureCare SNP (HMO D-SNP)

H3672–019

A Medicare Advantage Dual Eligible Special Needs Plan for Medicare beneficiaries who are also eligible for Medicaid.

Our service area includes the following counties in **Ohio**:

Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Delaware, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Madison, Mahoning, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Van Wert, Vinton, Warren, Washington, Wayne, Wyandot.

Our service area includes the following counties in **West Virginia**:

Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming.

This document is available in other formats such as braille, large print and audio CD. For additional information on available formats, call us at **1.877.847.7915 (TTY: 711)**.

INTRODUCTION

The benefit information provided in this booklet is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, access our Evidence of Coverage online at healthplan.org/medicare. Or call us to request a copy.

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 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.

The Health Plan SecureCare SNP (HMO D-SNP) is an HMO plan with a Medicare and a Medicaid contract. Enrollment in The Health Plan SecureCare SNP (HMO D-SNP) depends on contract renewal.

Based on a Model of Care review, The Health Plan SecureCare SNP (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2026.

ELIGIBILITY

To join The Health Plan SecureCare SNP (HMO D-SNP) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be enrolled in Ohio or West Virginia Medicaid and live in our service area.

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

This is a Health Maintenance Organization (HMO) plan. This means that The Health Plan SecureCare SNP (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. You can see current provider lists on our website at healthplan.org/medicare. Or call us and we will send you a copy.

Our plan requires you to choose an in-network doctor to be your primary care provider (PCP). We do not require a referral from your PCP to see network providers, including network specialists, for covered services. However, some services do require prior authorization from the plan. Contact us for additional information. Even though your PCP is not required to refer you, we recommend that they help with coordinating your care. If you use providers that are not in our network, the plan may not pay for these services.

Always show your SecureCare SNP (HMO D-SNP) card and your Medicaid card when receiving care, as a member of our plan.

HOW TO REACH US

If you are a member, call toll-free: 1.877.847.7907 (TTY:711)

If you are not a member, call toll free: 1.877.847.7915 (TTY:711)

Hours of operation:

- October 1 to March 31, 8:00 a.m. to 8:00 p.m. Eastern, 7 days a week.
- April 1 to September 30, 8:00 a.m. to 8:00 p.m. Eastern, Monday through Friday.

Or visit our website: healthplan.org/medicare

This plan is available to all dual-eligible West Virginia and Ohio Medicaid beneficiaries, as noted in the chart:

West Virginia Medicaid Who have Medicaid, as noted with the following eligible categories	**Ohio Medicaid** All dual-eligible Ohio Medicaid beneficiaries specified in Ohio administrative code, including:
QMB: Qualified Medicare beneficiary	**QMB:** Qualified Medicare beneficiary
QMB Plus: Qualified Medicare beneficiary with full Medicaid	**QMB Plus:** Qualified Medicare beneficiary with full Medicaid
FBDE: Full Medicaid benefits	**Non-QMB:** Medicaid only dual-eligible
SLMB: Specified low-income Medicare beneficiary	**SLMB:** Specified low-income Medicare beneficiary
SLMB Plus: Specified low-income Medicare beneficiary with full Medicaid	**SLMB Plus:** Specified low-income Medicare beneficiary with full Medicaid
QDWI: Qualified disabled and working individual	**QDWI:** Qualified disabled and working
QI: Qualifying individual	**QI:** Qualifying individual

The amount that a member of this plan pays for premiums, deductibles, copayments, and/or co-insurance may vary based on the level of Medicaid eligibility (above) and Medicare Part D "Extra Help" a member receives.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1.877.847.7915 (TTY: 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 healthplan.org/medicare or call **1.877.847.7915, (TTY: 711)** 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 medicines 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

- ☐ **Effect on Current Coverage**. Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- ☐ In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium if not otherwise paid by a third party like the state. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ☐ Except in emergency or 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 dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY
Monthly Plan Premium	**$0 - $35.40** You must continue to pay your Medicare Part B premium, if not already paid by a third party, like Medicaid.
Annual Medical Deductible	In 2024, the medical deductible is $0 or $240 per year for in-network Medicare-covered Part A and Part B benefits depending on your level of Medicaid eligibility. The amount of your medical services deductible may change for 2025.
Maximum Out-of-Pocket Responsibility (Does not include Part D prescription drugs)	$9,350 annually for in-network Medicare-covered Part A and Part B services. The amounts you pay for deductibles, copayments and coinsurance for Medicare-covered Part A or Part B services count towards this maximum out-of-pocket amount.
Inpatient Hospital Coverage*	In 2024 the amounts for each benefit period are: $0 or Days 1-60: $1,632 deductible Days 61-90: $408 copay per day Days 91-150: $816 copay while using 60 lifetime reserve days These amounts may change for 2025. The copays for hospital 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 for 60 days in a row. There's no limit to the number of benefit periods. You must pay the inpatient hospital deductible for each benefit period. We cover an additional 60 "lifetime reserve days." If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these additional 60 days, your inpatient hospital coverage will be limited to 90 days.
Outpatient Hospital Coverage*	$0–20% Outpatient Hospital Services $0–20% Outpatient Observation Services
Ambulatory Surgical Center*	$0–20%
Doctor Visit - Primary Care Provider	$0–20%
Doctor Visit – Specialist*	$0–20% No referral is needed. However, organizational authorization may be required for out-of-network and tertiary specialists.

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY

Preventive Care (Medicare-covered zero cost sharing preventive services)	**Medicare–covered zero cost sharing preventive services**
	$0 copay for the following*:
	• Abdominal aortic aneurysm screenings
	• Alcohol misuse screenings & counseling
	• Blood-based biomarker tests
	• Cardiovascular disease screenings
	• Cardiovascular disease (behavioral therapy)
	• Cervical & vaginal cancer screenings
	• Colorectal cancer screenings
	  o Multi-target stool DNA tests
	  o Screening barium enemas
	  o Screening colonoscopies
	  o Screening fecal occult blood tests
	  o Screening flexible sigmoidoscopies
	• Depression screenings
	• Diabetes screenings
	• Diabetes self-management training
	• Flu shots
	• Glaucoma tests
	• Hepatitis B shots
	• Hepatitis B Virus (HBV) infection screenings
	• Hepatitis C screening tests
	• HIV screenings
	• Lung cancer screenings
	• Mammograms (screening)
	• Medicare Diabetes Prevention Program
	• Nutrition therapy services
	• Obesity screenings & counseling
	• One-time "Welcome to Medicare" preventive visit
	• Pneumococcal shots
	• Prostate cancer screenings
	• Sexually transmitted infections screenings & counseling
	• Shots:
	  o COVID-19 vaccines
	  o Flu shots
	  o Hepatitis B shots
	  o Pneumococcal shots
	• Tobacco use cessation counseling
	• Yearly "Wellness" visit
	
	Any other preventive services approved by Medicare during the contract year will be covered
	
	Annual Physical Exam
	$0 copay/1 per year

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY
Emergency Care	$0–20% (up to a $110 copay) If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	$0–20% (up to a $45 co-pay) If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgently needed services.
Diagnostic Radiological Service* (such as MRIs, CT scans)	$0–20%
Therapeutic Radiological Services* (such as radiation treatment for cancer)	$0–20%
Lab Services	$0 copay
Diagnostic Tests and Procedures	$0–20%
Outpatient X-rays*	$0–20%
Medicare-covered Hearing Exam	$0–20% Exam to diagnose and treat hearing issues and balance issues
Routine Hearing Exam	$0 copay for one exam every year
Routine Hearing Aid	$0 copay for hearing aids - This plan will cover up to $2,000 every two years towards hearing aids, both ears combined. There is a limit of one hearing aid per ear. After this plan has paid our share, you will be responsible for the remaining cost(s). - Includes 2-year supply of batteries per aid (non-rechargeable models only) after purchase. - $0 copay for provider visits for fittings and adjustments, covered for 12 months after hearing aid purchase. A TruHearing provider must be used.
Medicare-covered Dental Services*	$0

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY
Routine Dental Services	$0 copay for preventive and most dental services. Preventive dental services: • 2 exams every year • 2 cleanings and 1 set of bitewing X-rays every year • 1 full mouth X-ray every 3 years $3,000 plan coverage limit each year for preventive and most dental services. Dental services require the use of a plan participating provider. Liberty Dental providers are considered in-network for this plan. Contact us for more details.
Vision Services: Medicare-covered vision exam to diagnose and treat conditions of the eye	$0–20%
Vision Services: Medicare-covered eyewear	$0-20% copay Limited coverage of eyewear related to cataract surgery.
Vision Services: Routine eye exam	$0 copay for one exam per year Non-Medicare covered routine vision is provided through plan participating providers. Contact us for more details.
Vision Services: Routine eyewear	$0 copay Our plan pays up to $300 every year for routine eyewear that is purchased through a plan provider.
Inpatient Mental Health Services*	In 2024 the amounts for each benefit period are: $0 or Days 1-60: $1,632 deductible Days 61-90: $408 copay per day Days 91-150: $816 copay while using 60 lifetime reserve days These amounts may change for 2025.
Outpatient Individual and Group Mental Health Therapy Visit*	$0–20%

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY
Skilled Nursing Facility* (Per benefit period, as defined by Original Medicare)	In 2024 the amounts for each benefit period are: $0 or Days 1-20: $0 copay per day Days 21-100: $204 copay per day Our plan covers up to 100 days in a skilled nursing facility during each benefit period. These amounts may change for 2025.
Physical Therapy*	$0–20%
Ambulance Authorization required for non-emergency Medicare services.	$0–20%
Transportation* (Routine)	$0 copay Benefit allows up to 25 round trips to plan approved locations, up to $850 annual plan limit. The member must contact our transportation vendor to arrange transportation.
Medicare Part B Drugs* Part B drugs may be subject to step therapy. See Evidence of Coverage for details.	Depending on your level of Medicaid, Part B drugs and biologicals will have a $0-20% coinsurance. Medicare publishes a list of certain Part B drugs and biologicals with prices that have increased faster than the rate of inflation. For these drugs and biologicals for members whose Medicaid level leaves them with remaining coinsurance, the coinsurance will be 20% of the inflation-adjusted payment amount, which will be less than what they would pay in coinsurance otherwise. The amount could change throughout the year depending on the rate of inflation.
ADDITIONAL BENEFITS	
Meals*	$0 copay for meals provided through the approved vendor. When you get home after an inpatient hospital stay or immediately following surgery, we cover up to 2 home delivered meals per day for 7 days after discharge. Covered up to 4 times per year.
Personal Emergency Response System (PERS)	$0 copay Plan covers a personal emergency response system and monthly monitoring fee. This must be received through our contracted vendor.

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY
Flex Debit Card: **Over-the-Counter Items (OTC)** **Healthy Food ◄** **Utility Bill Assistance ◄**	$153 every month to spend at participating retailers toward the purchase of approved items and services. This is a combined limit and may be used for over-the-counter items (including personal supplies), healthy food purchases, and/or utility bill assistance. Any unused amounts will not carry over to the next month. Unused amounts will also not carry over to the next calendar year.
Medicare-covered Foot Exams and Treatment* (Podiatry)	$0–20%
Routine Foot Care* (Podiatry)	$0 copay Routine foot care is covered for up to 4 visits every year.
Durable Medical Equipment* (like wheelchairs and oxygen)	$0–20% Durable medical equipment must meet certain criteria to be covered. Contact the plan for more details.
Prosthetics* (like braces and artificial limbs)	$0–20%
Diabetic Monitoring Supplies*	$0-20% Only OneTouch/LifeScan or Abbot supplies are covered. Coverage is limited to 100 strips for a 30-day supply. Additional quantities require coverage review.
Diabetic Therapeutic Shoes or Inserts*	$0–20%
Health/Wellness Programs (like fitness, tobacco cessation, etc.)	$0 copay SilverSneakers is the fitness program covered by this plan.
Home Health Care*	$0 copay
Cardiac/Pulmonary Rehabilitation Services*	$0–20%

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY
Chiropractic Services*	$0–20% This plan covers Medicare-covered services only.
Telehealth Services	$0 copay This applies to: • Primary Care Physician Services • Physician Specialist Services • Individual Sessions for Mental Health Specialty Services • Individual Sessions for Psychiatric Services • Individual Sessions for Outpatient Substance Abuse Services must be accessed through our contracted vendor.
Wellness Incentive Program	Earn $25 on your InComm card after receiving any of these services: • Breast Cancer Screening • Colorectal Cancer Screening • Annual Wellness Visit Limit one incentive reward per service per year.

Services with an * may require your provider to obtain prior authorization from the plan.

Note: There are ranges listed in the above charts for some premiums and services. What you will pay will be determined by your level of Medicaid and/or Part D Extra Help. Please contact the plan for details.

Services marked with ◄ are VBID Model Benefits. Medicare approved The Health Plan of West Virginia to provide these benefits as part of the Value-Based Insurance Design (VBID) program. This program lets Medicare try new ways to improve Medicare Advantage plans. Eligibility for the Additional Benefits under the VBID Model is not assured and will be determined by The Health Plan after enrollment, based on relevant criteria (e.g., eligibility criteria based on Low Income Subsidy status and/or Area Deprivation Index national percentiles). All applicable eligibility requirements must be met before the benefit is provided. For details, or for assistance determining eligibility, please contact our Member Services at 1-877-847-7907 (TTY users should call 711).

Prescription Coverage

This plan includes Medicare Part D Prescription coverage. In most cases you need to get your drugs at participating network retail and mail order pharmacies. Please go to healthplan.org/medicare to see the most up to date pharmacy directory or call us to discuss.

Specialty Tier Drugs have a 30-day supply limit.

What You Will Pay

If you HAVE Low Income Subsidy (LIS) Extra Help you will pay the following for covered medications:

Annual Part D Prescription Drug Deductible	**$0**
Initial Coverage Limit (ICL) **Catastrophic Coverage**	**$0** For all covered drugs in all benefit phases.

If you DO NOT have Low Income Subsidy (LIS) Extra Help you will pay the following for covered medications:

Annual Part D Prescription Drug Deductible	If you do not have Low Income Subsidy/Part D Extra Help, you will pay the standard Part D Prescription deductible of $590.
Initial Coverage Limit (ICL)	After you have paid the deductible amount, you will pay the standard Medicare Part D prescription cost shares.
	Please see The Health Plan SecureCare SNP (HMO D-SNP) Evidence of Coverage (EOC), or contact the plan, for complete details. You will pay these amounts until you have reached the ICL amount of $2,000.
Catastrophic Coverage	You pay nothing for covered Part D drugs if you reach the Catastrophic Coverage Stage.
IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN AND VACCINES	
If you have LIS/Extra Help, you will pay nothing for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. If you do not have LIS/Extra Help, you will pay no more than $35 for a one-month supply for each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.	
Our plan covers most Part D vaccines at no cost to you. Call member services for more information.	

Summary of Medicaid-Covered Benefits for Plan H3672-019

The Health Plan SecureCare SNP (HMO D-SNP)

January 1, 2025 – December 31, 2025

State of West Virginia

The benefits described below are covered by Medicaid.

Medicaid is usually the payer of last resort — this means that as a member of our plan, we will process your claims first. There may be a remaining balance after we have completed processing your claim. Your provider should then bill WV Medicaid directly, to see if they will pay all or a portion of the remainder. WV Medicaid will pay based on your level of Medicaid. This means that they may not pay the entire amount - you may be responsible for a part of the remaining balance.

If you are full-dual eligible (meaning you have full Medicaid benefits), you will likely pay nothing for most covered services on our plan.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call WV Medicaid at 1.877.716.1212, Monday–Friday, 8:00 a.m. until 5:00 p.m.

For more information, you can also visit the WV Medicaid website at dhhr.wv.gov/bms.

WV Medicaid Covered Medical and Hospital Benefits

For dual-eligible members, Medicaid pays co-insurance, copayments and deductibles for Medicare-covered services.

This chart describes Medicaid coverage only. To see what you will pay under The Health Plan SecureCare SNP (HMO D-SNP) as a member of our plan*, please see The Health Plan Premium and Benefits* chart above.

	MEDICAID	The Health Plan SecureCare SNP (HMO D-SNP)
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Emergency Care	Covered	Covered
Diagnostic Tests, Lab, and Radiology Services and X-Rays	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Prosthetic Devices	Covered	Covered

Summary of Medicaid-Covered Benefits for Contract H3672-019

The Health Plan SecureCare SNP (HMO D-SNP)

January 1, 2025 – December 31, 2025

State of Ohio

The benefits described below are covered by Medicaid.

Medicaid is usually the payer of last resort — this means that as a member of our plan, we will process your claims first. There may be a remaining balance after we have completed processing your claim. Your provider should then bill Ohio Department of Medicaid (ODM) directly, to see if they will pay all or a portion of the remainder. ODM will pay based on your level of Medicaid. This means that they may not pay the entire amount - you may be responsible for a part of the remaining balance.

If you are full-dual eligible (meaning you have full Medicaid benefits), you will likely pay nothing for most covered services on our plan.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call ODM at **1.800.324.8680, (TTY 711),** Monday–Friday 7 am-8 pm, or Saturday 8 am-5 pm.

For more information, you can also visit the ODM website at Medicaid.ohio.gov.

Ohio Department of Medicaid Covered Medical and Hospital Benefits

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

To see what you will pay under The Health Plan SecureCare SNP (HMO D-SNP)*, please see The Health Plan Premium and Benefits* chart above.

	MEDICAID	The Health Plan SecureCare SNP (HMO D-SNP)
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Test, Lab, and Radiology Services and X-Rays	Covered	Covered
Hearing Services	Covered	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered
Additional Dental Services	Covered	Covered
Family Planning	Covered	Covered according to Medicare guidelines

Additional Vision Services	Covered	Covered
	MEDICAID	The Health Plan SecureCare SNP (HMO D-SNP)
Home and Community Based Services (HCBS)	Covered	Not Covered Beyond Original Medicare
Over the Counter Items	Covered	Covered
Physical Exam for Job Placement	Covered	Not Covered
Prenatal and Postpartum Care	Covered	Not Covered

Discrimination is Against the Law

The Health Plan of West Virginia (The Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex (consistent with the scope of sex discrimination as described by applicable law).
The Health Plan does not exclude people or treat them less favorably because of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex.

The Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Director, Health Equity & Wellness.

If you believe that The Health Plan of West Virginia has failed to provide these services or discriminated in another way on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex, you can file a grievance with: Director, Health Equity & Wellness, 1110 Main Street, Wheeling, West Virginia 26003, Phone: 740.699.6142, TTY: 711, Fax: 740.699.6163, civilrightscoordinator@healthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director, Health Equity & Wellness 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, D.C. 20201
1.800.368.1019, 1.800.537.7697 (TDD)

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

This notice is available at The Health Plan's website: healthplan.org.

TheHealthPlan
1110 Main Street, Wheeling, WV 26003-2704 | healthplan.org

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1.877.847.7907 (TTY: 711) or speak to your provider.

Spanish

Español
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1.877.847.7907 (TTY: 711) o hable con su proveedor.

Chinese (Simplified)

中文 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提 供适当的辅助工具和服务，以无障碍格式提供信息。致电 1.877.847.7907 (TTY: 711) 或咨询您的服务提供商。

Chinese (Traditional)

中文
注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1.877.847.7907 (TTY: 711) 或與您的提供者討論。

German

Deutsch
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1.877.847.7907 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Arabic

العربية
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1.877.847.7907 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Pennsylvania Dutch
Hinweis: Wenn du Pennsylvaniä Deitsch redst, kannscht du kostenlose Sprachhilfe-Dienste nutze. Auwersichtliche Hilfsmittel und Dienste, um Information in zugängliche Formate zu gebbe, sin au kostenlos verfügbar. Ruf 1.877.847.7907 (TTY: 711) an oder red mit deinem Anbieter für Hilfe.

Russian
РУССКИЙ
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1.877.847.7907 (TTY: 711) или обратитесь к своему поставщику услуг.

French
Français
ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1.877.847.7907 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese
Việt
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1.877.847.7907 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Korean
한국어
주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1.877.847.7907 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Cushite (Oromo)
HUBACHIISA: Afaan Oromoo dubbattu yoo ta'eef, tajaajilli gargaarsa Afaan Hiikuu (Turjumaanaa) bilisaan kan isiniif dhiyaatu ta'a. Gargaarsi walqabataa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa unkaalee dhaqqabamoo ta'aniin kennuunis bilisaan ni argama. 1.877.847.7907 (TTY: 711) irratti bilbilaa ykn dhiyeessaa keessan waliin haasa'aa.

Japanese
日本語
注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1.877.847.7907 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

Italian
Italiano
ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1.877.847.7907 (TTY: 711) o parla con il tuo fornitore.

Dutch
Nederlands
LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1.877.847.7907 (TTY: 711) of spreek met je provider.

Ukrainian
українська мова
УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1.877.847.7907 (TTY: 711) або зверніться до свого постачальника.

Romanian
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii gratuite de asistență lingvistică. De asemenea, sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru a furniza informații în formate accesibile. Sunați la 1.877.847.7907 (TTY: 711) sau vorbiți cu furnizorul dvs.

Tagalog
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1.877.847.7907 (TTY: 711) o makipag-usap sa iyong provider.


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