# MercyCare Health Plans

# 2024 Medicare Select

## OUTLINE OF COVERAGE

Underwritten by MercyCare HMO, Inc.

*The Wisconsin Insurance Commissioner has set standards for Medicare Select policies. This policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see "Wisconsin Guide to Health Insurance for People with Medicare," given to you when you applied for this policy. Do not buy this policy if you did not receive the "Wisconsin Guide to Health Insurance for People with Medicare."*


PO Box 550, Janesville, WI 53547-0550

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**Disclosure:** Use this to compare benefits and premium among policies.

**Premium information:** MercyCare can only raise your premium if we raise the premium for all policies like yours in the state. If you reach an age that places you in a new premium tier, the rate for the new premium tier will take effect at the next policy renewal date which is January 1st of each year.

**Read your policy very carefully:** This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all the rights and duties of both you and your insurance company. It covers some hospital, skilled nursing facility, medical, surgical and other outpatient services that are partially covered by Medicare. This policy does not provide benefits for custodial care such as help in walking, getting in and out of bed, eating, dressing, bathing and taking medicine.

**Your right to return this policy:** If you find that you are not satisfied with your policy, you may return it to us at MercyCare HMO, Inc., P.O. Box 550, Janesville, WI 53547-0550. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

**Policy replacement:** If you are replacing another health insurance policy, DO NOT cancel it until you have actually received your new policy and are sure you want to keep it.

**Notice:** This policy may not fully cover all of your medical costs.

# Neither MercyCare HMO, Inc. nor its agents are connected with Medicare.

## General Information

This brochure provides only a general description of MercyCare Health Plans Medicare Select Policy (MercyCare Medicare Select) benefits, limitations and exclusions. You can find a more detailed description of MercyCare Medicare Select coverage in the policy under covered services. Coverage is subject to all terms and conditions of the policy.

## Why buy Medicare Supplement insurance?

Medicare is great. But, as you probably already know, Medicare doesn't pay for everything. There are Medicare deductibles and coinsurance you have to pay before Medicare pays benefits. And, there's always a chance that a serious illness or injury could exhaust your Medicare benefits. It may seem impossible now, but it does happen. With Medicare coverage alone, you could be left owing a significant amount of money to your health care provider.

### Comprehensive coverage that helps fill some of the gaps left by Medicare.

The MercyCare Medicare Select policy begins with an excellent core of benefits. Although you must pay your Medicare Part B (Medical) deductible, our plan covers your Medicare Part A (Hospitalization) deductible, and Part A and Part B coinsurance—costs you would otherwise have to pay out of your own pocket. But that's just the beginning. MercyCare Medicare Select pays for important services, including:

- $25 Stay Healthy benefit
- Chiropractic services
- Foreign travel emergency care
- Durable medical equipment
- Equipment and some diabetes supplies
- Home health care services
- Hospital and skilled nursing care
- Immunizations
- Laboratory test
- Licensed ambulance services
- Mammograms
- Medical/surgical services and supplies
- No pre-examination
- No waiting periods
- Physical, radiation and speech therapy
- Prosthetics
- Routine physical exams including eye and hearing exams
- Quality care close to home

Find a detailed description of Medicare Supplement benefits starting on page 4.

### It keeps pace with Medicare

Each time the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA) increases your Medicare deductibles, your MercyCare Medicare Select benefits will adjust to cover the increase. You can feel secure in knowing your plan will always remain current with Medicare. Each year, MercyCare HMO, Inc. will send you a notice 30 days prior to the effective date of any Medicare changes. This notice will describe the Medicare changes and any changes in your Medicare supplement coverage.

### It is guaranteed renewable for life

We promise that your MercyCare Medicare Select Policy will never be canceled because of your health. As long as you pay your premium on time, MercyCare Medicare Select is guaranteed renewable for life, as long as you live in the service area and don't provide fraudulent information.

**When you have questions, simply call the toll-free number on your MercyCare Medicare Select card. Answers are just a phone call away at (800) 895-2421. MercyCare representatives are available Monday-Friday, 8:00 am-5:00 pm.**

## Who is eligible for MercyCare Medicare Select?

You are eligible to apply for MercyCare Medicare Select if you:

- Reside within the MercyCare Medicare Select services area (Green, Jefferson or Rock County) at least 6 months out of the year; and
- Are enrolled in Medicare Parts A & B; and
- Are not covered by the state Medicaid assistance program.

### When and how to enroll?

If you are apply within 6 months after enrolling in Medicare Part B coverage, or within 6 months after turning age 65 if you had Medicare Part B under age 65, you are eligible for open enrollment. If you apply during open enrollment, coverage is guaranteed issue; therefore, you do not need to answer the Health Information Questionnaire within the application during open enrollment.

You may also be eligible for guaranteed issue when you lose or terminate other health coverage under certain circumstances, providing you apply within 63 days of the termination date of your prior health plan. You must provide a copy of the termination notice you received from your prior plan along with your application. This notice must verify the circumstances of your prior plan's termination and also describe your right to guaranteed issue of the Medicare supplement insurance.

You may apply at any other time; however, you will have to complete the Health Information Questionnaire. We will approve your application if you meet our underwriting guidelines.

Please complete the enclosed application and return it to us with your check for first two months premium in the postage-paid envelope.

If you need help completing the application or have any questions, please contact us toll-free at 1-800-895-2421.

### When will coverage begin?

If approved, coverage will become effective the first of the month following our receipt as long as we receive your application by the 25$^{th}$ of the month, unless you request a later effective date.

If you request a later effective date, please keep in mind that it must be on the first day of a given month.

## Medicare Select Part A – Hospital Services – Per Benefit Period

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| | | | If you use a participating provider | |
|---|---|---|---|---|
| **Services** | **Per benefit period** | **Medicare pays** | **This policy pays** | **You pay** |
| **Hospitalization:** Semi-private room and board, general nursing and miscellaneous hospital services and supplies.<br>Includes meals, special care units, drugs, lab tests, diagnostic x-rays, medical supplies, operating and recovery room, anesthesia and rehabilitation services. | First 60 days | All but $1,632 Part A deductible | $1,632 Part A deductible | $0* |
| | 61st-90th day | All but $408/day | $408/day | $0* |
| | 91st–150th day | All but $816/day | $816/day | $0* |
| | After 150 days | $0 | 100% of Medicare eligible expenses* | $0* |
| **Skilled nursing care:** You must meet Medicare's requirements including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | First 20 days | 100% of approved amounts | $0 | $0* |
| | 21st-100th day | All but $204/day | $204/day | $0* |
| | After 100th day | $0 | $0 | All costs |
| **Inpatient psychiatric care**: In a participating psychiatric hospital. | | 190 days per lifetime | 175 days per lifetime | Beyond 365 days per lifetime |
| **Blood** | First 3 pints | $0 | First 3 pints | $0* |
| | Additional amounts | 100% | $0 | $0* |
| **Hospice Care:** Available as long as your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited coinsurance for outpatient drugs and inpatient care. | 100% of Medicare eligible expenses | $0* |

*You pay nothing only if you use participating providers. Otherwise, you are responsible for the remaining balance.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, MercyCare stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits."

This chart only briefly summarizes Medicare benefits. For more details, contact your local Social Security office or read your "Medicare & You" handbook. To obtain a copy of this handbook, please call (800) MEDICARE (633-4227). You may also find it online at www.medicare.gov.

## Medicare Select Part B Benefits

**The chart below shows the amounts that Medicare, this policy, and you will pay after you have met your Medicare Part B deductible. ****

| | | | If you use a participating provider | |
|---|---|---|---|---|
| **Services** | **Per benefit period** | **Medicare pays** | **This policy pays** | **You pay** |
| **Medically necessary services:** In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment. | First $240 of Medicare-approved amounts** | $0 | $0 | $240** |
| | After deductible - Remainder of Medicare-approved amounts | Generally 80% | 20% | $0* |
| **Blood** | First 3 pints** | $0 | 100% | $240** |
| | After deductible, remainder of Medicare-approved amounts starting with the fourth pint | Generally 80% | Generally 20% | $0* |
| **Clinical laboratory expenses:** Tests for diagnostic services | Not applicable | 100% | $0 | $0* |
| **Home health care** | Not applicable | 100% of charges for visits considered medically necessary by Medicare | 365 visits for medically necessary services | Other visits |

*You pay nothing only if you use participating providers. Otherwise, you are responsible for the remaining balance.

**Once you have been billed $240 of Medicare-approved amounts for covered services your Medicare Part B deductible will have been met for the calendar year.

This chart only briefly summarizes Medicare benefits. For more details, contact your local Social Security office or read your "Medicare & You" handbook. To obtain a copy of this handbook, please call (800) MEDICARE (633-4227). You may also find it online at www.medicare.gov.

## Additional Medicare Select Part B Benefits

**The chart below shows the amounts that Medicare, this policy, and you will pay after you have met your Medicare Part B deductible. ****

| | | If you use a participating provider | |
|---|---|---|---|
| **Services** | **Medicare pays** | **This policy pays** | **You pay** |
| **Kidney transplants, dialysis and treatment and kidney disease care**<br><br>**Chiropractic care**<br><br>**Breast reconstruction after a mastectomy**<br><br>**Hospital, ambulatory surgery center, and anesthesia charges for dental care (limited to specific conditions and circumstances)**<br><br>**Immunizations**<br><br>**Inpatient hospital private-duty nursing** | 80% of Medicare-eligible charges | 20% of Medicare-eligible charges | $0* |

*You pay nothing only if you use participating providers. Otherwise, you are responsible for the remaining balance.

**Once you have been billed $240 of Medicare-approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.

MercyCare Medicare Select will provide benefits for emergency or urgent care while you are temporarily out of the service area. Urgent care is defined as care for an accident or illness occurring while the MercyCare member is temporarily away from the service area and that is required to prevent a serious deterioration of your health before you are able to reach your primary care provider. If it is necessary for you to be hospitalized while out of the area, MercyCare Medicare Select will provide the same benefits as those provided if you were hospitalized at a participating hospital.

This chart only briefly summarizes Medicare benefits. For more details, contact your local Social Security office or read your "Medicare & You" handbook. To obtain a copy of this handbook, please call (800) MEDICARE (633-4227). You may also find it online at www.medicare.gov.

## Other Covered Benefits

| | | If you use a participating provider | |
|---|---|---|---|
| **Services** | **Medicare pays** | **This policy pays** | **You pay** |
| **Preventive Services** (Preventive services rated A or B by the U.S. Preventive Services Task Force. Visit medicare.gov for a complete list of covered services.) | 100% of Medicare-approved amounts | 0% | $0* |
| **Other Preventive Services** (not covered by Medicare) Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare.<br>• Routine eye exams<br>• Routine physical exams<br>• Routine hearing exams | $0 | Generally 100% | $0* |
| **Foreign travel emergency medical care** | $0 | 100% of charges for emergency care beginning during first 60 days of travel outside the USA. Subject to a $50,000 lifetime limit. | Any amounts over the $50,000 lifetime limit. |
| **Chiropractic care** (Medically necessary services not covered by Medicare) | $0 | 100% | $0* |

*You pay nothing only if you use participating providers. Otherwise, you are responsible for the remaining balance.

## Your Complaint Rights

MercyCare is committed to ensuring that your concerns are handled in an appropriate and timely manner. We ensure that you have the opportunity to express dissatisfaction with any aspect of our products.

You have the right to contact our customer service department to address a concern. If you contact MercyCare by telephone, our customer service representatives will research your concern and advise you of the outcome. Our toll-free telephone number is (800) 895-2421.

If your concerns are not resolved to your satisfaction you may file a "grievance" with us. A "grievance" is any dissatisfaction with MercyCare or a provider of services that is expressed in writing to us by you, or on your behalf, including dissatisfaction with the provision of services, our claims practices, or our decision to disenroll you.

You may submit a grievance to MercyCare at any time at:

**MercyCare Health Plans**
**Customer Service Department**
**P.O. Box 550**
**Janesville, WI 53547-0550**

We will offer you the opportunity to talk to a Grievance Committee either in person, on the phone or via other technology that may be available. We will make every effort to have at least one person on the committee that has MercyCare insurance, but is not an employee of MercyCare.

Your concerns are important to us. In order for us to improve the service we provide for you it is essential that you voice your concerns so that we may identify areas requiring improvement.

You may resolve your problem by taking the steps outlined here. You may also contact the Office of the Commissioner of Insurance (OCI) to file a complaint. The Office of the Commissioner of Insurance is a state agency that enforces Wisconsin's insurance laws.

To file a complaint online or to print a complaint form, visit the OCI's website at www.oci.wi.gov, or contact the OCI at:

**Office of the Commissioner of Insurance**
**Complaints Department**
**P.O. Box 7873**
**Madison, WI 53707-7873**
**(800) 236-8617 or (608) 266-0103**
Website: http://oci.wi.gov

## Limitation and Exclusions

All benefits listed in this outline will be provided only when the services are rendered by a participating provider, except for care in an emergency or urgent care situation while outside the service area, or with a referral approved by MercyCare. A referral must be issued by your primary care physician and approved by MercyCare's medical director. The referral is valid only for the treatment and period of time stated on the form.

MercyCare reserves the right to recover (subrogate) payments that are the liability of a third party.

**EXCLUSIONS**

### Surgical Services

- Procedures, services and supplies related to sex transformation, unless Medicare eligible
- Reversal of voluntary sterilization and related procedures
- Cosmetic or plastic surgery except breast reconstruction due to mastectomy or a medical/surgical necessity Psychological reasons do not represent a medical/surgical necessity
- Any surgical treatment or hospitalization for treatment of morbid obesity, unless Medicare eligible
- Cochlear implants, unless Medicare eligible
- Tangential or radial keratotomy

### Medical Services

- Examinations for employment, licensing, insurance, adoption, participation in athletics, or examinations or treatments ordered by a court, unless otherwise covered
- Expenses for medical reports, including preparation and presentation
- Services rendered: (a) in the examination, treatment or removal of all or parts of corns, calluses, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; (b) in the cutting, trimming or other non-operative partial removal of toenails; (c) treatment of flexible flat feet
- Any food, liquid and/or nutritional supplements and any weight loss program that incorporates these
- Any artificial means to achieve pregnancy, or surrogate mother services
- Implantable birth control items, services related to scarring due to their removal, or elective abortions
- Sublingual (under the tongue) allergy testing and/or treatment

### Ambulance services

- Ambulance service, other than ground ambulance, unless such service meets Medicare requirements or is authorized by MercyCare
- Any amounts over Medicare allowed amounts if ambulance service does not accept Medicare assignment

### Therapy services

- Vocational rehabilitation, including work-hardening programs
- Long-term therapy and maintenance therapy. Examples include physical, speech and occupational therapy, and other long-term special therapy except as specifically listed in the Benefits section
- Therapy services such as recreational or educational therapy, physical fitness or exercise programs
- Hypnotherapy, marriage counseling, residential care or biofeedback, except for treatment of headaches and spastic torticollis
- Hearing therapy for a learning disability and communication delay
- Perceptual therapy for behavior disorders
- Specialized evaluation and treatment

- of multiple handicaps or hyperactivity
- Specialized evaluation and treatment for sensory deficit and motor dysfunction

**EXCLUSIONS**, *continued*

- Developmental and neuroeducational testing or treatment
- Vision therapy or orthoptics (eye exercises)
- Coma stimulation programs
- Sexual counseling services beyond those techniques commonly used by participating providers or for conditions not producing significant physical and mental symptoms

### Dental services

- All services performed by dentists and other dental services, except those specifically listed in the Benefits section, including shortening of the mandible or maxillae; correction of malocclusion; hospitalization costs for services not specifically listed in the Benefits section

### Hospital inpatient services

- Take-home drugs and supplies dispensed at hospital discharge

### Transplants

- Transplants, except kidney, corneal and any other approved by Medicare
- Services in connection with covered transplants unless prior authorized by MercyCare
- Retransplantation

### Drugs

- Any prescription drug
- Over-the-counter drugs and medications, unless otherwise stated in the policy.

### Durable Medical Equipment

- All durable medical equipment purchases or rentals exceeding $200 per month unless authorized by MercyCare
- Repairs and replacement of durable medical equipment/supplies unless authorized by MercyCare
- Medical supplies and durable medical equipment for comfort or personal hygiene
- Convenience items such as, but not limited to, air conditioners, air cleaners, humidifiers
- Physical fitness equipment or physician's equipment
- Disposable supplies, except non-prescription test strips and lancets used in connection with the treatment of diabetes
- Alternative communication devices
- Self-help devices not medical in nature
- Home testing supplies and related equipment, except those non-prescription items used in connection with the treatment of diabetes
- Equipment, models or devices that have features over and above the medical necessity. Coverage will be limited to the standard model, as determined by MercyCare
- Oxygen therapy and other inhalation therapy and related items for home use, except as authorized by MercyCare
- Elastic support stockings, e.g., TEDS, JOBST, etc.
- Orthotic appliances other than orthopedic shoes that are an integral part of a brace
- Hearing aids
- Motor vehicles or customization of vehicles, lifts for wheelchairs and scooters, and stair lifts

### General

- For emergency care received from a non-participating provider, any amounts over the amounts allowed by Medicare if the non-participating provider does not accept Medicare assignment.
- Services for holistic medicine or other programs with an objective to provide complete personal fulfillment
- Care provided to assist daily living (ADL), unless part of a plan of care under the home care

benefit
- Personal comfort or convenience items, such as in-hospital television, telephone, private room, housekeeping and homemaker services, and meal services as part of home health care

**EXCLUSIONS**, *continued*

- Custodial nursing home (except skilled) or domiciliary care
- Expenses incurred before MercyCare membership, or services received after MercyCare coverage or eligibility terminates
- Eyeglass lenses and contact lenses, fitting of contact lenses, except the lens of the affected eye after cataract surgery
- Any service not reasonably and medically necessary or not required in accordance with accepted standards of medical, surgical or psychiatric practice
- Charges for missed appointments
- Experimental services, unless covered by Medicare, including: treatment or procedures not generally proven to be effective, as determined by MercyCare
- Services provided by members of your immediate family or any person residing with you
- Services, including non-physician services, provided by providers of health care that are non-participating providers, except:
  a. On written referral by your primary care physician with written approval of MercyCare
  b. Emergencies in the service area when your primary care physician cannot be reached
  c. Emergency services outside the service area
- Any hospital or medical care or service not provided for in this policy unless authorized by MercyCare
- Services that Medicare does not cover unless this policy specifically provides for them
- Any part of a service or benefit that Medicare has paid or is payable by Medicare
- Benefits provided or payable under workers compensation
- Any loss caused or contributed to by war or your involvement in battery or a felony
- Services and supplies for which no charge is made, or for which you would not have to pay without this coverage, or for which another party has the obligation to pay
- Ancillary medical services provided during the course of a non-covered treatment
- Services of a blood donor
- Treatment, services and supplies provided while in the custody of law enforcement officials, except persons on work release

**LIMITATIONS**

Benefits are limited as stated in the policy:

- Nursing home care is limited to the Medicare-eligible care, and 30 days of medically necessary skilled nursing facility care if you do not have a Medicare "qualifying hospital stay."
- Home health care is limited to the 365 visits per year and Medicare-eligible care specifically covered under the policy
- Physician charges are limited to the charge approved by Medicare
- Care received outside the US that is otherwise Medicare-eligible must begin within the first 60 days of a trip, and is subject to a $50,000 lifetime limit
- You must report emergency care outside the service area to your primary care physician as soon as reasonably possible in order to arrange follow-up care. Follow-up care is not covered when it is received from a non-participating provider
- You must return to the service area for urgent care if you can do so without medical harm. Follow-up care is not covered when it is received from a non-participating provider

- Speech and hearing screening examinations are limited to routine tests performed by a participating provider for determining the need for correction
- Outpatient physical, occupational and speech therapy are limited to treatment of those conditions requiring therapy

**LIMITATIONS**, *continued*

- Sexual counseling services are limited to those techniques commonly used by participating providers and for conditions considered to be producing significant physical and mental symptoms

## Premium and Benefit Changes

### Rates for Green, Jefferson and Rock Counties for 2024

| Age | Monthly | Quarterly | Annually |
|---|---|---|---|
| Under 65 | $404.37 | $1,213.11 | $4,852.44 |
| 65-69 | $155.53 | $466.59 | $1,866.36 |
| 70-74 | $194.40 | $583.20 | $2,332.80 |
| 75-79 | $233.30 | $699.90 | $2,799.60 |
| 80-84 | $272.17 | $816.51 | $3,266.04 |
| 85+ | $303.28 | $909.84 | $3,639.36 |

**Premium changes:** Your premium rate will change only when MercyCare changes premiums for all MercyCare Medicare Select policies and when you attain age 65, 70, 75, 80 and 85. MercyCare will notify you of any premium changes. If the premium will increase more than 25%, MercyCare will notify you at least 60 days before your policy renews.

**Benefit changes:** Benefits under this policy will change automatically to coincide with any changes in the applicable Medicare deductibles, copayments, and coinsurance. Premiums may be modified with such a change in benefits.

**Premium payments:** MercyCare will send you a notice when your premium is due. You should pay this premium by the due dates stated in the notice. To keep this policy in effect, you must pay the premium within the 31-day grace period after the first day of the period for which the premium is due. Coverage under this policy remains in effect during the grace period, and we may deduct the premium due for this coverage from any benefits received before you have properly cancelled the policy.

**Automatic premium payment:** MercyCare offers automatic withdrawals for your monthly premium payments. Your payments may be withdrawn from either your savings account or your checking account, on the 10th day of each month. If you choose to participate in this program, you will not receive monthly statements from MercyCare. However, you will receive at least a 30-day notice of any increase in premiums.

**MercyCare Medicare Select renewal terms:** If you or MercyCare do not terminate your MercyCare Medicare Select policy, we will automatically renew the policy for each calendar year. You cannot be cancelled because you have used or overused benefits. You can only be cancelled if you do not pay the premium, if you have given us fraudulent information in your application, or if you move out of the service area. Your premium rate will change only when rates for all MercyCare Medicare Select policies change.

**Annual premium: $0-10,000 total for basic Medicare Supplement coverage under this policy**

In addition to this outline of coverage, MercyCare will send an annual notice to you 30 days before the effective date of Medicare changes. The notice will describe these changes and the changes in your Medicare Supplement Coverage.

## Commonly Asked Questions

**What kind of policy is MercyCare Medicare Select?** MercyCare Medicare Select is a Medicare Supplement insurance policy. You keep your Medicare Part A and B coverage when you join the plan. Although you must pay the Part B deductible, the MercyCare Medicare Select policy will cover your Part A deductible as well as coinsurance you would otherwise have to pay under the federal Medicare program. The policy also provides benefits beyond those payable under the Medicare program as described in this outline of coverage, including routine physicals, and eye and hearing exams.

**Who is eligible for MercyCare Medicare Select?**
You are eligible if you are enrolled in Medicare Parts A and B, live within our service area (Green, Jefferson, or Rock County) for at least 6 months out of the year, and are not covered by the state Medicaid assistance program.

How do I enroll in MercyCare Medicare Select? To apply, please complete the enclosed application. Mail the completed application along with your check for the first two months' premium to the MercyCare office. An envelope has been provided for your convenience.

**When will coverage be effective?**
If approved, coverage will become effective the first of the month following our receipt as long as we receive your application by the 15th of the month, unless you request a later effective date.

**In completing the application, I noticed that I need to choose a primary provider. What does that mean?**
As a member of MercyCare Medicare Select you will choose a provider that will be responsible for managing your health care needs. Whenever you need health care services, contact your primary provider. In most cases, your health care needs will be met by the provider that you have chosen.

**I've known people who've had trouble with their Medicare supplement insurance. How can I be sure I'll get the coverage I should?**
If you have any questions concerning MercyCare Medicare Select or your coverage, please call us toll-free at (800) 895-2421.

**What if I need services my primary care provider (PCP) cannot provide?**
Your PCP will refer you when it is necessary to obtain services from another participating specialist.

**Does it matter if the specialist to whom I am referred is a participating MercyCare Medicare Select provider?**
In the vast majority of cases, MercyCare participating providers can provide necessary health care services. When, however, the primary provider feels it is necessary to go to a non–participating provider, he or she will give you a written referral. The referral must be prior authorized by the MercyCare health service department. As long as the referral is approved, benefits are paid the same as for a participating provider.

**What if I see a provider who is not participating and I do not have a referral?**
MercyCare Medicare Select will not provide benefits when services are rendered by non–participating providers without a referral prior authorized by the MercyCare health services department. The only exceptions are in the event of an emergency or if you are out of the service area and in need of urgent medical care. In this case, you or your provider must submit a claim to Medicare for payment. Then, simply submit the Explanation of Medicare Benefits (EOMB) to MercyCare for payment.

## Commonly Asked Questions, *continued*

**Will it be difficult to get a referral to see another provider?**
Delivering quality health care to meet your health care needs is a primary goal of MercyCare Medicare Select. If MercyCare does not have a participating provider who can provide the special service that you require, you can be assured we will direct you to a provider who can provide this service.

**Does MercyCare Medicare Select have a limitation of Part A benefits?**
No. As long as the condition is covered by Medicare, the MercyCare Medicare Select benefits will be payable.

**If I am currently seeing a provider who is not participating in MercyCare will you pay for this service?**
No. If you are willing to choose your provider from those participating in the plan, the program may be of great benefit to you. If, however, you feel that seeing a non-participating provider is of great importance, then MercyCare Medicare Select is probably not for you.

**Are there services that MercyCare Medicare Select does not cover?**
Yes. No health insurance plan covers all medical services. A listing of those services not covered is provided.

**What benefits does MercyCare Medicare Select provide that are not commonly found in Medicare supplement insurance policies?**
MercyCare Medicare Select provides a unique opportunity for Medicare recipients to obtain health care services without concern for your Medicare Part A deductible, co-insurance, Medicare-allowable charges, etc. If you are willing to receive your health care services from participating MercyCare providers, you will not have to complete any paperwork or claims forms. Participation in MercyCare Medicare Select brings you quality health care at a reasonable, predictable cost.

**Are chiropractic services covered?**
Yes, medically necessary chiropractic service is covered when obtained from a participating chiropractic provider, even if not covered by Medicare. Maintenance and long term therapy is, however, excluded.

**Will MercyCare Medicare Select cover my pre-existing medical conditions?** Yes. MercyCare Medicare Select does not contain any waiting periods or limitations for pre-existing conditions.

**Does MercyCare Medicare Select cover prescription drugs?** No, this plan does not cover prescriptions drugs or over-the-counter drugs except for Part A and Part B drugs.

**Do you cover diabetes supplies?** MercyCare Medicare Select covers non-prescription diabetes equipment and supplies when dispensed by a participating provider. This includes self-management education programs, nonprescription equipment and supplies, as well as non-prescription insulin, syringes, chem-strips and lancets obtained from a participating provider. The plan does not cover prescription insulin.