

Carilion Clinic Medicare Health Plan is a Medicare Advantage organization with a Medicare contract and a Medicare approved Part D sponsor. Anyone entitled to Medicare Part A and enrolled in Part B and reside in the service area of the plan may apply. You may not be eligible to enroll in the plan if you have end-stage renal disease (ESRD). You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. With some exceptions you can only enroll during certain times of the year. Medicare beneficiaries may enroll in Carilion Clinic Medicare Health Plan through the Centers for Medicare and Medicaid Services Online Enrollment Center, located at <http://www.medicare.gov>. To obtain more information, please call Member Services at 1-800-779-2285, TTY 1-877-225-3157, 8 a.m. to 8 p.m., 7 days a week.

For the HMO plan only: You must use plan providers except in emergent or urgent care situations. If you obtain routine care from out-of-network providers neither Medicare nor Carilion Clinic Medicare Health Plan will be responsible for the costs. For HMO POS plans only: You can go to providers or hospitals in or out-of-network. You may have to pay more for the services you receive outside the network and you may have to follow special rules prior to getting services in and/or out-of-network. Limitations, monthly premiums, copayments and coinsurance will apply. If you decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for it to take effect and you will ultimately be held responsible for those premiums.

You must use network pharmacies to access prescription drug benefits, except under non-routine circumstances when you cannot reasonably use network pharmacies.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for seventy-five percent of drug costs including monthly prescription drug premiums, annual deductible, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

Information may be available in a different format or language.

If you get benefits that are excluded (not covered), you must pay for them yourself. We will not pay for excluded benefits and neither will original Medicare. The only exception is if a benefit on the exclusion list is found upon appeal to be a medical benefit that we should have paid for or covered because of your specific situation. Some exclusions have been provided below. The following is not an all inclusive list. For a full list of exclusions please contact Member Services or refer to your Evidence of Coverage.

- Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our plan as a covered services.
- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare.
- Cosmetic surgery or procedures because of an accidental injury or to improve a malformed part of the body. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.

- Routine dental care, such as cleanings, filings or dentures. However, non-routine dental care received at a hospital may be covered.
- Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.
- Routine foot care, except for the limited coverage provided according to Medicare guidelines.
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease

Members have the right to appeal any decision the organization or plan makes regarding, but not limited to, a denial, termination, or reductions of services or benefits. This includes denial of payment for a service after the service has been rendered or denial of service prior to the services being rendered. Please refer to the Evidence of Coverage for more information.

For full information on Carilion Clinic Medicare Health Plan benefits, call our Member Services Department at 1-800-779-2285, TTY 1-877-225-3157, 8 a.m. to 8 p.m., 7 days a week.