2027 Summary of Benefits

Georgia | H3291 | Plan 002

PruittHealth Premier D-SNP (HMO D-SNP)

January 1 – December 31, 2027

This document summarizes what the plan covers and what you may pay. It does not list every covered service, benefit, limitation, or exclusion. For complete details, review the Evidence of Coverage (EOC) or contact the plan for assistance.

Need Help?

Call: 1-855-855-0668 (TTY 711)
Visit: PruittHealthPremier.com

This document is also available in large print and braille.

If you are a member and have questions about how to use your benefits, reach out to your Care Management Team, or learn more online at **PruittHealthPremier.com/Access-Your-Benefits**.

For terms and conditions, go to page 19.

Medical Benefits

Benefit category	Your plan benefits	
Monthly plan premium		
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**
The monthly plan premium includes both medical and drug coverage	**$0** You must continue to pay your Medicare Part B premium	**$0** You must continue to pay your Medicare Part B premium

Benefit category	Your plan benefits	
Deductible		
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**
Part A	**$0**	**$1,736** You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates as soon as they are released.
Part B	**$0**	**$283** You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates as soon as they are released.
Maximum out-of-pocket amount (MOOP)		
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**
MOOP *does not* include Part D prescription drugs	Your yearly costs for in-network services will not exceed **$9,850**	Your yearly costs for in-network services will not exceed **$9,850**

Premium, copayments, coinsurance, and deductibles may vary based on the level of “Extra Help” you receive. Please contact the plan for further details.

** Your costs may be higher if your Medicaid does not cover cost-sharing for Medicare-covered services.

Benefit category	Your plan benefits		
Inpatient hospital coverage			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	$0 copay for each Medicare-covered stay **$0 copay per day** for up to **60 additional days** over your lifetime	You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates as soon as they are released. **$1,736 deductible** for each Medicare-covered stay **$0 copay per day** for days **1-60** **$434 copay per day** for days **61-90** **$868 copay per day** for up to **60 additional days** over your lifetime	Yes, prior authorization is required
Outpatient hospital coverage			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Outpatient hospital services	**0% coinsurance**	**20% coinsurance**	Yes, prior authorization is required
Outpatient hospital observation services	**$0 copay**	**$100 copay**	Yes, prior authorization is required
Ambulatory Surgical Center (ASC) services			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	0% coinsurance	**20% coinsurance**	Yes, prior authorization is required

Benefit category	Your plan benefits		
Doctor visits			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Primary Care Providers (PCP)	**$0 copay**	**$0 copay**	**No prior authorization is required**
Specialists	**$0 copay**	**$10 copay**	**No prior authorization is required**
Preventive care (e.g., flu vaccine, diabetic screenings)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	$0 copay	**$0 copay**	**No prior authorization is required**
Emergency care			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	$0 copay	**$115 copay** You do not pay this amount if you are admitted to the hospital within 3 days.	**No prior authorization is required**
Urgently needed services			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	$0 copay	**$35 copay** You do not pay this amount if you are admitted to the hospital within 3 days.	**No prior authorization is required**

Benefit category	Your plan benefits		
Diagnostic services/labs/imaging			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Diagnostic tests and procedures	**0% coinsurance**	**20% coinsurance**	Yes, **except** for services provided in a Nursing Facility or Physician Office
Diagnostic radiology services (e.g., MRI, CAT scan)	**0% coinsurance**	**20% coinsurance**	Yes, **except** for ultrasounds
Lab services	**$0 copay**	**$0 copay**	**No, except for genetic testing**
Outpatient x-rays	**0% coinsurance**	**20% coinsurance**	**No prior authorization is required**
Therapeutic radiology	**0% coinsurance**	**20% coinsurance**	Yes, prior authorization is required

Benefit category	Your plan benefits		
Hearing services			
Hearing services (Medicare-covered)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	0% coinsurance	**20% coinsurance**	**No prior authorization is required**
Hearing services (additional benefits)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Routine hearing exam	**$0 copay** for up to **1 visit every year**	**$0 copay** for up to **1 visit every year**	**No prior authorization is required**
Fitting/evaluation(s) for hearing aids	**$0 copay** for **unlimited visits**	**$0 copay** for **unlimited visits**	**No prior authorization is required**
Hearing aids	Up to **$2,750 allowance every year** for prescription hearing aids for both ears combined. This benefit is administered by NationsHearing. After your hearing exam, hearing aids can be ordered online through the NationsHearing portal. Your Care Management Team can help you create your account, schedule a hearing exam, locate an in-network provider, or review your hearing benefits and current allowance, visit **NationsHearing.com/PruittHealthPremier**, call NationsHearing at 1-888-963-5779, or reach out to our Member Services team at 1-855-855-0668 for assistance.	Up to **$2,750 allowance every year** for prescription hearing aids for both ears combined. This benefit is administered by NationsHearing. After your hearing exam, hearing aids can be ordered online through the NationsHearing portal. Your Care Management Team can help you create your account, schedule a hearing exam, locate an in-network provider, or review your hearing benefits and current allowance, visit **NationsHearing.com/PruittHealthPremier**, call NationsHearing at 1-888-963-5779, or reach out to our Member Services team at 1-855-855-0668 for assistance.	**No prior authorization is required**

Benefit category	Your plan benefits		
Dental services			
Dental services (Medicare-covered)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	0% coinsurance	**20% coinsurance**	Yes, prior authorization is required
Dental services (additional benefits)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Preventive and comprehensive dental services	**$0 copay** for: • oral exams (up to **2 per year**), • cleanings (up to **2 per year**), • fluoride treatments (up to **1 every 6 months**) Dental x-ray limits apply Up to **$3,000 allowance every year** for preventive and comprehensive services To find a preferred provider, search the Liberty Dental network of providers. Your Care Management Team can help you create your account, schedule a dental exam, locate an in-network provider, or view your dental benefits and current allowance, visit **LibertyDentalPlan.com/PruittHealthPremier**, call Liberty Dental at 1-866-544-1942, or reach out to our Member Services team at 1-855-855-0668.	**$0 copay** for: • oral exams (up to **2 per year**), • cleanings (up to **2 per year**), • fluoride treatments (up to **1 every 6 months**) Dental x-ray limits apply Up to **$3,000 allowance every year** for preventive and comprehensive services To find a preferred provider, search the Liberty Dental network of providers. Your Care Management Team can help you create your account, schedule a dental exam, locate an in-network provider, or view your dental benefits and current allowance, visit **LibertyDentalPlan.com/PruittHealthPremier**, call Liberty Dental at 1-866-544-1942, or reach out to our Member Services team at 1-855-855-0668.	**No prior authorization is required**

Benefit category	Your plan benefits		
Vision services			
Vision services (Medicare-covered)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Eye exams to diagnose and treat eye diseases and conditions	**0% coinsurance**	**20% coinsurance**	**No prior authorization is required**
Diabetic retinopathy screening	**0% coinsurance** for **1 screening per year** for members with diabetes	**20% coinsurance** for **1 screening per year** for members with diabetes	**No prior authorization is required**
Eyewear following cataract surgery	**$0 copay**	**$0 copay**	**No prior authorization is required**
Glaucoma screening	**$0 copay**	**$0 copay**	**No prior authorization is required**
Vision services (additional benefits)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Routine vision exam	**$0 copay** for up to **1 visit every year**	**$0 copay** for up to **1 visit every year**	**No prior authorization is required**
Additional routine eyewear	Up to **$500 per year** for lenses, frames, contacts, and eyewear upgrades. Members may pay for eyewear using their preloaded Healthy Living Allowance Card. Allowance is separate. Your Care Management Team can help you schedule an exam, locate an in-network provider, or review your benefits.	Up to **$500 per year** for lenses, frames, contacts, and eyewear upgrades. Members may pay for eyewear using their preloaded Healthy Living Allowance Card. Allowance is separate. Your Care Management Team can help you schedule an exam, locate an in-network provider, or review your benefits.	**No prior authorization is required**

Benefit category	Your plan benefits		
Mental health services			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Inpatient visit	**$0 copay** for each Medicare-covered stay **$0 copay per day** for up to **60 additional days** over your lifetime	You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates as soon as they are released. **$1,736 deductible** for each Medicare-covered stay **$0 copay per day** for days **1-60** **$434 copay per day** for days **61-90** **$868 copay per day** for up to **60 additional days** over your lifetime	Yes, prior authorization is required
Mental health specialty services	**$0 copay** for individual therapy visit **$0 copay** for group therapy visit	**$40 copay** for individual therapy visit **$40 copay** for group therapy visit	**No prior authorization is required**
Psychiatric services	**$0 copay** for individual therapy visit **$0 copay** for group therapy visit	**$40 copay** for individual therapy visit **$40 copay** for group therapy visit	**No prior authorization is required**

Benefit category	Your plan benefits		
Skilled Nursing Facility (SNF)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	$0 copay for each Medicare-covered stay	You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates as soon as they are released. **$0 copay per day** for days **1-20** **$217 copay per day** for days **21-100**	Yes, prior authorization is required
Physical therapy			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	0% coinsurance	**20% coinsurance**	Yes, **except** for services rendered in PruittHealth SNFs
Ambulance			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Ground ambulance	**0% coinsurance**	**20% coinsurance**	**No prior authorization is required**
Air ambulance	**0% coinsurance**	**20% coinsurance**	**No prior authorization is required**

Benefit category	Your plan benefits		
Transportation			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Non-emergency	**$0 copay** for up to **50 one-way rides per year** to plan-approved health-related locations **Additional benefit for eligible members (SSBCI)*:** Members who qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use up to 20 of these one-way rides for any location, not just health-related trips. Each non-medical ride is limited to 30 miles You must use Kaizen Health for transportation services to be covered. Your Care Management Team can help you schedule a ride or review your benefits. For all other inquiries, or to schedule a ride on your own, call Kaizen Health Member directly at: 1-877-848-8404. ***Important:** This additional benefit is part of the Special Supplemental Benefits for the Chronically Ill (SSBCI). Only members who qualify will receive this additional benefit. See page 21 for a list of qualifying chronic conditions.	**$0 copay** for up to **50 one-way rides per year** to plan-approved health-related locations **Additional benefit for eligible members (SSBCI)*:** Members who qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use up to 20 of these one-way rides for any location, not just health-related trips. Each non-medical ride is limited to 30 miles You must use Kaizen Health for transportation services to be covered. Your Care Management Team can help you schedule a ride or review your benefits. For all other inquiries, or to schedule a ride on your own, call Kaizen Health Member directly at: 1-877-848-8404. ***Important:** This additional benefit is part of the Special Supplemental Benefits for the Chronically Ill (SSBCI). Only members who qualify will receive this additional benefit. See page 21 for a list of qualifying chronic conditions.	**No prior authorization is required**

Benefit category	Your plan benefits		
Medicare Part B prescription drugs			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Chemotherapy/Radiation drugs	**0% coinsurance**	**0%-20% coinsurance** depending on the drug you receive	Yes, prior authorization is required **for some medications** For chemotherapy, prior authorization is required only for initial drug approval
Other Part B drugs	**0% coinsurance**	**0%-20% coinsurance** depending on the drug you receive 0% coinsurance is the minimum possible for a Part B rebatable drug 20% coinsurance is the maximum	Yes, prior authorization is required

** Your costs may be higher if your Medicaid does not cover cost-sharing for Medicare-covered services.

Part D: Prescription Drug Information

Part D Payment Drug Stages	PruittHealth Premier D-SNP (HMO D-SNP)
Deductible stage	**$0** Your deductible may be higher (up to $700) if you do not qualify for Extra Help. For those with a deductible, the deductible applies to **Tiers 3-5**. For all other drugs, coverage applies immediately.
Initial coverage stage	You stay in this stage until your total out-of-pocket costs reach **$2,400**. See cost-sharing chart below for details.
Catastrophic coverage	Once your out-of-pocket drug costs reach **$2,400,** you pay **$0** for covered Part D drugs.

Drug Cost-Sharing During the Initial Coverage Stage

Cost-sharing for covered drugs	
With Low-Income Subsidy (LIS) or Extra Help	**$0, $1.65, $5.00, $5.80, or $14.40** copay for covered drugs depending on your level of Low-Income Subsidy (LIS) also known as Extra Help
Without Extra Help	**See table below**

Drug Coverage	Standard Retail (in-network) *Up to a 30-day supply*	Mail Order *Up to a 90-day supply*	Long-Term Care (LTC) *Up to a 31-day supply*
Tier 1 (Preferred Generic)	**$0 copay**	**$0 copay**	**$0 copay**
Tier 2 (Generic)	**23% coinsurance**	**23% coinsurance**	**23% coinsurance**
Tier 3 (Preferred Brand)	**25% coinsurance**	**25% coinsurance**	**25% coinsurance**
Tier 4 (Non-Preferred Drug)	**25% coinsurance**	**25% coinsurance**	**25% coinsurance**
Tier 5 (Specialty Tier)	**25% coinsurance**	**Not covered**	**25% coinsurance**

Vaccines: Most Part D vaccines are covered at **$0**, even before the deductible.

Insulin: You pay no more than **$35 per month** for covered insulin, regardless of tier or deductible.

Extra Benefits

Benefit category	Your plan benefits		
Diabetic monitoring supplies			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	$0 copay	**$0 copay**	**No prior authorization is required**
Dialysis services			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	0% coinsurance	**20% coinsurance**	**No prior authorization is required**
Durable Medical Equipment (DME)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	0% coinsurance	**20% coinsurance**	Yes, prior authorization is required
Foot care			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Podiatry services (Medicare-covered)	**0% coinsurance**	**20% coinsurance**	**No prior authorization is required**
Routine foot care	**$0 copay** for up to **6 visits every year**	**$0 copay** for up to **6 visits every year**	**No prior authorization is required**

Benefit category	Your plan benefits		
Healthy Living Allowance			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	$220 allowance every month The allowance covers the following benefit categories: • Fitness • Over-the-Counter (OTC) items • General supports for living (rent, mortgage, and utilities)* • Groceries* • Meals (meals to support members with specific chronic conditions or that are homebound)* • Personal hygiene items* All items must be purchased through NationsBenefits Allowance is preloaded to your card for use at approved retail locations or to order items online. Your Care Management Team can help you create your account, review your current balance, find which items are covered, or place an order, visit **PruittHealthPremier.NationsBenefits.com**, call NationsBenefits at 1-888-963-5779, or call our Member Services team at 1-855-855-0668. ***Important:** This additional benefit is part of the Special Supplemental Benefits for the Chronically Ill (SSBCI). Only members who qualify will receive this additional benefit. See page 21 for a list of qualifying chronic conditions.	**$220 allowance every month** The allowance covers the following benefit categories: • Fitness • Over-the-Counter (OTC) items • General supports for living (rent, mortgage, and utilities)* • Groceries* • Meals (meals to support members with specific chronic conditions or that are homebound)* • Personal hygiene items* All items must be purchased through NationsBenefits Allowance is preloaded to your card for use at approved retail locations or to order items online. Your Care Management Team can help you create your account, review your current balance, find which items are covered, or place an order, visit **PruittHealthPremier.NationsBenefits.com**, call NationsBenefits at 1-888-963-5779, or call our Member Services team at 1-855-855-0668. ***Important:** This additional benefit is part of the Special Supplemental Benefits for the Chronically Ill (SSBCI). Only members who qualify will receive this additional benefit. See page 21 for a list of qualifying chronic conditions.	**No prior authorization is required**

Benefit category	Your plan benefits		
In-home support services (support with daily tasks)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	$0 copay for up to **84 hours per year** Members have access to an In-Home Support Services benefit that may include support with ADLs or IADLs including personal hygiene needs, light housekeeping, laundry tasks, meal preparation, feeding, bathing, and toileting. This may also include general tasks such as errands, accompaniment to appointments, technology assistance, and setting appointments. You must use The Helper Bees network of providers for in-home support services to be covered. Your Care Management Team can help you create your account, request a service, review covered services, and confirm remaining hours, visit **PruittHealthPremier.TheHelperBeesPortal.com**, call The Helper Bees at 1-833-284-2438, or reach out to our Member Services team at 1-855-855-0668 for assistance.	**$0 copay** for up to **84 hours per year** Members have access to an In-Home Support Services benefit that may include support with ADLs or IADLs including personal hygiene needs, light housekeeping, laundry tasks, meal preparation, feeding, bathing, and toileting. This may also include general tasks such as errands, accompaniment to appointments, technology assistance, and setting appointments. You must use The Helper Bees network of providers for in-home support services to be covered. Your Care Management Team can help you create your account, request a service, review covered services, and confirm remaining hours visit **PruittHealthPremier.TheHelperBeesPortal.com**, call The Helper Bees at 1-833-284-2438, or reach out to our Member Services team at 1-855-855-0668 for assistance.	**No prior authorization is required**

Benefit category	Your plan benefits		
Meals			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	Post-Discharge Meals **$0 copay** for up to **2 meals per day for 14 days** after discharge from a hospital or SNF stay Limited to **4 times per year** Homebound or Chronic Condition Support Meals* Members who are kept at home due to low activity or isolation recommendations from their physician (due to conditions causing immunosuppression or injury recovery), receiving palliative care, or receiving pain management care at home, are eligible for meals. Qualifying members may use their Healthy Living Allowance to purchase those meals. See the Healthy Living Allowance section for additional details. ***Important:** This additional benefit is part of the Special Supplemental Benefits for the Chronically Ill (SSBCI). Only members who qualify will receive this additional benefit. See page 21 for a list of qualifying chronic conditions.	Post-Discharge Meals **$0 copay** for up to **2 meals per day for 14 days** after discharge from a hospital or SNF stay Limited to **4 times per year** Homebound or Chronic Condition Support Meals* Members who are kept at home due to low activity or isolation recommendations from their physician (due to conditions causing immunosuppression or injury recovery), receiving palliative care, or receiving pain management care at home, are eligible for meals. Qualifying members may use their Healthy Living Allowance to purchase those meals. See the Healthy Living Allowance section for additional details. ***Important:** This additional benefit is part of the Special Supplemental Benefits for the Chronically Ill (SSBCI). Only members who qualify will receive this additional benefit. See page 21 for a list of qualifying chronic conditions.	**No prior authorization is required**

Benefit category	Your plan benefits		
Personal Emergency Response System (PERS)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	$0 copay Emergency alert button available to all members upon enrollment To receive your device or if you have questions about your device, please contact the Care Management Team to help you, or call Member Services at 1-855-855-0668.	**$0 copay** Emergency alert button available to all members upon enrollment To receive your device or if you have questions about your device, please contact the Care Management Team to help you, or call Member Services at 1-855-855-0668.	**No prior authorization is required**
Telemonitoring services (Remote Patient Monitoring – RPM)			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
	$0 copay Members will have access to remote patient monitoring (RPM) devices including blood pressure, cuff, weight scale, glucometer, and pulse oximeter, as appropriate.	**$0 copay** Members will have access to remote patient monitoring (RPM) devices including blood pressure, cuff, weight scale, glucometer, and pulse oximeter, as appropriate.	**No prior authorization is required**
Therapy			
	With QMB, QMB+, SLMB+, FBDE **	**With SLMB and QI**	**Prior Authorization?**
Occupational therapy	**0% coinsurance**	**20% coinsurance**	Yes, **except** for services rendered in PruittHealth SNFs
Speech therapy	**0% coinsurance**	**20% coinsurance**	Yes, **except** for services rendered in PruittHealth SNFs

** Your costs may be higher if your Medicaid does not cover cost-sharing for Medicare-covered services.

PruittHealth Premier D-SNP (HMO D-SNP)

Georgia | H3291 | Plan 002

This document explains the health care and prescription drug services covered by **PruittHealth Premier D-SNP (HMO D-SNP) valid from January 1 through December 31, 2027**.

PruittHealth Premier D-SNP (HMO D-SNP) by PruittHealth Premier, Inc. is a Medicare Advantage plan with a contract with Medicare. Enrollment depends on the plan's yearly contract renewal with Medicare.

This Summary of Benefits explains:

- What services this plan covers
- What you may pay for those services

Need Help?

Call: 1-855-855-0668 (TTY 711)
Visit: PruittHealthPremier.com

Our Hours of Operation
October 1 – March 31: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas)

April 1 – September 30: 8 a.m. to 8 p.m., Monday through Friday (except holidays)

This document is also available in large print and braille.

It does not list every service, benefit, limit, exclusion, or rule. For full details, visit **PruittHealthPremier.com/Plan-Documents** or call Member Services to request a copy of the Evidence of Coverage, which explains all benefits and plan rules.

Who Can Join This Plan

To enroll in **PruittHealth Premier D-SNP (HMO D-SNP)**, you must:

- Have **Medicare Part A and Part B**
- Live in the plan's **service area** (i.e., you must reside in a county served by our plan)
- Be a United States citizen, national, or an eligible noncitizen
- Meet special eligibility requirements detailed below

What are the special eligibility requirements? This plan is for people who receive certain Medicaid benefits. You may qualify if you are eligible for both Medicare and Medicaid.

Our Service Area

Georgia: We service Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Coweta, Crawford, Dawson, DeKalb, Dooly, Dougherty, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Glascock, Glynn, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jefferson, Jenkins, Johnson, Jones, Lamar, Lee, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pike, Polk, Pulaski, Putnam, Randolph, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Talbot, Taliaferro, Taylor, Terrell, Thomas, Toombs, Turner, Twiggs, Upson, Walker, Walton, Ware, Warren, Washington, Webster, Wilkes, Wilkinson, and Worth counties.

Providers and Network

This plan has a network of doctors, hospitals, pharmacies, and other providers. You can find the full list of providers in our online directory at **PruittHealthPremier.com/Search-Our-Network**.

This plan is an HMO (Health Maintenance Organization). Generally, you are required to use providers in the plan's network. If you use providers outside the plan's network, the plan may not pay for those services. Care received outside the network is usually covered only in emergencies. If you do not see your doctor in-network, please contact Member Services to determine if there can be an exception.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

Understanding your Medicare or Medicaid Coverage

Medicare Information

To learn more about Original Medicare coverage and costs, review the **Medicare & You 2027 handbook**. You can find it online at **www.medicare.gov** or request a copy by calling **1-800-MEDICARE (1-800-633-4227)**, available 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Medicaid Coverage and Cost-Sharing

If you are enrolled in Medicaid or other assistance programs, you may receive help paying for your plan premium and some out-of-pocket costs. Depending on your eligibility, you may not have to pay certain premiums, copays, or coinsurance amounts shown in this Summary of Benefits. Enrolling into this plan will not impact your assistance.

Medicaid coverage and cost-sharing rules are set by the State and depend on your individual eligibility.

Special Supplemental Benefits for the Chronically Ill (SSBCI) benefits

Some extra benefits are available only to members with certain chronic conditions. These benefits are called Special Supplemental Benefits for the Chronically Ill (SSBCI).

Not all members qualify. To be eligible, a member must have one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee, be determined by the plan and a healthcare provider to be at high risk for hospitalization or other adverse health outcomes, and require a high level of care coordination. Even if a member has a qualifying chronic condition, they may not receive these benefits. Coverage depends on the plan's specific eligibility criteria and clinical determination. Members may be required to complete an assessment with the plan's care team to confirm eligibility throughout the year.

You may be eligible if you have one of the following conditions:

- Autoimmune disorders
- Cancer
- Cardiovascular disorders
- Chronic alcohol use disorder and other substance use disorders (SUDs)
- Chronic and disabling mental health conditions
- Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell
- Chronic gastrointestinal disease
- Chronic heart failure
- Chronic hyperlipidemia
- Chronic hypertension
- Chronic kidney disease (CKD)
- Chronic lung disorders
- Conditions associated with cognitive impairment
- Conditions that require continued therapy services in order for individuals to maintain or retain functioning
- Conditions with functional challenges
- Dementia
- Diabetes mellitus
- HIV/AIDS
- Immunodeficiency and Immunosuppressive disorders
- Neurologic disorders
- Osteoporosis
- Overweight, obesity, and metabolic syndrome
- Post-organ transplantation
- Severe hematologic disorders
- Stroke

Georgia Medicaid and PruittHealth Premier D-SNP (HMO D-SNP)

Medicaid Information

PruittHealth Premier D-SNP (HMO D-SNP) enrolls individuals with different levels of Medicaid benefits. This means that, depending on your level of Medicaid benefits, some or all of the out-of-pocket costs for PruittHealth Premier D-SNP (HMO D-SNP) could be covered by Medicaid. For more information on your level of Medicaid and the benefits to which you are entitled, contact Georgia Department of Community Health at 1-404-656-4507.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts.
- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayments amount only.
- **Qualifying Individual (QI):** Medicaid pays your part B premium only.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** You get full Medicaid benefits, and Medicaid pays your Part B premium.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.

Eligibility Level	QMB+	QMB	QI	SLMB+	SLMB	FBDE
Part A Premium	X	X				
Part B Premium	X	X	X	X	X	
Medicare deductibles, copays, coinsurance	X	X				
Full Medicaid Benefits	X			X		X

Cost-sharing protections an individual is entitled to under Title XIX (Medicaid)

PruittHealth Premier D-SNP (HMO D-SNP) is prohibited from imposing cost-sharing requirements on Dual Eligible enrollees that would exceed the amounts permitted under the State Medicaid plan if the enrollee were not enrolled in our plan.

Our contracts with network providers include language that ensures providers accept the Medicare fee schedule plus enrollee cost-sharing as payment in full. Under PruittHealth Premier D-SNP (HMO D-SNP), providers may only collect enrollee cost-sharing as specified by the Health Plan and in alignment with Medicare and Georgia Medicaid guidelines.

Medicaid Benefits

As a member of the plan, your services are paid first by Medicare through PruittHealth Premier D-SNP (HMO D-SNP), and then by Medicaid. Below, you can see what Georgia Department of Community Health covers as the Medicaid agency, and what our plan covers for you. If a benefit is exhausted or not covered by Medicare, your Medicaid may provide coverage, though it depends on the type of Medicaid you have.

Once you are a member of the plan, no matter what type of Medicaid you have, PruittHealth Premier D-SNP (HMO D-SNP) will cover the benefits described in the Medical Benefits section of the Summary of Benefits document.

Benefit category	PruittHealth Premier D-SNP (HMO D-SNP)	Medicaid
Additional Dental Services	**Covered**	**Covered if Medically Appropriate up to age 21**
Additional Foot Care	**Covered**	**Covered**
Additional Vision Services	**Covered**	**Covered**
Ambulance	**Covered**	**Covered**
Chiropractic Care	**Covered**	**Covered**
Dental Services	**Covered**	**Covered**
Diabetes Supplies and Services	**Covered**	**Covered if Medically Appropriate up to age 21**
Diagnostic Tests, Lab and Radiology Services and X-Rays	**Covered**	**Covered**
Doctor Office Visits	**Covered**	**Covered**
Durable Medical Equipment	**Covered**	**Covered**

Benefit category	PruittHealth Premier D-SNP (HMO D-SNP)	Medicaid
Emergency Care	Covered	Covered
Foot Care	Covered	Covered
Hearing Services	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Inpatient Hospital Care	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Intermediate Care Facilities	Covered	Covered
Mental Health Care	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Over the Counter Items	Covered	Not Covered
Preventive Care	Covered	Covered
Prosthetic Devices	Covered	Covered
Renal Dialysis	Covered	Covered
Skilled Nursing Facility	Covered	Covered
Transportation (Non-Emergency)	Covered	Covered
Urgent Care	Covered	Covered
Vision Services	Covered	Covered

The following is a list of Home and Community Based Services (HCBS) waiver benefits provided under Georgia Medicaid. Whether you receive them is based upon your level of Medicaid:

- Medicare premiums, deductibles and coinsurance
- Non-emergency transportation (to get to and from medical appointments)
- 24 hour medical access
- Skilled nursing services
- Adult day health/adult day care
- Alternative living services/assisted living services (does not include room and board costs)
- Emergency response system
- Home delivered meals
- Home delivered services
- Personal support services – house cleaning, shopping, laundry, assistance with activities of daily living, such as eating, dressing, moving about, etc.
- Respite care- both in-home and out-of-home

This document is a summary description of the benefits and cost-sharing protections that are covered under this D-SNP. Benefits provided by PruittHealth Premier D-SNP (HMO D-SNP) are also summarized above. For a full listing of the benefits see the *Evidence of Coverage* at **PruittHealthPremier.com**.

PruittHealth Premier D-SNP (HMO D-SNP) has a contract with Georgia Medicaid to coordinate your Medicare and Medicaid services. Your Medicaid services are still provided through Georgia Medicaid, but PruittHealth Premier D-SNP (HMO D-SNP) will help in ensuring that all of your healthcare services work together.

PruittHealth Premier D-SNP (HMO D-SNP) ensures that members continue to have all of the cost-sharing protections under both Medicare and Medicaid.

Glossary

Coinsurance

The percentage of the plan-allowed amount you may have to pay for a covered service. This does not include the total cost of service. This usually applies after you pay your deductible.

- **Plan-allowed amount**: This is the amount the plan agrees to pay for a covered service. It is set by the plan, not the doctor or hospital.
- **Billed charges**: This is the amount the provider bills for the service. It can be higher than the plan-approved amount, but the plan does not use this amount to calculate what you pay.

Copayment (Copay)

A set dollar amount you pay for a covered service, such as a doctor visit or prescription.

Comprehensive Care

Care that covers a wide range of health needs. This extends beyond preventive care, and routine care to specialty care, and care for ongoing or complex health conditions.

Cost-sharing

The part of health care costs you may have to pay, such as copays, coinsurance, or deductibles. These amounts may be different if you have Medicaid.

Covered Services

Health care services that your plan includes and helps pay for, based on plan rules.

Deductible

The amount you pay for covered services before your plan starts to pay.

Dual Eligible

A person who qualifies for both Medicare and Medicaid. Coverage and costs may be different based on the level of Medicaid eligibility.

D-SNP (Dual Eligible Special Needs Plan)

A type of Medicare Advantage plan for people who qualify for both Medicare and Medicaid. D-SNPs are designed to coordinate Medicare and Medicaid benefits and help manage care for members who receive coverage from both programs. Eligibility and benefits may vary based on Medicaid status and state rules.

HMO (Health Maintenance Organization)

A type of health plan that usually requires you to use doctors and hospitals in the plan's network. You may need to choose a primary care provider and get referrals to see specialists. Care outside the network is usually covered only in emergencies.

Low-income Subsidy (LIS) / Extra Help

A federal program that helps people with limited income pay for Medicare prescription drug costs, such as premiums and copays.

Medicaid

A federal and state program that helps pay health care costs for people with limited income. Rules and benefits vary by state.

Medically Necessary

Care or supplies needed to diagnose or treat health conditions and that follow accepted medical standards.

Medicare

A federal health insurance program for people age 65 or older, and for some people under 65 with disabilities or certain medical conditions.

Medicare Advantage (Part C)

A Medicare health plan offered by a private insurance company that provides Medicare Part A and Part B benefits and usually includes prescription drug coverage.

Medicare Savings Programs (MSPs)

State programs that help pay Medicare premiums and, in some cases, other out-of-pocket costs for eligible individuals.

Network Provider

A doctor, hospital, or facility that works with the plan and agrees to set prices for services.

POS (Point of Service)

A plan feature that allows you to receive certain covered services from providers outside the plan's approved network. Using out-of-network providers may cost more and may require plan approval.

PPO (Preferred Provider Organization)

A type of health plan that allows you to see doctors and hospitals both in and out of the plan's network. Using network providers usually costs less. Referrals are not usually required.

Premium

The amount paid each month for health plan coverage. Some members may have premiums paid by Medicaid or other assistance programs, depending on eligibility.

Preventive Care

Health care that helps prevent illness or find health problems early. This may include checkups, screenings, vaccines, and wellness visits.

Primary Care Provider (PCP)

The doctor or health care provider you see for routine care and who helps manage your overall health care.

Prior Authorization

Written approval needed from the plan before certain services or medications are covered.

Routine Care

Health care provided on a regular or yearly basis to help maintain your health. This often includes yearly exams used to check your health when no illness or injury is present.

Specialist

A doctor who focuses on care for a specific condition or type of treatment.

SSBCI (Special Supplemental Benefits for the Chronically Ill)

Additional benefits that some Medicare Advantage plans may offer to certain members with chronic health conditions, when allowed by Medicare rules.

SSBCI benefits are not available to all members, require the member to meet specific eligibility criteria, and are offered at the plan's discretion. Not all plans offer SSBCI benefits.

PruittHealth Premier D-SNP (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at **PruittHealthPremier.com**. If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in braille and in large print.

If you want to know more about the coverage and costs of Original Medicare, look in your Medicare & You 2027 handbook. View it online at **www.medicare.gov** or ask for 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**.