

Provider Partners Indiana Community Plan (HMO I-SNP) (H4444-002)



CLINICAL SERVICES

Dedicated Nurse Practitioner and RN Care Coordinator will regularly visit with members



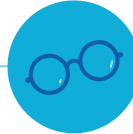
NON-EMERGENCY MEDICAL TRANSPORTATION

Up to 46 one-way trips a year



DENTAL

\$3,000 allowance for routine and comprehensive services a year



VISION

One routine eye exam & \$300 allowance for eyewear a year



OVER-THE-COUNTER (OTC) BENEFIT

\$100 quarterly catalog allowance



HEARING

One exam every year & \$2,000 allowance for hearing aids every 2 years



PODIATRY

Up to 12 routine visits a year



FOOD, PRODUCE, AND DIGITAL COMMUNICATIONS ALLOWANCE*

\$150 quarterly allowance for healthy food, produce, and digital communications

800-405-9681 | TTY 711

Hours of Operation:

October 1 – March 31
8 AM – 8 PM Daily

April 1 – September 30
8 AM – 8 PM M–F

A complete list of supplemental benefits is available in the Evidence of Coverage, which can be found at pphealthplan.com.

**These are special supplemental benefits, not all members will qualify. Members that have been diagnosed with one of the following chronic conditions AND meet certain criteria may be eligible for these benefits: cardiovascular disorders, chronic heart failure, dementia, diabetes and chronic and disabling mental health conditions. Other conditions may also make you eligible for these benefits.*

Provider Partners Health Plans (HMO I-SNP) is a Health Maintenance Organization (HMO) Special Needs plan (SNP) with a Medicare contract. Enrollment in Provider Partners Health Plans depends on contract renewal.