

## Provider Partners Pennsylvania Community Plan (HMO I-SNP) (H4093-004)



### CLINICAL SERVICES

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



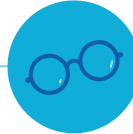
### NON-EMERGENCY MEDICAL TRANSPORTATION

Up to 28 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

\$150 quarterly catalog allowance



### HEARING

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



### PODIATRY

Up to 4 routine visits a year



### FOOD AND PRODUCE ALLOWANCE\*

\$100 quarterly allowance for healthy food and produce

**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](http://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.