



## PONCA TRIBE OF NEBRASKA CONTRACT HEALTH SERVICES

### ELDERLY CARE PLAN

The CHS program offers additional benefits to those Ponca Tribal members who are age 65 and over who meet the following criteria:

#### **QUALIFICATIONS:**

You must be age 65 & over

1. All alternate resources will be exhausted before authorization of services (i.e. Medicare, Medicaid or Insurance) If denied from Medicaid, you must submit the denial letter to the CHS office.
2. If you choose not to take out Medicare Part B (medical coverage) or Part D (prescription drug coverage), you will not be eligible for unlimited primary care or prescription benefits through CHS. You will be referred to an IHS facility for these services.
3. For those members who have private Insurance, CHS will pay for deductibles and co-pays/co-insurance.
4. You are eligible for those services that are offered to all members regardless of your coverage. For example, if you do not have Medicare Part D (prescription drug coverage) and you access the emergency room for a life threatening illness and require medication, CHS will cover your medication.

Important Notice: Medicare beneficiaries are penalized 10% each year for Part B and 1% each month for Part D if they opt not to enroll into Part B/D at the time they become eligible for the benefits.

Disabled (*Available to all ages who are classified disabled*)

1. Prescription co-payment coverage ONLY if the member is covered by Medicaid and/or Medicare because of disability – Proof will be requested). A CHS provider must be utilized.

## **SERVICES:**

### **Medical**

- Member may obtain unlimited primary care services as long as the primary care physician is an approved CHS provider. CHS will cover both the deductible and/or co-payments/co-insurance after Medicare has paid their portion. Prior approval is required.
- If member has both Medicare and Private Insurance, CHS will cover the cost of both the deductible and/or co-insurance after Medicare and Private Insurance has paid their portion. Prior approval is required.

### **Prescriptions**

- If prescribed medication from a primary care provider, CHS will cover the cost of the medication after the member's primary resource. This will include deductible or co-pays.
- CHS requires that generic brands be utilized when available, and that the member makes every effort to obtain a cost effective medication.