

West Virginia Senior Advantage

2027 Summary of Benefits

West Virginia Senior Advantage

Medicare Advantage HMO

Institutional Special Needs plan

This is a summary of drug and health services covered by West Virginia Senior Advantage (HMO ISNP) January 1, 2027 - December 31, 2027.

West Virginia Senior Advantage Institutional Special Needs Plan (ISNP) is a Medicare Advantage HMO (Health Maintenance Organization) Plan with a Medicare contract. Enrollment in West Virginia Senior Advantage ISNP depends on contract renewal.

This information is not a complete description of benefits. Call (866) 250-6352, TTY/TDD should call 711, for more information.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The West Virginia Senior Advantage ISNP *Evidence of Coverage* outlines the complete list of services we cover. To obtain a copy of the *Evidence of Coverage* please visit our website at www.wvsenioradvantage.com or call Member Services.

To Reach Our Member Services Representatives:

- Toll Free (866) 250-6352, TTY/TDD should call 711.
- Hours of operation: 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30.
- To join West Virginia Senior Advantage ISNP, you must:
    - be entitled to Medicare Part A;
    - be enrolled in Medicare Part B;
    - live in our service area; and
    - reside in one of our participating nursing facilities for greater than 90 days. The plan's *Provider Directory* has a list of participating nursing facilities. You can access this list on our website www.wvsenioradvantage.com, or call Member Services and ask us to send you a list.

Our service area includes these counties in West Virginia: Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putman, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming.

West Virginia Senior Advantage ISNP has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at www.wvsenioradvantage.com. If you use providers that are not in our network, the plan may not pay for these services.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year.

Limitations, copayments, and restrictions may apply.

You must continue to pay your Medicare Part B premium.

West Virginia Senior Advantage ISNP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, age, disability, or sex.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (800) 633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call (877) 486-2048.

Premiums and Benefits	West Virginia Senior Advantage ISNP
Monthly Plan Premium	Part C: $0 Part D: $12.80 You must continue to pay your Medicare Part B premium.
Deductible	Part C deductible: $0
Maximum out-of-pocket amount (MOOP) (Does not include out of network or Part D prescription drugs)	$9,850
Inpatient hospital	You pay the 2027 Original Medicare cost sharing amounts <$1736 deductible $0 copayment each day for days 1 to 60 $434 copayment each day for days 61 to 90 You pay $868 per day for up to 60 lifetime reserve days. Once lifetime reserve days are exhausted you pay all costs. Prior Authorization is required> *These are 2026 cost-sharing amounts and may change for 2027. West Virginia Senior Advantage ISNP will provide updated rates as soon as they are released.
Outpatient hospital	20% coinsurance per stay
Ambulatory Surgical Center (ASC)	20% coinsurance for Medicare-covered benefits Prior Authorization is required
Doctor Visits • **Primary Care Provider (PCP)** • **Specialist**	20% coinsurance per visit 20% coinsurance per visit

Premiums and Benefits	West Virginia Senior Advantage ISNP
Preventive Care (flu vaccine, COVID vaccine, diabetic screenings, mammograms, colorectal cancer screenings, and other preventive services)	You pay $0 for Medicare-covered preventive care services like those listed here.
Emergency Care	$100 copayment per visit
Urgently Needed Services	20% coinsurance per visit, up to a maximum of $40 per visit
Diagnostic Services/Labs/Imaging Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g. MRI, CAT Scan) Outpatient X-rays	Deductible applies 20% coinsurance Prior Authorization is required except for when rendered in a Nursing Facility or Physician Office $0 copayment No authorization required for lab services rendered in any place of service 20% coinsurance Prior Authorization is required except for X-rays when rendered in a Nursing Facility or Physician Office
Hearing services Hearing exam Supplemental Benefit Routine hearing exam, fitting and evaluation for hearing aids Hearing Aids	There is no coinsurance or copayment for Medicare-covered hearing services You pay $0 copay for one routine hearing exam, and fitting/ evaluation for hearing aids per year Up to a $2,000 allowance for both ears combined per year

Premiums and Benefits	West Virginia Senior Advantage ISNP
Dental services Medicare-covered dental	Deductible applies 20% coinsurance for each Medicare covered service Medicare currently pays for dental services in a limited number of circumstances, specifically when that service is an integral part of specific treatment of a beneficiary's primary medical condition. Some examples include reconstruction of the jaw following fracture or injury, tooth extractions done in preparation for radiation treatment for cancer involving the jaw, or oral exams preceding kidney transplantation. Medicare covered dental services does not include routine repairs, restorations, and/or replacements.
Extra dental benefit: preventive, diagnostic, and restorative dental benefits are covered as an extra benefit.	You pay $0 cost share for extra dental benefits, up to an annual benefit limit of $2,500
Vision Services Routine Eye Exam Eyewear	 20% coinsurance for each Medicare covered service You pay $0 copayment for one routine eye exam visit and eyewear up to an annual benefit limit of $300 per calendar year
Mental Health Services Inpatient hospitalization	You pay the 2027 Original Medicare cost sharing amounts <$1,736 deductible $0 copayment for days 1 through 60 $434 copayment per day for days 61 through 90 $868 copayment for days 91 through 150 Prior Authorization is required> *These are 2026 cost-sharing amounts and may change for 2027. West Virginia Senior Advantage ISNP will provide updated rates as soon as they are released.
Outpatient group therapy/individual therapy visit	20% coinsurance

Premiums and Benefits	West Virginia Senior Advantage ISNP
Skilled nursing facility (SNF) care	You pay the 2027 Original Medicare cost sharing amounts <$1,736 deductible Days 1 – 20: $0 per day Days 21 – 100: $217 per day Days 101 and beyond: You pay all costs No prior hospital stay required Prior Authorization is required> *These are 2026 cost-sharing amounts and may change for 2027. West Virginia Senior Advantage ISNP will provide updated rates as soon as they are released.
Physical Therapy, Occupational Therapy and Speech Therapy	$0 copayment per visit 20% coinsurance per visit Prior Authorization is required
Ambulance (Ground and Air)	20% coinsurance for each one-way trip
Transportation (Non-emergent)	36 one-way trips per year
Medicare Part B prescription drugs	$35 copayment for a 1-month supply of Part B Insulin Drugs No more than a 20% coinsurance for other Part B Drugs Prior Authorization is required, with the exception of Part B Insulins
Foot Care (podiatry services) Foot exams and treatment Extra Benefit Routine foot care	Deductible applies 20% coinsurance for Medicare-covered services $0 copayment for 12 routine foot care visits per year
Medical Equipment/Supplies Durable Medical Equipment	20% coinsurance for Medicare-covered services Prior Authorization is required
Opioid Treatment Services	Deductible applies 20% coinsurance and $0 copayment

Outpatient Prescription Drugs If you do not qualify for a Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for the LIS, your costs may be lower.		
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	**Long-term care (LTC) cost-sharing** (up to a 31-day supply)
Deductible	$700 for all Part D prescription drugs except for insulin furnished through an item of durable medical equipment	
Cost-Sharing for Covered Drugs	25% coinsurance	25% coinsurance
Part D Vaccinations	We cover most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.	
Insulin Costs	You won't pay more than $35 for a one-month supply of each insulin product, even if you haven't paid your deductible.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,400, the plan pays the full cost for your covered Part D drugs. You pay nothing.	

Extra Benefits

The following benefits are available as applicable with the in-network costs as noted.
There is no additional premium for access to these benefits.

Benefit	Description	In-Network Costs
Hearing Services	Up to a $2,000 benefit for routine hearing exams, hearing aids, and hearing aid services, including evaluation and fitting, repair, and batteries	$0
Dental Services	Comprehensive dental services including x-rays, cleanings, oral exams, extractions, and other services. Annual benefit amount is $2,500	$0
Vision Services	Up to $300 for routine vision screening exams, contacts, or glasses to address normal changes with aging	$0
Non-Emergent Transportation	36 one-way trips per year to medical appointments. Authorization is required	$0
Podiatry Services (Routine Foot Care)	12 visits per year	$0