

2020 Summary of Benefits

West Virginia Senior Advantage (HMO SNP)

H9153

This is a summary of drug and health services covered by West Virginia Senior Advantage (HMO SNP) January 1, 2020 - December 31, 2020.

West Virginia Senior Advantage (HMO SNP) is Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-844-854-6888, TTY 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. To get a complete list of services we cover, visit our website at www.wvsenioradvantage.com or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-844-854-6888, TTY/TDD should call 711.
- Hours of operation: Hours are Hours of operations: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.
- To join West Virginia Senior Advantage (HMO SNP), you must:
- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- 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, Brooke, Cabell, Greenbrier, Hancock, Harrison, Kanawha, Marshall, Mercer, Mineral, Monongalia, Monroe, Morgan, Ohio, Pendleton, Pleasants, Preston, Raleigh, Tucker, and Wood.

West Virginia Senior Advantage (HMO SNP) 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 (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, 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 (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Premiums and Benefits	West Virginia Senior Advantage (HMO SNP)
Monthly plan premium	\$35.60 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible is \$198.
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$6,400
Inpatient Hospital coverage	You pay the 2020 Original Medicare cost-sharing amounts. \$1,408 deductible; \$0 copayment each day for days 1-60; \$352 copayment each day for days 61 to 90; \$704 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization may be required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	20% coinsurance \$100 copayment
Doctor Visits Primary Care Providers Specialists	\$0 copayment 20% coinsurance
Preventive Care	You pay nothing. Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.

Premiums and Benefits	West Virginia Senior Advantage (HMO SNP)
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
Urgently needed services	20% coinsurance Up to a maximum of \$65 per visit. Coinsurance is waived if you are admitted to a hospital within 3 days.
Diagnostic Services/Labs/Imaging Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g. MRI, CAT Scan) Outpatient X-rays	20% coinsurance <i>Prior Authorization may be required.</i> \$0 copayment <i>Prior Authorization may be required.</i> 20% coinsurance <i>Prior Authorization may be required.</i> 20% coinsurance <i>Prior Authorization may be required.</i>
Hearing services Hearing exam <i>Supplemental Benefit</i> Routine hearing exam, fitting and evaluation for hearing aids Hearing Aids	20% of the cost for traditional Medicare-covered hearing services. You pay \$0 copayment for one routine hearing exam, and fitting/evaluation for hearing aids per year. Up to a \$1,800 allowance for both ears combined every two years for hearing aids. <i>Prior Authorization may be required.</i>
Dental services Medicare-covered dental	20% coinsurance for each Medicare-covered service.

Premiums and Benefits	West Virginia Senior Advantage (HMO SNP)
<p>Vision care</p> <p>Yearly eye exam for diabetic retinopathy</p> <p><i>Supplemental Benefit</i></p> <p>Routine eye exam</p> <p>Glaucoma screening</p> <p>Eyeglasses, lenses, frames, contacts</p>	<p>20% coinsurance for Medicare-covered services.</p> <p>You pay \$0 copayment for one routine eye exam visit and one glaucoma screening per year.</p> <p>Allowance of up to \$150 per year.</p>
<p>Mental Health Services</p> <p>Inpatient visit</p> <p>Outpatient group therapy visit</p> <p>Outpatient individual therapy visit</p>	<p>You pay the 2020 Original Medicare cost-sharing amounts. \$1,408 deductible; \$0 copayment each day for days 1-60; \$352 copayment each day for days 61 to 90; \$704 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization may be required.</i></p> <p>20% coinsurance</p> <p>20% coinsurance</p>
<p>Skilled nursing facility (SNF) care</p>	<p>You pay the 2020 Original Medicare cost-sharing amounts. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$176.00 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. No prior hospital stay required.</p>
<p>Physical Therapy, Occupational Therapy, or Speech Therapy</p>	<p>20% coinsurance</p>
<p>Ambulance services</p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p>20% coinsurance for each one-way trip</p> <p>20% coinsurance for each one-way trip</p>

Premiums and Benefits	West Virginia Senior Advantage (HMO SNP)
Non-Emergency Transportation	Covered in limited circumstances, if appropriate and medically necessary.
Medicare Part B prescription drugs Chemotherapy drugs Other Part B drugs	20% coinsurance <i>Prior Authorization may be required.</i> 20% coinsurance <i>Prior Authorization may be required.</i>
Foot Care (podiatry services) Foot exams and treatment <i>Supplemental Benefit</i> Routine foot care	20% coinsurance for Medicare-covered services. \$0 copayment for 6 routine foot care visits per year.
Medical Equipment/Supplies Durable Medical Equipment	20% coinsurance for Medicare-covered services.

	West Virginia Senior Advantage (HMO SNP)	
Outpatient Prescription Drugs		
	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	\$435 for all Part D prescription drugs.	
Cost-Sharing for Covered Drugs	25% coinsurance	25% coinsurance
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.60 copayment for generic (including brand drugs treated as generic) and a \$8.95 copayment for all other drugs. 	