# Changes to the West Virginia Senior Advantage HMO I-SNP2021Evidence of Coverage

*November 15, 2020*

## This is important information on changes in your West Virginia Senior Advantage HMO I-SNP coverage.

We previously advised you that the 2021 Evidence of Coverage (EOC) which provides information about your coverage as an enrollee in our plan is available on the West Virginia Senior Advantage website. This notice is to let you know there were errors in your 2021 EOC. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct EOC can be found on our website at <https://www.wvsenioradvantage.com/>.

Changes to your EOC

| **Where you can find the error in your 2021 EOC**  | Original Information  | Corrected Information  | What does this mean for you? |
| --- | --- | --- | --- |
| On pages 60-61, under Section 1.2, What is your plan deductible? Your Evidence of Coverages states the plan deductible does not apply to the following services:  | The deductible does not apply to some services. This means that we will pay our share of the costs for these services even if you haven’t paid your deductible yet. The deductible does not apply to the following services:* Cardiac Rehabilitation Services.
* Chiropractic Services.
* Dental Services.
* Durable Medical Equipment.
* Hearing Services (Non- Routine Hearing Exams).
* Opioid Treatment Program Services.
* Outpatient Diagnostic Test and Therapeutic Services/Supplies.
* Outpatient Hospital Services/Observation.
* Partial Hospitalization Services.
* Physician Practitioner Services.
* Pulmonary Rehabilitation Services.
* Podiatry Services.
* Supervised Exercise Therapy.
* Vision Care Services (Non-Routine Vision Exam).
 | The 2021 plan deductible will apply to the listed services. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 66, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Cardiac Rehabilitation Services.  | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 67, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Chiropractic Services. | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 68, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Dental Services. | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 70, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Durable Medical Equipment. | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 71, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Hearing Services (Non-Routine Hearing Exams). | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 80, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Medicare Part B Prescription Drugs. | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 82, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Opioid Treatment Services. | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 83, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Outpatient Diagnostic Test and Therapeutic Services/Supplies. | $0 copayment for each Medicare-covered service. 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum  | $0 copayment for each Medicare-covered service.**Deductible applies.** 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 86, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Outpatient Mental Health Care. | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 86, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Outpatient Rehabilitation Services. | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 87, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Outpatient Substance Abuse Services. | 20% coinsurance for each Medicare-covered Individual Session.You pay these amounts until you reach the out-of-pocket maximum.  | **Deductible applies.** 20% coinsurance for each Medicare-covered Individual Session.You pay these amounts until you reach the out-of-pocket maximum.  | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 88, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Outpatient Surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers. | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum.  | **Deductible applies.** 20% coinsurance for each Medicare-covered Individual Session.You pay these amounts until you reach the out-of-pocket maximum.  | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 88, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Partial Hospitalization Services. | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum.  | **Deductible applies.** 20% coinsurance for each Medicare-covered Individual Session.You pay these amounts until you reach the out-of-pocket maximum.  | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On pages 89-90, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Physician /Practitioner Services.  | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered Individual Session.You pay these amounts until you reach the out-of-pocket maximum.  | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 90, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Podiatry Services.  | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum.$0 Copayment (Supplemental Benefit for Additional Routine Foot Care) | **Deductible applies.** 20% coinsurance for each Medicare-covered Individual Session.You pay these amounts until you reach the out-of-pocket maximum. $0 Copayment (Supplemental Benefit for Additional Routine Foot Care)  | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 91, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Prosthetic Devices and related supplies. | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered Individual Session.You pay these amounts until you reach the out-of-pocket maximum | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 91, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Pulmonary Rehabilitation Services.  | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered Individual Session.You pay these amounts until you reach the out-of-pocket maximum.  | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services. |
| On page 93, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Kidney Disease Education Services.  | $0 copayment for each Medicare-covered service  | $0 copayment for each Medicare-covered service.**Deductible applies.**  | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services |
| On page 96, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Supervised Exercise Therapy.  | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum. | **Deductible applies.** 20% coinsurance for each Medicare-covered Individual Session.You pay these amounts until you reach the out-of-pocket maximum.  | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services |
| On page 97, under Section 2.1, Your Medical Benefits and costs as a member of the plan, your Evidence of Coverages does not state that the plan deductible applies to Vision Care (Non-Routine Eye Exams).  | 20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum.  | **Deductible applies.** 20% coinsurance for each Medicare-covered Individual Session.You pay these amounts until you reach the out-of-pocket maximum.  | Your deductible is $198 in 2020. This amount may change in 2021. The 2021 plan deductible will apply to these services |

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions please call us at 1-844-854- 6888, TTY 711, open 8am to 8pm, seven days a week except Thanksgiving and Christmas from October 1st to March 31st. Monday-Friday except holidays from April 1st to September 30th.

West Virginia Senior Advantage HMO I-SNP is an HMO plan with a Medicare contract. Enrollment in West Virginia Senior Advantage HMO I-SNP depends on contract renewal.