

2021 Summary of Benefits

West Virginia Senior Advantage (HMO I-SNP)

H9153

This is a summary of drug and health services covered by West Virginia Senior Advantage (HMO I-SNP) January 1, 2021 - December 31, 2021.

West Virginia Senior Advantage (HMO I-SNP) is Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in West Virginia Senior Advantage (HMO I-SNP) 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. The West Virginia Senior Advantage (HMO I-SNP) *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 1-844-854-6888, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- To join West Virginia Senior Advantage (HMO I-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, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Fayette, Grant, Greenbrier, Hancock, Hardy, Harrison, Jefferson, Kanawha, Lewis, Lincoln, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Monongalia, Monroe, Morgan, Ohio, Pendleton, Pleasants, Preston, Raleigh, Randolph, Ritchie, Summers, Taylor, Tucker, Upshur, Wayne, Webster, Wood, and Wyoming.

West Virginia Senior Advantage (HMO I-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 I-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 I-SNP)
Monthly plan premium	\$37.50 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible is \$203. This is the 2021 cost sharing amount. West Virginia Senior Advantage (HMO I-SNP) will provide updated rates as soon as they are released.
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$7,550
Inpatient Hospital coverage	You pay the 2021 Original Medicare cost-sharing amounts. West Virginia Senior Advantage (HMO I-SNP) will provide updated rates as soon they are released. \$1,484 deductible; \$0 copayment each day for days 1-60; \$371 copayment each day for days 61 to 90; \$742 copayment each day for days 91 to 150 (lifetime reserve days). Prior Authorization may be required.
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	Deductible applies. 20% coinsurance per visit \$100 copayment per visit
Doctor Visits Primary Care Providers Specialists	\$0 copayment per visit 20% coinsurance per visit
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 I-SNP)
Emergency care	\$90 copayment per visit Copayment is waived if you are admitted to a hospital within 3 days.
Urgently needed services	20% coinsurance per visit 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	Deductible applies. 20% coinsurance per visit <i>Prior Authorization may be required.</i> \$0 copayment per visit <i>Prior Authorization may be required.</i> 20% coinsurance per visit <i>Prior Authorization may be required.</i> 20% coinsurance per visit <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	Deductible applies. 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	Deductible applies. 20% coinsurance for each Medicare-covered service.

Premiums and Benefits	West Virginia Senior Advantage (HMO I-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>Deductible applies.</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 \$220 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 2021 Original Medicare cost-sharing amounts.</p> <p>\$1484 deductible;</p> <p>\$0 copayment each day for days 1-60;</p> <p>\$371 copayment each day for days 61 to 90;</p> <p>\$742 copayment each day for days 91 to 150 (lifetime reserve days).</p> <p><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 2021 Original Medicare cost-sharing amounts. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay.</p> <p>\$185.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.</p> <p>No prior hospital stay required.</p>
<p>Physical Therapy, Occupational Therapy, or Speech Therapy</p>	<p>\$0 copayment per visit</p> <p>0% coinsurance per visit</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 I-SNP)
Non-Emergency Transportation	Covered in limited circumstances, if appropriate and medically necessary.
Medicare Part B prescription drugs Chemotherapy drugs Other Part B drugs	Deductible applies. 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	Deductible applies. 20% coinsurance for Medicare-covered services. \$0 copayment for 6 routine foot care visits per year.
Medical Equipment/Supplies Durable Medical Equipment	Deductible applies. 20% coinsurance for Medicare-covered services.
Opioid Treatment Services	Deductible applies. 20% coinsurance and \$0 copayment

West Virginia Senior Advantage (HMO I-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	\$445 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 \$4,130, 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 \$6,550, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.70 copayment for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs. 	