**2023 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, 2023 - December 31, 2023.**

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 a[t](https://www.medicare.gov/) [www.wvsenioradvantage.com](http://www.wvsenioradvantage.com/)[o](http://www.wvsenioradvantage.com/)r call Member Services.

**To Reach Our Member Services Representatives:**

* Toll Free 1-844-854-6888, TTY/TDD should call 711.
* Hours of operation: 8:00 a.m. to 8:00 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](http://www.wvsenioradvantage.com/), [o](http://www.wvsenioradvantage.com/)r 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, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Preston, Raleigh, Randolph, Ritchie, Summers, Taylor, Tucker, Upshur, Wayne, Webster, Wirt, 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 a[t www.wvsenioradvantage.com.](http://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 a[t https://www.medicare.gov](http://www.wvsenioradvantage.com/) [o](https://www.medicare.gov/)r 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.

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| **Premiums and Benefits** | **West Virginia Senior Advantage (HMO I-SNP)** |
| Monthly Plan premium\*  \* Your premium may be higher or lower than this amount. See Section 2.1 for details. | $41.10 |
| **Deductible** | $226 |
| Maximum out-of-pocket amount  This is the most you will pay  out-of-pocket for your covered Part A and Part B services.  (See Section 2.2 for details.) | $8,300 |
| **Inpatient hospital stay** | $1,600 deductible  $0 copayment each day for days 1 to 60;  $400 copayment each day for days 61 to 90;  $800 copayment each day for days 91 to 150 (lifetime reserve days)  Prior Authorization may be required |
| **Outpatient hospital stay** | $100 copayment per visit |
| **Primary care office visits** | $0 copayment per visit. |
| **Specialist office visits** | $20 copayment per visit. |

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| **Premiums and Benefits** | **West Virginia Senior Advantage (HMO I-SNP)** |
| **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. |
| **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 $60 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  *Prior Authorization may be required.*  20% coinsurance per visit  *Prior Authorization may be required.*  20% coinsurance per visit  *Prior Authorization may be required.*  20% coinsurance per visit  *Prior Authorization may be required.* |

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| **Premiums and Benefits** | **West Virginia Senior Advantage (HMO I-SNP)** |
| **Hearing services**  Hearing exam  *Supplemental Benefit*  Routine hearing exam, fitting and evaluation for hearing aids  Hearing Aids | Deductible applies.  20% coinsurance for Medicare-covered hearing services.  You pay $0 copayment for one routine hearing exam, and fitting/ evaluation for hearing aids per year.  Up to a $1,300 allowance for both ears combined every three years for hearing aids.  *Prior Authorization may be required.* |
| **Dental services**  Medicare-covered dental | Deductible applies.  20% coinsurance for each Medicare covered service. |
| **Vision care**  Yearly eye exam for diabetic retinopathy | Deductible applies.  20% coinsurance for Medicare-covered services. |
| *Supplemental Benefit* Routine eye exam  Glaucoma screening | You pay $0 copayment for one routine eye exam visit and one glaucoma screening per year. |
| Eyeglasses, lenses, frames, contacts | Allowance of up to $220 per year. |

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| **Premiums and Benefits** | **West Virginia Senior Advantage (HMO I-SNP)** |
| **Mental Health Services**  Inpatient visit  Outpatient group therapy visit  Outpatient individual therapy visit | $1,600 deductible  $0 copayment each day for days 1 to 60;  $400 copayment each day for days 61 to 90;  $800 copayment each day for days 91 to 150 (lifetime reserve days)  *Prior Authorization may be required.*  20% coinsurance  20% coinsurance |
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| **Skilled nursing facility (SNF) care** | $0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay.  $0 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.  No prior hospital stay required. |
| **Physical Therapy, Occupational Therapy, or Speech Therapy** | $0 copayment per visit  0% coinsurance per visit |
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| **Ambulance services** Ground Ambulance | 20% coinsurance for each one-way trip |
| Air Ambulance | 20% coinsurance for each one-way trip |
| **Non-Emergency Transportation** | Covered in limited circumstances, if appropriate and medically necessary.  *Prior authorization may be required.*  20% coinsurance for each one-way trip |

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| **Premiums and Benefits** | **West Virginia Senior Advantage (HMO I-SNP)** |
| **Medicare Part B prescription drugs**  Chemotherapy drugs  Other Part B drugs | Deductible applies.  20% coinsurance  *Prior Authorization may be required.*  20% coinsurance  *Prior Authorization may be required.* |
| **Foot Care (podiatry services)** Foot exams and treatment | Deductible applies.  20% coinsurance for Medicare-covered services. |
| *Supplemental Benefit* Routine foot care | $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 |

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| **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** | $505 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 $4,660, 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 $7,400, you pay the greater of: • 5% coinsurance, or  • $4.15 copayment for generic (including brand drugs treated as generic) and a $10.35 copayment for all other drugs. | |