2023 Summary of Benefits

West Virginia Senior Advantage (HMO I-SNP)

**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;
  + 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](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, 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 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)** |
| 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 Services** | $1600 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  *Prior Authorization may be required* |
| **Outpatient hospital Services** | 20% coinsurance per stay  $100 Copayment for Observation Services per stay |
| **Ambulatory Surgical Center (ASC) Services** | No Service-specific Maximum Enrollee Out of Pocket Cost  20% coinsurance for Medicare-covered benefits  Is there an enrollee deductible? No  Is there an enrollee Copayment? No  *Prior Authorization is required*  *Referral is not required for Ambulatory Surgical Center Services* |
| **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** (flu vaccine, COVID vaccine, diabetic screenings, mammograms, colorectal cancer screenings, and other preventative services) | $0 copayment per visit |
| **Emergency care** | $90 copayment per visit  Copay 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 |
| **Outpatient 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 may be required*  $0 copayment  *No authorization required for lab services rendered in any place of service*  20% coinsurance  *Prior Authorization may be required unless services are 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 | Deductible applies  20% coinsurance 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 $1,300 allowance for both ears combined every three years for hearing aids  *Prior Authorization may be required* |
| **Premiums and Benefits** | **West Virginia Senior Advantage (HMO I-SNP)** |
| **Dental services**  Medicare-covered dental | 20% coinsurance for each Medicare covered service |
| **Vision care**  Yearly eye exam for diabetic retinopathy  *Supplemental Benefit* Routine eye exam  Glaucoma screening  Eyeglasses, lenses, frames, contacts | Deductible applies  20% coinsurance for each Medicare covered service  You pay $0 copayment for one routine eye exam visit and one glaucoma screening per year  Allowance of up to $220 per year |
| **Mental Health Services**  Inpatient visit  Outpatient group therapy visit  Outpatient individual therapy visit | $1600 deductible  $0 copayment for days 1 through 60  $400 copayment per day for days 61 through 90  $800 copayment for days 91 through 150  *Prior Authorization may be required*  20% coinsurance  20% coinsurance |
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| **Skilled nursing facility (SNF) care** | You pay the 2023 Original Medicare cost-sharing amounts   * $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   *Prior Authorization may be required* |
| **Physical Therapy, Occupational Therapy, or Speech Therapy** | $0 copayment per visit  0% coinsurance per visit  *Prior Authorization may be required* |

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| **Premiums and Benefits** | **West Virginia Senior Advantage (HMO I-SNP)** |
| **Ambulance services** Ground Ambulance | 20% coinsurance |
| Air Ambulance | 20% coinsurance |
| **Non-Emergency Transportation** | Covered in limited circumstances, if appropriate and medically necessary  *Prior authorization may be required*  20% coinsurance |
| **Medicare Part B prescription drugs**  Chemotherapy drugs  Other Part B drugs | 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  *Prior Authorization may be required* |
| **Opioid Treatment Services** | Deductible applies  20% coinsurance and $0 copayment  *Prior Authorization may be required* |

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| **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** | $505 for all Part D prescription drugs | |
| **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. | |
| **Insulin Costs** | You won’t pay more than $35 for a 1-month supply of each insulin product, even if you haven’t paid your deductible. | |
| **Coverage Gap** | After your total drug costs (including what our plan has paid and what you have paid) reaches $4,660, you will pay no more than:   * Generic drugs: 25% cost share * Brand-name drugs: 25% cost share | |
| **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:   * Generic drugs: $4.15 copayment or 5% coinsurance (whichever costs more) * Brand-name drugs: $10.35 copayment or 5% coinsurance (whichever costs more) | |