

2021 Summary of Benefits

AgeRight Advantage Health Plan (HMO I-SNP)

H1372, Plan 001

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

AgeRight Advantage Health Plan (HMO I-SNP) is a 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 1-844-854-6885, 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.agerightadvantage.com, or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-844-854-6885, 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 AgeRight Advantage Health Plan (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 assisted living communities and meet a nursing facility level of care or reside in one of our participating nursing facilities for greater than 90 days. For a

list of participating communities/facilities, contact Member Services or see our website www.agerightadvantage.com.

Our service area includes these counties in Oregon: Clackamas, Klamath, Lane, Marion, Multnomah, Washington, and Yamhill.

AgeRight Advantage Health Plan (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at www.agerightadvantage.com. If you use providers that are not in our network, the plan may not pay for these services.

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.

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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

	AgeRight Advantage Health Plan (HMO I-SNP)
Monthly plan premium	\$36 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible is \$203. For the Part A deductible, you pay the 2021 Original Medicare cost-sharing amounts for Inpatient Hospital or Mental Health for inpatient visits. \$1,484 deductible
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$6,500
Inpatient Hospital coverage	You pay the 2021 Original Medicare cost-sharing amounts. \$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). <i>Prior Authorization is required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	 20% coinsurance <i>Prior Authorization is required.</i> \$100 copayment <i>Prior Authorization is required.</i>
Doctor Visits Primary Care Providers Specialists	 \$0 copayment \$30 copayment <i>Referral is required.</i>
Preventive Care	You pay nothing.
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 max of \$65 Coinsurance is waived if you are admitted to a hospital within 3 days.

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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 is required.</i> \$0 copayment <i>Authorization required for genetic testing.</i> 20% coinsurance <i>Prior Authorization is required.</i> 20% coinsurance <i>X-rays do not require authorization when service rendered in Nursing Facility or physician office. Diagnostic and therapeutic radiological services require authorization in the nursing facility or physician's office.</i>
Hearing services Hearing exam <i>Supplemental Benefit</i> Routine hearing exam, fitting and evaluation for hearing aids Hearing aids	20% coinsurance of the cost for Medicare-covered hearing services. \$0 copayment for 1 routine hearing exam, fitting and evaluation for hearing aids every year. Up to a \$1,600 credit for both ears combined every two years for hearing aids. <i>Prior authorization is required for hearing aids only.</i>
Dental services Medicare-covered dental <i>Supplemental benefits</i> Preventive and comprehensive	20% coinsurance for each Medicare-covered service. <i>Prior Authorization is required.</i> \$0 copayment: 1 Oral Exam; Prophylaxis (Cleaning) every six months; 1 Dental X-rays every year Annual maximum of \$615 towards preventive or comprehensive dental services

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Vision care Yearly eye exam for diabetic retinopathy <i>Supplemental Benefit</i> Routine eye exam Eyeglasses, lenses, frames, contacts	20% coinsurance for Medicare-covered services. You pay a \$0 copayment for 1 routine eye exam visit every year. \$225 combined benefit toward eyewear.
Mental Health Services Inpatient visit Outpatient group therapy visit Outpatient individual therapy visit	You pay the 2021 Original Medicare cost-sharing amounts. \$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). <i>Prior Authorization is required.</i> 20% coinsurance <i>Prior Authorization is required.</i> 20% coinsurance <i>Prior Authorization is required.</i>
Skilled nursing facility (SNF) care	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. \$185.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. Per stay benefit period <i>Prior Authorization is required.</i>
Physical Therapy	20% coinsurance
Ambulance services Ground Ambulance Air Ambulance	20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i> 20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i>
Non-Emergency Transportation	Not Covered

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Medicare Part B prescription drugs Chemotherapy drugs Other Part B drugs	20% coinsurance <i>For chemotherapy, the initial administration only requires authorization.</i> 20% coinsurance <i>Prior authorization is required for some medications.</i>
Ambulatory Surgical Center	20% coinsurance <i>Prior Authorization is required.</i>
Diabetic supplies	\$0 copayment
Foot Care (podiatry services) Foot exams and treatment <i>Supplemental Benefit</i> Routine Foot Care	20% coinsurance for Medicare-covered services. \$0 copayment limited to 6 routine foot care visits per year.
Occupational or Speech Therapy	20% coinsurance

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Outpatient Prescription Drugs			
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Standard mail-order cost-sharing (up to a 90-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	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.		

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long-term (90-day supply).

Pre-Enrollment Checklist

AgeRight Advantage Health Plan (HMO I-SNP)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-844-854-6885 (TTY 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [AgeRightAdvantage.com](https://www.AgeRightAdvantage.com) or call 1-844-854-6885 (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- ☐ This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.

AgeRight Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AgeRight Advantage Health Plan is an HMO I-SNP with a Medicare contract. Enrollment in AgeRight Advantage depends on contract renewal.