



Summary of Benefits

MoreCare For You (HMO)

Coverage Period

January 1, 2020 to
December 31, 2020

MoreCare[®]

A Medical Home Network Affiliate

Summary of Benefits – MoreCare for You (HMO)

January 1, 2020-December 31, 2020

This booklet provides a summary of what we cover and what you pay. This summary does not list every service that we cover or list every limitation or exclusion. To get a complete list of the services that we cover, call us to ask for the “Evidence of Coverage”. You can also find a copy on our website at mymorecare.com

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare Advantage health plan, such as MoreCare for You (HMO).
- In a Medicare Advantage HMO plan, you pick one primary care physician. Most of your health care services will be referred by the doctor you select. Visits to health care professionals outside of your network typically aren't covered by the plan.

Tips for comparing your Medicare choices

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, you can visit the Medicare Plan Finder on <http://www.medicare.gov>.
- 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 <http://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.

Sections in this booklet

- Things to Know About MoreCare for You (HMO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

MoreCare is an HMO plan sponsor with a Medicare contract. Enrollment in a MoreCare plan depends on contract renewal.

This information is not a complete description of benefits. For more information contact the plan at **844-480-8528 (TTY 711)**. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

About MoreCare

Community-based and provider led, MoreCare brings a unique, coordinated approach to health care – making it easier Medicare-eligible folks like yourself get the **quality, whole-person care** you deserve. MoreCare's Medicare Advantage plans are designed to give you the coverage and options you need to stay healthy. We strive to keep **quality high and costs low** by working with local providers and hospitals to deliver **personalized, coordinated care you can trust**.

MoreCare (HMO) Phone numbers and website

- Call us at toll-free at **844-480-8528** (TTY: 711). We're available 8:00 a.m. to 8:00 p.m. CST, 7 days a week (Monday through Friday, April 1 – September 30).
- Or, visit us at our website: mymorecare.com

Who can Join?

- To join MoreCare for You (HMO), you must be entitled to Medicare Part A, be enrolled in Part B, not have End Stage Renal Disease (ESRD) and live in the plan's Service Area. Our service area is Cook County in Illinois.

What Providers can I use?

- **MoreCare For You (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, the plan may not pay for the services.
- When you enroll in the plan, you will select a primary care provider (PCP). Most of your health care services will be referred by your PCP. You may need a referral before you can see other providers. Certain services will require a prior authorization.
- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's Provider Directory and Pharmacy Directory at our website at mymorecare.com. Or, call us and we will send you a copy of the Provider and Pharmacy Directories.

What does Original Medicare cover?

To know more about the coverage and cost of Original Medicare, look in the current "Medicare and You" handbook at www.medicare.gov. Or obtain a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY 1-877-486-2048)

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- **For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, mymorecare.com
- Or, call us and we will send you a copy of the formulary.

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.
What is my maximum out-of-pocket responsibility?	Your yearly limit(s) in this plan: \$6,700 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Covered Medical and Hospital Benefits

*Some of the services listed in the Medical Benefits Chart are covered only if your doctor or other network provider gets approval in advance (sometimes called “prior authorization”) from us. Covered services that need approval in advance are marked in the Medical Benefits Chart below by an asterisk.

Most of your health care services will be referred by the doctor you select.

Services that are covered for you

What you must pay when you get these services

Inpatient Hospital Care*

Inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services.
Your benefit period is the same as Original Medicare. It begins the day you are admitted to the hospital or SNF and ends when you haven’t received any inpatient hospital care (or skilled care in a SNF) for 60 days. There is no limit to the number of benefit periods.

\$295 copayment each day for days 1 to 6.

No copayment, coinsurance, or deductible for days 7 through 90 of your inpatient hospital care.

**Prior authorization required for elective admissions.*

Outpatient Hospital Care/Ambulatory Surgical Center*

- Services in an emergency department or outpatient clinic, outpatient surgery
- Laboratory and diagnostic tests billed by the hospital
- Mental health care, including care in a partial-hospitalization program
- X-rays and other radiology services billed by the hospital

20% coinsurance

<ul style="list-style-type: none"> • Medical supplies such as splints and casts • Certain drugs and biologicals that you can't give yourself 	
Doctor's Office Visits*	
<ul style="list-style-type: none"> • Medical care or surgery services in a physician's office, ambulatory surgical center, hospital outpatient department, or other location • Consultation, diagnosis, and treatment by a specialist 	<p>No copayment, coinsurance, or deductible for Primary Care Provider (PCP) visit.</p> <p>15% coinsurance for Diagnostic Radiology Physician Specialist services.</p> <p>20% coinsurance for all other Physician Specialist services.</p>
Preventive Care	
<p>We cover many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit 	<p>No coinsurance, copayment, or deductible for Medicare-covered preventive services.</p>
Emergency care / Post-Stabilization Care	
<p>Emergency medical care covered in the U.S. only.</p>	<p>\$90 copayment per visit</p> <p>Copayment is not waived if admitted.</p>
Urgently Needed Services	
<p>Provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care</p>	<p>\$50 copayment for each visit to an urgent care facility.</p>
Outpatient Diagnostic Tests, Lab and Radiology Services, and X-Rays:*	
<p><i>(Costs for these services may vary based on place of services)</i></p>	<p>20% coinsurance for X-rays and therapeutic radiation services.</p>

<ul style="list-style-type: none"> • X-rays • Radiation (radium and isotope) therapy including technician materials and supplies • Laboratory tests • Other outpatient diagnostic tests <ul style="list-style-type: none"> ○ Genetic testing* <p><i>*Prior authorization required for genetic testing. Prior authorization and a referral are required for MRI, CT, PET, and Nuclear services.</i></p>	<p>15% coinsurance for diagnostic radiation services.</p> <p>No copayment, coinsurance, or deductible for laboratory tests or other diagnostic procedures/tests.</p>
<p>Hearing Services</p>	
<ul style="list-style-type: none"> • Diagnostic hearing and balance evaluations performed by your PCP or specialty provider • Routine hearing exams covered once (1) every year • \$1,000 hearing aid allowance per year, both ears combined <p><i>No authorization or referral required</i></p>	<p>\$0 copay for in-network routine hearing exams.</p> <p>\$1,000 hearing aid allowance each year.</p>
<p>Dental Services</p>	
<p>Preventive services, cleaning, x-rays, filling, extractions, crowns, dentures, and periodontics.</p>	<p>\$0 copayment</p>
<p>Dental Preventive Services: Preventive/Diagnostic Services Exams One (1) initial or periodic routine oral exam every six (6) months, including diagnosis and charting</p>	<p>\$0 copayment</p>
<p>Cleanings (prophylaxis) One (1) cleaning every six months, including minor scaling and polishing</p>	<p>\$0 copayment</p>
<p>Fluoride Treatment One (1) treatment per calendar year</p>	<p>\$0 copayment</p>
<p>Dental X-rays</p> <ul style="list-style-type: none"> • One (1) set of bite-wing X-rays per every two (2) years • One (1) set of intraoral x-rays per year • Full mouth set of x-rays or panoramic x-rays every five (5) years 	<p>\$0 copayment</p>
<p>Comprehensive Dental Services:</p> <p>Fillings - Amalgam fillings (resin) or composite fillings (white fillings), once per tooth per 12-month period</p> <p>Simple Extractions and Oral Surgery* – Tooth extraction including surgical extraction up to the annual dental benefit maximum. Prior authorization required.</p> <p>Crowns - One (1) crown per tooth per calendar year</p> <p>Dentures and Denture Repair – One (1) denture per five (5) calendar years, including services to adjust or realign dentures once (1) per calendar year</p>	<p>\$0 copayment</p>
<p>Annual Dental Benefit Maximum \$1,000 maximum per calendar year for covered dental services</p>	

Vision Services	
<p>Outpatient physician services for diagnosis and treatment of diseases and injuries of the eye.</p> <p>If you are at risk of glaucoma, we cover one glaucoma screening each year.</p> <p>If you have diabetes, screening for diabetic retinopathy is covered once per year</p> <p>One (1) pair of eyeglasses or contact lenses after each cataract surgery</p> <p>One (1) pair of eyeglasses (frame and lenses) or elective contact lenses with fitting every calendar year up to \$300.</p>	<p>\$0 copayment for one (1) routine eye exam every year.</p> <p>\$0 copayment for one (1) routine vision exam every year.</p> <p>\$0 copay for one (1) pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$300 plan coverage for one (1) pair of eyeglasses (frame and lenses) or elective contact lenses every calendar year.</p>
Inpatient Mental Health Care*	
<p>Your benefit period is the same as Original Medicare. It begins the day you are admitted to the hospital or SNF and ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days. There is no limit to the number of benefit periods.</p> <p><i>*Prior authorization required for elective admissions.</i></p>	<p>\$295 copayment each day for days 1 to 5.</p> <p>No copayment, coinsurance, or deductible for days 6 through 90 of your inpatient mental health care.</p> <p>You are covered for unlimited additional days each benefit period.</p> <p>No copayment, coinsurance, or deductible for additional days.</p>
Outpatient Mental Health Care	
Individual or group sessions	20% coinsurance
Outpatient Substance Abuse	
Individual and group substance abuse services	20% coinsurance
Skilled nursing facility (SNF) care*	
<p>Your benefit period is the same as Original Medicare. It begins the day you are admitted to the hospital or SNF and ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days. There is no limit to the number of benefit periods.</p>	<p>\$0 copayment each day for days 1 to 20.</p> <p>\$178 copayment each day for days 21 to 100.</p> <p>You are covered for up to 100 days each benefit period for inpatient services in a SNF.</p>
Outpatient rehabilitation services*	
<p>Physical, occupational, and speech language therapy</p> <p><i>*Prior authorization required beyond initial evaluation and four (4) visits.</i></p>	20% coinsurance
Cardiac rehabilitation services*	
Comprehensive programs	20% coinsurance

Pulmonary rehabilitation services*	
Comprehensive programs	20% coinsurance
Ambulance services*	
Air (fixed and rotary wing) and ground ambulance to the nearest appropriate facility <i>*Prior authorization required for non-emergency services.</i>	20% coinsurance
Transportation	
Routine services to and from your PCP or specialist's office or dentist within our service area.	\$0 copayment for up to 30 one-way trips to plan approved locations every year.
Medicare Part B Drugs*	
Includes drugs that are usually are not self-administered	20% coinsurance for each Medicare Part B drug.

Prescription Drug Benefits

You may get your drugs at network retail pharmacies and mail-order pharmacies.

If you reside in a long-term care facility, you pay the same for a 31-day supply at a retail pharmacy.

Stage 1: Annual Prescription Drug Deductible	\$435 per year for Part D Prescription Drugs		
Cost Sharing for Covered Drugs	Retail		Mail Order
	30-day supply	90- day supply	90- day supply
Stage 2: Initial Coverage Stage (After you pay the deductible, if applicable)	25% Coinsurance	25% Coinsurance	25% Coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,020 , you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug that is in the Coverage Gap.		
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of: <ul style="list-style-type: none"> ○ 5% coinsurance, or ○ \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs. 		

Other Care and Services

Chiropractic Care*	
Manual manipulation of the spine to correct subluxation <i>*Prior authorization required for services beyond initial evaluation and treatment beyond four (4) visits</i>	20% coinsurance
Diabetes self-management training, diabetic services and supplies	
Supplies to monitor your blood glucose	20% coinsurance
We cover only blood glucose meters and test strips from Abbott	20% coinsurance
Medicare-covered therapeutic shoes	20% copayment for each pair of Medicare-covered therapeutic shoes
Diabetes self-management training	No coinsurance, copayment or deductible for Medicare-covered classes
Durable Medical Equipment (DME) and related supplies*	
Supplies limited to preferred vendors. Contact us for this list. <i>*Prior authorization is required for all DME items with a purchase price greater than \$500 or \$38.50 per month, if rented</i>	20% coinsurance for each Medicare-covered DME and related supplies
Foot Care (podiatry services)	
<i>*Prior authorization required for services beyond initial evaluation and four (4) visits</i>	20% coinsurance for Medicare-covered podiatry services.
Health and wellness education programs	
Gym membership at a participating fitness facility.	\$0 copay for monthly gym membership
Home health agency care*	
Medicare-covered visits	No copayment, coinsurance or deductible for visits
Over-the-Counter Items	
Drugs and other health-related pharmacy products at participating retailers or mail-order catalogue. Unused funds do not roll over.	We cover \$95 for approved over-the-counter items every three (3) months
Prosthetic Devices and Related Supplies	
Devices and certain supplies, and repair and/or replacement.	20% coinsurance for each device and related supplies
Renal Dialysis*	
Dialysis treatment and services. <i>*Authorization and referral required for non-emergent care</i>	20% coinsurance
Hospice	
You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care. You must get care from a Medicare certified hospice.	Hospice is covered outside of our plan and not by MoreCare. Contact us for more information.

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