ADVANTAGE MD
Johns Hopkins Medicine Medicare Plan

SUMMARY OF BENEFITS

2021 Advantage MD Health Plans

JOHNS HOPKINS ADVANTAGE MD (HMO)
JOHNS HOPKINS ADVANTAGE MD (PPO)
JOHNS HOPKINS ADVANTAGE MD PLUS (PPO)
JOHNS HOPKINS ADVANTAGE MD PREMIER (PPO)

H1225_001
H1225_002
H3890_001
H3890_002
H3890_004

Y0124_SOB0720_M Accepted

Section I: Introduction to Summary of Benefits

January 1, 2021 – December 31, 2021

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us or go online to view the "Evidence of Coverage."

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 health plan (such as Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Premier (PPO), or Johns Hopkins Advantage MD (HMO).

Tips for comparing your Medicare choices:
If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on 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 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 Our Plans
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats, such as braille and large print. For additional information, call us at 1-888-403-7662 (TTY: 711).

Things to Know About Our Plans:

<u>Hours of Operation</u>

From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Johns Hopkins Advantage MD and Johns Hopkins Advantage MD Plus, and Johns Hopkins Advantage MD Premier Phone Numbers:
If you are a member of these plans, call toll-free 1-877-293-5325 (TTY: 711). If you are not a member of these plans, call toll-free 1-888-403-7662 (TTY: 711).

Johns Hopkins Advantage MD (HMO) Phone Number:
If you are a member of this plan, call toll-free 1-877-293-4998 (TTY: 711). If you are not a member of this plan, call toll-free 1-888-403-7662 (TTY: 711).

Our plan website: www.HopkinsMedicare.com

Who can join?

To join, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in the plan's service area.

The Johns Hopkins Advantage MD (HMO) service area includes the following counties in Maryland: Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester.

The Johns Hopkins Advantage MD (PPO) and Johns Hopkins Advantage MD Plus (PPO) service area include the following counties in Maryland: Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Frederick, Howard, Somerset, Washington, Wicomico, and Worcester. (Not available in Montgomery County.)

The Johns Hopkins Advantage MD Premier (PPO) service area includes Montgomery County only.

All PPO members:

If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

All HMO members:

If you use providers that are not in our network, the plan may not pay for these services. Referrals are required for specialty care only.

All members:

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory at our website (www.HopkinsMedicare.com). Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers and more. Our plan members get all of the benefits covered by Original Medicare. 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. Our plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. 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/radiation 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, www.HopkinsMedicare.com. Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Section II: Summary of Benefits

HMO & PPO Plans

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES				
Monthly Plan Premium (including Part C and Part D premium, when applicable.)	**Baltimore City:** **$20** per month. In addition, you must keep paying your Medicare Part B premium. **All other counties:** **$40** per month. In addition, you must keep paying your Medicare Part B premium.	**$91** per month. In addition, you must keep paying your Medicare Part B premium.	**$121** per month. In addition, you must keep paying your Medicare Part B premium.	**$351** per month. In addition, you must keep paying your Medicare Part B premium.
Deductibles, including plan level and category level deductible;	This plan does not have any medical deductibles.	This plan does not have any medical deductibles.	This plan does not have any medical deductibles.	This plan does not have any medical deductibles.

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: **$7,550** for services you receive from in-network providers.	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: **$7,550** for services you receive from in-network providers. **$11,300** for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: **$7,550** for services you receive from in-network providers. **$11,300** for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: **$7,550** for services you receive from in-network providers. **$11,300** for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.
	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. Our plan has a coverage limit every year for certain benefits from any provider.			

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Inpatient Hospital Coverage (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	Our plan covers 90 days for each Medicare-covered inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) You pay a $310 copay each day for days 1-5 of a hospital stay.	Our plan covers 90 days for each Medicare-covered in-network or out-of-network inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) *In-network:* You pay a $310 copay each day for days 1-6 of a hospital stay. *Out-of-network:* 30% coinsurance	Our plan covers 90 days for each Medicare-covered in-network or out-of-network inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) *In-network:* You pay a $310 copay each day for days 1-6 of a hospital stay. *Out-of-network:* 30% coinsurance	Our plan covers 90 days for each Medicare-covered in-network or out-of-network inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) *In-network & Out-of-network:* You pay a $200 copay per admission.

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Outpatient Hospital Coverage (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	$300 copay	*In-network:* $300 copay *Out-of-network:* 50% coinsurance	*In-network:* $300 copay *Out-of-network:* 50% coinsurance	*In-network & Out-of-network:* $100 copay
Ambulatory Surgery Center (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	$225 copay	*In-network:* $225 copay *Out-of-network:* 50% coinsurance	*In-network:* $225 copay *Out-of-network:* 50% coinsurance	*In-network & Out-of-network:* $50 copay

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Doctor Visits • Primary Care Providers	$5 copay	*In-network:* $10 copay *Out-of-network:* 50% coinsurance	*In-network:* $5 copay *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* You pay nothing
• Specialists	$50 copay	*In-network:* $50 copay *Out-of-network:* 50% coinsurance	*In-network:* $50 copay *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* $10 copay
Preventative Care (e.g. flu vaccine, diabetic screenings)	You pay nothing	*In-network:* You pay nothing *Out-of-network:* 50% coinsurance	*In-network:* You pay nothing *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* You pay nothing
	Our plan covers many preventive services, including: Abdominal aortic aneurysm screening Annual routine physical exam Annual wellness visit Barium enemas Bone mass measurement (bone density) Breast cancer screening (mammogram) Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) Cardiovascular disease testing Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, FOBT and FIT kit) Depression screening Diabetes screenings			

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Preventative Care (continued)	Diabetes self-management training, diabetic services, and supplies Digital rectal exams EKG following a Welcome Visit Health and wellness education programs HIV screening Immunizations Medical nutrition therapy services Medicare diabetes prevention program (MDPP) Obesity screening and therapy to promote sustained weight loss Prostate cancer screening exams Screening and counseling to reduce alcohol misuse Screening for lung cancer with low dose computed tomography (LDCT) Screening for Sexually transmitted infections (STIs) and counseling to prevent STIs Smoking and tobacco use cessation (Counseling to stop smoking or tobacco use) Vision care “Welcome to Medicare” preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.			

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Emergency Care	$90 copay The copay is waived if you are admitted to the hospital within 24 hours for the same condition. Emergency care is covered in the United States only.	*In-network & Out-of-network:* $90 copay The copay is waived if you are admitted to the hospital within 24 hours for the same condition. Emergency care is covered in the United States only.	*In-network & Out-of-network:* $90 copay The copay is waived if you are admitted to the hospital within 24 hours for the same condition. Emergency care is covered worldwide.	*In-network & Out-of-network:* $90 copay The copay is waived if you are admitted to the hospital within 24 hours for the same condition. Emergency care is covered worldwide.
Urgently Needed Services	$40 copay The copay is not waived if you are admitted to the hospital. Urgently needed services are covered in the United States only.	*In-network & Out-of-network:* $40 copay The copay is not waived if you are admitted to the hospital. Urgently needed services are covered in the United States only.	*In-network & Out-of-network:* $40 copay The copay is not waived if you are admitted to the hospital. Urgently needed services are covered worldwide.	*In-network & Out-of-network:* $20 copay The copay is not waived if you are admitted to the hospital. Urgently needed services are covered worldwide.
Diagnostic Services/Labs/ Imaging	**Lab services** *(e.g. Blood count, stool tests, creatinine, blood glucose)***:** You pay nothing	**Lab services** *(e.g. Blood count, stool tests, creatinine, blood glucose)***:** *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Lab services** *(e.g. Blood count, stool tests, creatinine, blood glucose)***:** *In-network:* You pay nothing *Out-of-network:* 30% coinsurance	**Lab services** *(e.g. Blood count, stool tests, creatinine, blood glucose)***:** *In-network & Out-of-network:* You pay nothing

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Diagnostic Services/Labs/ Imaging (continued) (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	**Diagnostic tests and procedures** *(e.g. Biopsies, Endoscopies, cat scans)*: 20% coinsurance	**Diagnostic tests and procedures** *(e.g. Biopsies, Endoscopies, cat scans)*: *In-network:* 20% coinsurance *Out-of-network:* 50% coinsurance	**Diagnostic tests and procedures** *(e.g. Biopsies, Endoscopies, cat scans)*: *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance	**Diagnostic tests and procedures** *(e.g. Biopsies, Endoscopies, cat scans)*: *In-network & Out-of-network:* $10 copay
	Diagnostic x-rays *(such as mammography and ultrasound)*: $20 copay	**Diagnostic x-rays** *(such as mammography and ultrasound)*: *In-network:* $30 copay *Out-of-network:* 50% coinsurance	**Diagnostic x-rays** *(such as mammography and ultrasound)*: *In-network:* $30 copay *Out-of-network:* 30% coinsurance	**Diagnostic x-rays** *(such as mammography and ultrasound)*: *In-network & Out-of-network:* $10 copay
	Diagnostic radiology services *(such as MRIs and CT scans)*: $175 copay	**Diagnostic radiology services** *(such as MRIs and CT scans)*: *In-network:* $250 copay *Out-of-network:* 50% coinsurance	**Diagnostic radiology services** *(such as MRIs and CT scans)*: *In-network:* $250 copay *Out-of-network:* 30% coinsurance	**Diagnostic radiology services** *(such as MRIs and CT scans)*: *In-network & Out-of-network:* $100 copay
	Therapeutic radiology services *(such as radiation treatment for cancer)*: 20% coinsurance	**Therapeutic radiology services** *(such as radiation treatment for cancer)*: *In-network:* 20% coinsurance *Out-of-network:* 50% coinsurance	**Therapeutic radiology services** *(such as radiation treatment for cancer)*: *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance	**Therapeutic radiology services** *(such as radiation treatment for cancer)*: *In-network & Out-of-network:* 20% coinsurance

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Hearing Services	**Medicare-covered exam to diagnose and treat hearing and balance issues:** $50 copay	**Medicare-covered exam to diagnose and treat hearing and balance issues:** *In-network:* $50 copay *Out-of-network:* 50% coinsurance	**Medicare-covered exam to diagnose and treat hearing and balance issues:** *In-network:* $40 copay *Out-of-network:* 30% coinsurance	**Medicare-covered exam to diagnose and treat hearing and balance issues:** *In-network & Out-of-network:* $10 copay
• Routine hearing exam	**Routine hearing exam:** You pay nothing *(one routine hearing exam per year from a TruHearing provider)*	**Routine hearing exam:** *In-network:* You pay nothing *(one routine hearing exam per year)* *Out-of-network:* 50% coinsurance	**Routine hearing exam:** *In-network:* You pay nothing *(one routine hearing exam per year)* *Out-of-network:* 30% coinsurance	**Routine hearing exam:** *In-network & Out-of-network:* You pay nothing *(In-network covered through TruHearing provider and is limited to 1 exam per year.)*
• Hearing aids	**Hearing aids:** You pay a $699 copay per aid for Advanced hearing aids or $999 copay per aid for Premium hearing aids. for up to two TruHearing-branded hearing aids every year (one per ear per year).	**Hearing aids:** *In-network & Out-of-network:* You pay a $699 copay per aid for Advanced hearing aids or $999 copay per aid for Premium hearing aids for up to two TruHearing-branded hearing aids every year (one per ear per year).	**Hearing aids:** *In-network & Out-of-network:* You pay a $699 copay per aid for Advanced hearing aids or $999 copay per aid for Premium hearing aids for up to two TruHearing-branded hearing aids every year (one per ear per year).	**Hearing aids:** *In-network & Out-of-network:* You pay a $399 copay per aid for Advanced hearing aids or $699 copay per aid for Premium hearing aids for up to two TruHearing-branded hearing aids every year (one per ear per year).

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Dental Services • Oral exam & cleaning • Optional supplemental benefits (available only with Advantage MD HMO, PPO, and Plus PPO) (Non-Medicare covered comprehensive services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage booklet for more information.)	**Medicare-covered dental services:** 20% coinsurance **Preventive dental services:** **Cleaning(s)** (*1 cleaning per year*): $15 copay **Fluoride treatments:** Not covered. **Dental X-ray(s)** *(Frequency determined by type of X-ray)***:** $25 copay	**Medicare-covered dental services:** *In-network:* 20% coinsurance *Out-of-network:* 50% coinsurance **Preventive dental services:** **Cleaning(s)** (*1 cleaning per year*): *In-network:* $15 copay *Out-of-network:* 50% coinsurance **Fluoride treatments:** Not covered. **Dental X-ray(s)** *(Frequency determined by type of X-ray)***:** *In-network:* $25 copay *Out-of-network:* 50% coinsurance	**Medicare-covered dental services:** *In-network:* 20% coinsurance *Out-of-network:* 50% coinsurance **Preventive dental services:** **Cleaning(s)** (*2 cleanings per year*): *In-network:* $10 copay *Out-of-network:* 30% coinsurance **Fluoride treatments:** Not covered. **Dental X-ray(s)** *(Frequency determined by type of X-ray)***:** *In-network:* $20 copay *Out-of-network:* 30% coinsurance	**Medicare-covered dental services:** *In-network & Out-of-network:* $10 copay **Preventive dental services:** **Cleaning(s)** (*2 cleanings per year*): *In-network & Out-of-network:* You pay nothing **Fluoride treatments:** *(2 fluoride treatments per year):* *In-network & Out-of-network:* You pay nothing **Dental X-ray(s)** *(Frequency determined by type of X-ray)***:** *In-network & Out-of-network:* You pay nothing

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Dental Services (continued)	**Oral exam(s)** *(Frequency determined by type of oral exam)***:** $15 copay **Comprehensive dental services:** Not covered. **Optional Supplemental Benefit:** For an extra $30 per month, members can purchase a supplemental benefit that includes both comprehensive dental and fitness benefits. The comprehensive dental and fitness benefits cannot be purchased separately. The comprehensive dental benefit has a max coverage amount of $1,200 per year.	**Oral exam(s)** *(Frequency determined by type of oral exam)***:** *In-network:* $15 copay *Out-of-network:* 50% coinsurance **Comprehensive dental services:** Not covered. **Optional Supplemental Benefit:** For an extra $30 per month, members can purchase a supplemental benefit that includes both comprehensive dental and fitness benefits. The comprehensive dental and fitness benefits cannot be purchased separately. The comprehensive dental benefit has a max coverage amount of $1,200 per year.	**Oral exam(s)** *(Frequency determined by type of oral exam)***:** *In-network:* $10 copay *Out-of-network:* 30% coinsurance **Comprehensive dental services:** Not covered. **Optional Supplemental Benefit:** For an extra $28 per month, members can purchase a supplemental comprehensive dental benefit. The comprehensive dental benefit has a max coverage amount of $1,200 per year.	**Oral exam(s)** *(Frequency determined by type of oral exam)***:** *In-network & Out-of-network:* You pay nothing **Comprehensive dental services:** *(Frequency dependent on procedure.)* **Restorative services** *(such as inlays, onlays, crowns, resin restoration, etc.)* *In-network & Out-of-network:* 20-50% coinsurance depending on the service **Endodontics** *(such as root canals, retreatment, apicoectomy, pulpotomy, etc.)* *In-network & Out-of-network:* 50% coinsurance

Benefits & Coverage	**Advantage MD (HMO)** *Available throughout service area*	**Advantage MD (PPO)** *Review service area. Not available in Montgomery County*	**Advantage MD Plus (PPO)** *Review service area. Not available in Montgomery County*	**Advantage MD Premier (PPO)** *Only available in Montgomery County*
Dental Services (continued)	The following comprehensive dental services are covered as part of the Optional Supplemental Benefits package **(available with additional premium)**: **Restorative services** *(such as inlays, onlays, crowns, resin restoration, etc.)* Frequency dependent on procedure. *In-network:* $50-$400 copay depending on the service *Out-of-network:* 50-70% coinsurance depending on the service **Endodontics** *(such as root canals, retreatment, apicoectomy, etc.)* Frequency dependent on procedure. *In-network:* $200 copay	The following comprehensive dental services are covered as part of the Optional Supplemental Benefits package **(available with additional premium)**: **Restorative services** *(such as inlays, onlays, crowns, resin restoration, etc.)* Frequency dependent on procedure. *In-network:* $50-$400 copay depending on the service *Out-of-network:* 50-70% coinsurance depending on the service **Endodontics** *(such as root canals, retreatment, apicoectomy, etc.)* Frequency dependent on procedure. *In-network:* $200 copay	The following comprehensive dental services are covered as part of the Optional Supplemental Benefits package **(available with additional premium)**: **Restorative services** *(such as inlays, onlays, crowns, resin restoration, etc.)* Frequency dependent on procedure. *In-network:* $50-$400 copay depending on the service *Out-of-network:* 50-70% coinsurance depending on the service **Endodontics** *(such as root canals, retreatment, apicoectomy, etc.)* Frequency dependent on procedure. *In-network:* $200 copay	**Periodontics** *(such as periodontal maintenance, periodontal scaling, root planning, full mouth debridement, etc.)* *In-network & Out-of-network:* 0-50% coinsurance depending on the service **Extractions** *(such as extractions, coronectomy, etc.)* *In-network & Out-of-network:* 20% coinsurance

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Dental Services (continued)	*Out-of-network:* 50% coinsurance **Periodontics** *(such as periodontal maintenance, periodontal scaling, root planning, etc.)* Frequency dependent on procedure. *In-network:* $50 copay *Out-of-network:* 50% coinsurance **Extractions** *(such as extractions, coronectomy, surgical access of an unerupted tooth, etc.)* Frequency dependent on procedure. *In-network:* $50 copay *Out-of-network:* 50% coinsurance	*Out-of-network:* 50% coinsurance **Periodontics** *(such as periodontal maintenance, periodontal scaling, root planning, etc.)* Frequency dependent on procedure. *In-network:* $50 copay *Out-of-network:* 50% coinsurance **Extractions** *(such as extractions, coronectomy, surgical access of an unerupted tooth, etc.)* Frequency dependent on procedure. *In-network:* $50 copay *Out-of-network:* 50% coinsurance	*Out-of-network:* 50% coinsurance **Periodontics** *(such as periodontal maintenance, periodontal scaling, root planning, etc.)* Frequency dependent on procedure. *In-network:* $50 copay *Out-of-network:* 50% coinsurance **Extractions** *(such as extractions, coronectomy, surgical access of an unerupted tooth, etc.)* Frequency dependent on procedure. *In-network:* $50 copay *Out-of-network:* 50% coinsurance	**Prosthodontics/ Other oral/maxillofacial surgery/ Other services** *(such as removable complete and partial dentures, repair or replace teeth in dentures, consultation, anesthesia, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* 0-50% coinsurance depending on the service The plan has a maximum coverage amount of $1,500 per year for in- and out-of-network non-Medicare-covered comprehensive dental services.

Benefits & Coverage	**Advantage MD (HMO)** *Available throughout service area*	**Advantage MD (PPO)** *Review service area. Not available in Montgomery County*	**Advantage MD Plus (PPO)** *Review service area. Not available in Montgomery County*	**Advantage MD Premier (PPO)** *Only available in Montgomery County*
Dental Services (continued)	**Prosthodontics/ Other oral/maxillofacial surgery/ Other services** *(such as removable complete and partial dentures, repair or replace teeth in dentures, removal of exostosis, anesthesia, etc.)* Frequency dependent on procedure. *In-network:* $50-$400 copay depending on the service *Out-of-network:* 50-70% coinsurance depending on the service $1,200 per year	**Prosthodontics/ Other oral/maxillofacial surgery/ Other services** *(such as removable complete and partial dentures, repair or replace teeth in dentures, removal of exostosis, anesthesia, etc.)* Frequency dependent on procedure. *In-network:* $50-$400 copay depending on the service *Out-of-network:* 50-70% coinsurance depending on the service $1,200 per year	**Prosthodontics/ Other oral/maxillofacial surgery/ Other services** *(such as removable complete and partial dentures, repair or replace teeth in dentures, removal of exostosis, anesthesia, etc.)* Frequency dependent on procedure. *In-network:* $50-$400 copay depending on the service *Out-of-network:* 50-70% coinsurance depending on the service $1,200 per year	
Vision Services	**Medicare-covered exam to diagnose and treat diseases and conditions of the eye** *(including yearly glaucoma screening):* $50 copay.	**Medicare-covered exam to diagnose and treat diseases and conditions of the eye** *(including yearly glaucoma screening):* *In-network:* $50 copay.	**Medicare-covered exam to diagnose and treat diseases and conditions of the eye** *(including yearly glaucoma screening):* *In-network:* $40 copay.	**Medicare-covered exam to diagnose and treat diseases and conditions of the eye** *(including yearly glaucoma screening):* *In-network & Out-of-network:* $10 copay.

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Vision Services (continued)		*Out-of-network:* 50% coinsurance	*Out-of-network:* 30% coinsurance	
	Routine eye exam *(1 every year):* $50 copay.	**Routine eye exam** *(1 every year):* *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Routine eye exam** *(1 every year):* *In-network:* You pay nothing *Out-of-network:* 45% coinsurance	**Routine eye exam** *(1 every year):* *In-network & Out-of-network:* You pay nothing
	Eyeglasses or contact lenses after cataract surgery: You pay nothing	**Eyeglasses or contact lenses after cataract surgery:** *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Eyeglasses or contact lenses after cataract surgery:** *In-network:* You pay nothing *Out-of-network:* 30% coinsurance	**Eyeglasses or contact lenses after cataract surgery:** *In-network & Out-of-network:* You pay nothing
	Routine eyewear: Our plan pays up to $150 every two years for supplemental eyewear (retail or online) from any provider.	**Routine eyewear:** Not Covered.	**Routine eyewear:** Our plan pays up to $150 every two years for supplemental eyewear (retail or online) from any provider.	**Routine eyewear:** Our plan pays up to $300 every two years for supplemental eyewear (retail or online) from any provider.

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Mental Health Services (Inpatient visit may require a prior authorization and/or referral. Please see the *Evidence of Coverage* booklet for more information.)	**Inpatient visit:** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. You pay a $310 copay each day for days 1-5 of a hospital stay. **Outpatient mental health visits:** Individual or Group therapy visit: $20 copay	**Inpatient visit:** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. *In-network:* You pay a $310 copay each day for days 1-6 of a hospital stay. *Out-of-network:* 30% coinsurance **Outpatient mental health visits:** Individual or Group therapy visit: *In-network:* $40 copay *Out-of-network:* 50% coinsurance	**Inpatient visit:** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. *In-network:* You pay a $310 copay each day for days 1-6 of a hospital stay. *Out-of-network:* 30% coinsurance **Outpatient mental health visits:** Individual or Group therapy visit: *In-network:* $40 copay *Out-of-network:* 30% coinsurance	**Inpatient visit:** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. *In-network & Out-of-network:* You pay a $200 copay per admission. **Outpatient mental health visits:** Individual or Group therapy visit: *In-network & Out-of-network:* $10 copay

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Mental Health Services (continued)	**Outpatient substance abuse therapy visit:** Individual or Group therapy visit: $20 copay	**Outpatient substance abuse therapy visit:** Individual or Group therapy visit: *In-network:* $40 copay *Out-of-network:* 50% coinsurance	**Outpatient substance abuse therapy visit:** Individual or Group therapy visit: *In-network:* $40 copay *Out-of-network:* 30% coinsurance	**Outpatient substance abuse therapy visit:** Individual or Group therapy visit: *In-network & Out-of-network:* $10 copay
Skilled Nursing Facility (SNF) (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	Our plan covers up to 100 days in a SNF. You pay nothing per day for days 1 through 20 $160 copay per day for days 21 through 100.	Our plan covers up to 100 days in a SNF. *In-network:* You pay nothing per day for days 1 through 20 $160 copay per day for days 21 through 100. *Out-of-network:* 30% coinsurance	Our plan covers up to 100 days in a SNF. *In-network:* You pay nothing per day for days 1 through 20 $150 copay per day for days 21 through 100. *Out-of-network:* 30% coinsurance	Our plan covers up to 100 days in a SNF. *In-network & Out-of-network:* You pay nothing per day for days 1 through 20 $100 copay per day for days 21 through 100.

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Physical Therapy (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	$30 copay	*In-network:* $40 copay *Out-of-network:* 50% coinsurance	*In-network:* $30 copay *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* $10 copay
Ambulance (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	$240 copay Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital.	*In-network & Out-of-network:* $240 copay Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital.	*In-network & Out-of-network:* $240 copay Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital.	*In-network & Out-of-network:* $100 copay (ground) $225 copay (air) Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital.

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Ambulance (continued) (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.	In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.	In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.	In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.
Transportation	Not covered	Not covered	Not covered	Not covered
Medicare Part B Drugs (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	For Part B drugs such as chemotherapy/radiation drugs: 20% coinsurance Other Part B drugs: 20% coinsurance	For Part B drugs such as chemotherapy/radiation drugs: *In-network:* 20% coinsurance *Out-of-network:* 50% coinsurance Other Part B drugs: *In-network:* 20% coinsurance *Out-of-network:* 50% coinsurance	For Part B drugs such as chemotherapy/radiation drugs: *In-network:* 20% coinsurance *Out-of-network:* 40% coinsurance Other Part B drugs: *In-network:* 20% coinsurance *Out-of-network:* 40% coinsurance	For Part B drugs such as chemotherapy/radiation drugs: *In-network & Out-of-network:* 20% coinsurance Other Part B drugs: *In-network & Out-of-network:* 20% coinsurance

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Outpatient Prescription Drugs (Medicare Part D Drugs)				
Pharmacy (Part D) Deductible	No Deductible.	$350 for Tiers 3, 4 and 5.	$350 for Tiers 3, 4 and 5.	No Deductible.
Initial Coverage	You pay the following until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage booklet.			
• Standard Retail Cost-Sharing	**Tier 1 *(Preferred Generic)*** $0 for a one-month supply $0 for a two-month supply $0 for a three-month supply **Tier 2 *(Generic)*** $10 for a one-month supply $15 for a two-month supply $20 for a three-month supply	**Tier 1 *(Preferred Generic)*** $7 for a one-month supply $10.50 for a two-month supply $14 for a three-month supply **Tier 2 *(Generic)*** $15 for a one-month supply $22.50 for a two-month supply $30 for a three-month supply	**Tier 1 *(Preferred Generic)*** $4 for a one-month supply $6 for a two-month supply $8 for a three-month supply **Tier 2 *(Generic)*** $12 for a one-month supply $18 for a two-month supply $24 for a three-month supply	**Tier 1 *(Preferred Generic)*** $3 for a one-month supply $4.50 for a two-month supply $6 for a three-month supply **Tier 2 *(Generic)*** $10 for a one-month supply $15 for a two-month supply $20 for a three-month supply

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
• Standard Retail Cost-Sharing (continued)	**Tier 3 *(Preferred Brand)*** $47 for a one-month supply $94 for a two-month supply $141 for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $200 for a two-month supply $300 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available)	**Tier 3 *(Preferred Brand)*** $47 for a one-month supply $94 for a two-month supply $141 for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $200 for a two-month supply $300 for a three-month supply **Tier 5 *(Specialty Tier)*** 26% of the total cost of a one-month supply (long-term supply is not available)	**Tier 3 *(Preferred Brand)*** $47 for a one-month supply $94 for a two-month supply $141 for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $200 for a two-month supply $300 for a three-month supply **Tier 5 *(Specialty Tier)*** 26% of the total cost of a one-month supply (long-term supply is not available)	**Tier 3 *(Preferred Brand)*** $40 for a one-month supply $80 for a two-month supply $120 for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $90 for a one-month supply $180 for a two-month supply $270 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available)
• Standard Mail Order Cost-Sharing	**Tier 1 *(Preferred Generic)*** $0 for a one-month supply $0 for a two-month supply $0 for a three-month supply	**Tier 1 *(Preferred Generic)*** $7 for a one-month supply $10.50 for a two-month supply $14 for a three-month supply	**Tier 1 *(Preferred Generic)*** $4 for a one-month supply $6 for a two-month supply $8 for a three-month supply	**Tier 1 *(Preferred Generic)*** $3 for a one-month supply $4.50 for a two-month supply $6 for a three-month supply

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
• Standard Mail Order Cost-Sharing (continued)	**Tier 2 *(Generic)*** $10 for a one-month supply $15 for a two-month supply $20 for a three-month supply	**Tier 2 *(Generic)*** $15 for a one-month supply $22.50 for a two-month supply $30 for a three-month supply	**Tier 2 *(Generic)*** $12 for a one-month supply $18 for a two-month supply $24 for a three-month supply	**Tier 2 *(Generic)*** $10 for a one-month supply $15 for a two-month supply $20 for a three-month supply
	Tier 3 *(Preferred Brand)* $47 for a one-month supply $70.50 for a two-month supply $94 for a three-month supply	**Tier 3 *(Preferred Brand)*** $47 for a one-month supply $70.50 for a two-month supply $94 for a three-month supply	**Tier 3 *(Preferred Brand)*** $47 for a one-month supply $70.50 for a two-month supply $94 for a three-month supply	**Tier 3 *(Preferred Brand)*** $40 for a one-month supply $60 for a two-month supply $80 for a three-month supply
	Tier 4 *(Non-Preferred Drug)* $100 for a one-month supply $150 for a two-month supply $200 for a three-month supply	**Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $150 for a two-month supply $200 for a three-month supply	**Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $150 for a two-month supply $200 for a three-month supply	**Tier 4 *(Non-Preferred Drug)*** $90 for a one-month supply $135 for a two-month supply $180 for a three-month supply
	Tier 5 *(Specialty Tier)* 33% of the total cost of a one-month supply (long-term supply is not available)	**Tier 5 *(Specialty Tier)*** 26% of the total cost of a one-month supply (long-term supply is not available)	**Tier 5 *(Specialty Tier)*** 26% of the total cost of a one-month supply (long-term supply is not available)	**Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available)

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
• Standard Mail Order Cost-Sharing (continued)	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.
Coverage Gap	Most Medicare drug plans have a coverage gap *(also called the "donut hole")*. This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost *(including what our plan has paid and what you have paid)* reaches $4,130. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total $6,550 which is the end of 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: 5% coinsurance, or $3.70 copay for generic *(including brand drugs treated as generic)* and an $9.20 copayment for all other drugs.			

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Additional Covered Medical and Hospital Benefits				
Acupuncture	**Medicare-covered acupuncture** 20% coinsurance **Non-Medicare covered acupuncture** Not Covered	**Medicare-covered acupuncture** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance **Non-Medicare covered acupuncture** Not Covered	**Medicare-covered acupuncture** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance **Non-Medicare covered acupuncture** *In-network & Out-of-network:* Our plan will pay up to $200 annually for services.	**Medicare-covered acupuncture** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance **Non-Medicare covered acupuncture** *In-network & Out-of-network:* Our plan will pay up to $300 annually for services.
Chiropractic Care (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	**Medicare-covered chiropractic care** $20 copay	**Medicare-covered chiropractic care** *In-network:* $20 copay *Out-of-network:* 50% coinsurance	**Medicare-covered chiropractic care** *In-network:* $20 copay *Out-of-network:* 30% coinsurance	**Medicare-covered chiropractic care** *In-network & Out-of-network:* $10 copay

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Chiropractic Care (continued)	**Non-Medicare covered chiropractic care** Not covered	**Non-Medicare covered chiropractic care** Not covered	**Non-Medicare covered chiropractic care** *(up to 12 visits per calendar year)* *In-network:* $20 copay *Out-of-network:* 30% coinsurance	**Non-Medicare covered chiropractic care** *(up to 12 visits per calendar year)* *In-network & Out-of-network:* $10 copay
Home Health Care (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	You pay nothing	*In-network:* You pay nothing *Out-of-network:* 50% coinsurance	*In-network:* You pay nothing *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* You pay nothing
Over-the Counter Items	Not Covered	Not Covered	Not Covered	Not Covered

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Rehabilitation Services Occupational therapy visits may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	**Cardiac (heart) rehab services** *(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)*: You pay nothing **Occupational therapy visit:** $30 copay **Physical/speech therapy visit:** $30 copay	**Cardiac (heart) rehab services** *(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)*: *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Occupational therapy visit:** *In-network:* $40 copay *Out-of-network:* 50% coinsurance **Physical/speech therapy visit:** *In-network:* $40 copay *Out-of-network:* 50% coinsurance	**Cardiac (heart) rehab services** *(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)*: *In-network:* You pay nothing *Out-of-network:* 30% coinsurance **Occupational therapy visit:** *In-network:* $30 copay *Out-of-network:* 30% coinsurance **Physical/speech therapy visit:** *In-network:* $30 copay *Out-of-network:* 30% coinsurance	**Cardiac (heart) rehab services** *(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)*: *In-network & Out-of-network:* You pay nothing **Occupational therapy visit:** *In-network & Out-of-network:* $10 copay **Physical/speech therapy visit:** *In-network & Out-of-network:* $10 copay
Renal Dialysis	20% coinsurance	*In-network:* 20% coinsurance *Out-of-network:* 50% coinsurance	*In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* 20% coinsurance

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part coinsurance for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.			
Post Discharge Meals	After your inpatient stay *(in either a hospital or skilled nursing facility)* you are eligible to receive three meals a day for five days. Our Care Management team will work with eligible members to coordinate the delivery of meals provided by our vendor. Meal program is limited to four times per calendar year. You pay nothing for post discharge meals.	Not Covered	Not Covered	Not Covered
Visitor/Traveler Benefit	Not Covered	Not Covered	Not Covered	Our plan offers the visitor/traveler program *in the United States*, which will allow you to remain enrolled in our plan when you are outside of our service area for less than 12 months. Under our visitor/traveler program you may receive all plan covered services at in-network cost-sharing.

Benefits & Coverage	Advantage MD (HMO) *Available throughout service area*	Advantage MD (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Worldwide Emergency Care	Not Covered	Not Covered	$90 copay for emergency care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.	You pay nothing for emergency care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.
Worldwide Urgent Care	Not Covered	Not Covered	$40 copay for emergency care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.	You pay nothing for emergency care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.

SUPPLEMENTAL BENEFIT PURCHASE OPTIONS

ADVANTAGE MD (HMO) AND (PPO)	*ADVANTAGE MD PLUS (PPO)*
For an extra **$30** per month, members can purchase an optional supplemental package that includes both comprehensive dental and fitness benefits. **** The dental and fitness benefits cannot be purchased separately.***	For an extra **$28** per month, members can purchase the optional supplemental comprehensive dental benefit. **** The fitness benefit is included in the Advantage MD Plus plan at no additional cost.***

- **Advantage MD Premier includes both comprehensive dental and fitness benefits at no additional cost.**
- **Please see the dental section in this booklet for information about comprehensive dental services coverage.**

OPTIONAL SUPPLEMENTAL FITNESS BENEFIT

Silver&Fit® Exercise and Healthy Aging Program

With the Silver&Fit® Healthy Aging and Exercise program, you can become a member at a participating fitness center and use the Silver&Fit Home Fitness Program. You can participate in both programs at the same time. There's no need to choose.

- You can join a participating Silver&Fit fitness center in our service area at no charge and take advantage of all of the services and amenities that are included as part of your basic fitness center membership.* Amenities offered by fitness centers vary by location. Any nonstandard fitness center service that typically requires an additional fee is not included in your basic fitness membership (for example, court fees or personal trainer services).
- You can switch to another participating Silver&Fit fitness center once a month and your change will be effective the first of the following month. To find a participating fitness center, you can search for the closest Silver&Fit fitness centers to you on the Silver&Fit website at *www.SilverandFit.com*.
- If you prefer to work out at home, you have the option to enroll in the Silver&Fit Home Fitness Program and receive up to two home fitness kits each benefit year at no charge.
- As an eligible member, you also have access to read the quarterly Silver Slate® newsletters and Healthy Aging educational materials by visiting the Silver&Fit website. Or you can request the Silver Slate newsletter and Healthy Aging Educational materials be mailed to you every quarter once you have enrolled into the Silver&Fit program.

OPTIONAL SUPPLEMENTAL FITNESS BENEFIT

Silver&Fit® Exercise and Healthy Aging Program

*Non-standard services that call for an added fee are not part of the Silver&Fit program and will not be reimbursed. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit and the Silver Slate are federally registered trademarks of ASH and used with permission herein.

Pre-Enrollment Checklist

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 1-888-403-7662 (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 HopkinsMedicare.com or call 1-888-403-7662 (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 medicines 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. **(Members without a plan premium must also pay their Medicare Part B premium.)**
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ **Advantage MD (HMO):** 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).
- ☐ **Advantage MD (PPO), Advantage MD Plus (PPO), Advantage MD Premier (PPO):** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. **Advantage MD, Advantage MD Plus:** In addition, you will pay a higher copayment for services received by non-contracted providers.

Notice of Nondiscrimination

ADVANTAGE MD
Johns Hopkins Medicine Medicare Plan

Johns Hopkins Advantage MD (HMO) and Johns Hopkins Advantage MD (PPO) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Johns Hopkins Advantage MD does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Johns Hopkins Advantage MD:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, please contact our Customer Service Department at 1-877-293-5325 (TTY: 711).

If you believe Johns Hopkins Advantage MD has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Johns Hopkins Grievance Compliance Coordinator at 7231 Parkway Dr., Suite 100, Hanover, MD 21076, phone: 1-844-422-6957 (TTY: 711) Monday - Friday 8 a.m. to 5 p.m. or 1-844-SPEAK2US (1-844-773-2528, available 24/7), fax: 1-410-762-1527 or by email: compliance@jhhc.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Johns Hopkins Advantage MD Compliance Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 independence Avenue SW., Room 509F, HHH Building, Washington, DC 2020 I, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

Language Accessibility Statement

Interpreter Services Are Available for Free

English
ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-293-5325 (TTY: 711).

አማርኛ (Amharic)
ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-877-293-5325 (መስማት ለተሳናቸው: 711).

العربية (Arabic)
ملحوظة: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية تتوافر لك مجانًا. اتصل برقم 1-877-293-5325 (مقر هاتف الصم والبكم: 711).

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-293-5325（TTY: 711）。

فارسی Persian (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-293-5325 (TTY: 711) تماس بگیرید.

Tagalog (Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-293-5325 (TTY: 711).

Français (French)
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-293-5325 (ATS : 711).

ગુજરાતી (Gujarati)
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.
ફોન કરો 1-877-293-5325 (TTY: 711).

Kreyòl Ayisyen(Haitian Creole)
ATANSYON: si ou pale kreyòl ayisyen, sèvis asistans lang gratis yo disponib pou ou. Rele 1-877-293-5325 (TTY: 711).

Igbo asusu (Ibo)
IGE NTI: Ọ bụrụ na ị na-asụ Igbo, ọrụ enyemaka asụsụ dịrị gị, n'efu. Kpọọ 1-877-293-5325
(TTY: 711).

한국어 (Korean)
주의 : 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용할 수 있습니다. 1-877-293-5325 (TTY : 711)로 전화하십시오.

Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀ (Kru/Bassa)
Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké m̀ [Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀] jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓɛ́ìn m̀ gbo kpáa. Đá 1-877-293-5325 (TTY: 711).

Português (Portuguese)
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-293-5325 (TTY: 711).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-293-5325 (телетайп: 711).

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-293-5325 (TTY: 711).

اُردُو (Urdu)
توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-877-293-5325 (TTY: 711).

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-293-5325 (TTY: 711).

èdè Yorùbá (Yoruba)
AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-877-293-5325 (TTY: 711).

ADVANTAGE MD
Johns Hopkins Medicine Medicare Plan

7231 Parkway Drive, Suite 100
Hanover, MD 21076-9945

For updated information regarding plan providers,
please visit our website at HopkinsMedicare.com,
or call Advantage MD Customer Service.

HAVE QUESTIONS?

Please call us at: 1-888-403-7662 (TTY: 711)
8 a.m. – 8 p.m., 7 days a week, between October 1 and March 31
8 a.m. to 8 p.m., Monday – Friday between April 1 and September 30