



Medicare Assured DSNP HMO

(Pennsylvania H5932)

		 DIAMOND PA- H5932-001	 RUBY PA- H5932-009	AUTH REQ'D
HEALTH	BASIC PLAN COSTS			
	Premium	\$0	\$0-37.50	
	MOOP	\$3,450	\$6,700	
	PHYSICIAN SERVICES			
	Doctor Office Visits	"PCP: \$0 Specialist/Other professional: \$0 *Telehealth covered for PCP and Specialists	PCP: \$0 Specialist/Other Professional: \$25 copay *Telehealth covered for PCP and Specialists	
	Lab & Diagnostic Tests (OP Facility)	\$0	\$0	✔
	Chiropractic	\$0 for Medicare-covered \$0 for routine services- 12 per year	\$20 for Medicare-covered \$20 for routine services- 12 per year	✔
		CPT Codes Routine - 98940, 98941, 98942, 98943		
	Podiatry	\$0 for Medicare-covered \$0 for routine exams (unlimited)	\$25 for Medicare-covered \$25 for routine exams (unlimited)	
	Annual Physical Exam	\$0	\$0	
	Vision Exams	Medicare Covered: \$0 Routine Vision: \$0 (1 per year) Diabetic Retinal Eye Exam: \$0	Medicare Covered: \$25 Routine Vision: \$0 (1 per year) Diabetic Retinal Eye Exam: \$0	
	Hearing Exams	\$0 for Medicare-covered \$0 for routine exams	\$25 for Medicare-covered \$0 for routine exams	
	Other Healthcare Professional (Acupuncture)	\$0 Up to 12 visits in 90 days for chronic lower back pain and an additional 8 if improvement is demonstrated	\$25 Up to 12 visits in 90 days for chronic lower back pain and an additional 8 if improvement is demonstrated	✔
		CPT Codes - 97810, 98811, 97813, 97814		
Opioid Treatment	\$0	\$0		

FACILITY SERVICES

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Substance Abuse, Mental Health, & Psychiatric Therapy	\$0 for individual or group sessions <i>*Telehealth covered for individual mental health and psychiatric services only</i>	\$25 copay for individual or group sessions <i>*Telehealth covered for individual mental health and psychiatric services only</i>	
Outpatient Hospital	\$0	\$200 copay for hospital (auth required) \$275 copay for observation (no auth required)	✓
Therapeutic/ Radiology Services	\$0	\$175 copay for diagnostic, \$60 copay for therapeutic, \$35 copay for x-ray	✓
Outpatient Blood	\$0	20% coinsurance	
Occupational, Physical, & Speech Therapy	\$0	\$25 copay	✓
Emergency Room	\$0	\$90 copay- copay not waived if admitted and cannot be applied towards deductible	
Urgent Care	\$0	\$45 copay- copay not waived if admitted and cannot be applied towards deductible	
Inpatient Hospital (Medical and Psych)	\$0	\$275 copay days 1-5, \$0 copay days 6-90	✓
Skilled Nursing Facility	\$0	\$0 copay days 1-20, \$184 copay days 21-100	✓
Ambulatory Surgical Services (ASC)	\$0	\$200 copay	✓
Cardiac Rehab	\$0	\$25 copay	
Pulmonary Rehab	\$0	\$25 copay	
Supervised Exercise Therapy	\$0	\$25 copay	

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Internal and Agent Use Only- Not for Distribution

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OTHER PLAN COVERAGE	Dialysis Services	\$0	20% coinsurance	
	Ambulance	\$0 for ground and air. Authorization required for fixed wing and rotary wing Medicare services only	\$200 for ground and air. Authorization required for fixed wing and rotary wing Medicare services only	✔
	Durable Medical Equipment/ Prosthetics	\$0	20% coinsurance	✔
	Diabetic Supplies	\$0	\$0	
	Part B Drugs	\$0- Authorization required for certain Part B/chemo drugs	20% coinsurance- Authorization required for certain Part B/chemo drugs	✔
	Medicare Covered Dental	\$0	\$25 Specialist copay \$200 OP Hospital/ASC Services (auth required) \$275 OP Observation Services	✔
	Home Health	\$0	\$0	✔
PREVENTIVE SERVICES	Health Education	Disease Management Program featuring: educational materials, and support from Case Managers	Disease Management Program featuring: educational materials, and support from Case Managers	
	Smoking Cessation	2 additional counseling visits per attempt	2 additional counseling visits per attempt	
	Kidney Disease Education	\$0	\$0	
	Nurse Line	24/7 toll-free telephonic coaching from a trained clinician	24/7 toll-free telephonic coaching from a trained clinician	
	Medicare-covered Preventive Services	\$0 for: Glaucoma screening Diabetes self- management training Barium enemas Digital rectal exams EKG (following Welcome Visit)	\$0 for: Glaucoma screening Diabetes self- management training Barium enemas Digital rectal exams EKG (following Welcome Visit)	

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SUPPLEMENTAL BENEFIT			
Over the Counter (OTC)	\$365 every quarter w/ rollover Item limits may apply Rollover expires at the end of the calendar year	\$120 every quarter w/ rollover Item limits may apply Rollover expires at the end of the calendar year	
Meals	28 meals for 14 days per discharge event from an inpatient hospital, rehab facility or skilled nursing facility	14 meals for 7 days per discharge event from an inpatient hospital, rehab facility or skilled nursing facility	
Nutritional Counseling	14 Individual Sessions	4 Individual Sessions	
Hearing Aids	Up to 2 TruHearing branded Select Advanced hearing aids every 2 years (one per ear every 2 years)	One TruHearing branded Select Advanced hearing aid every 2 years	
Dental	Preventive Services: 1 cleaning, 1 oral exam, & 1 dental x-ray every 6 months 1 panoramic x-ray every 5 years Comprehensive Services: White and Silver fillings, simple extractions 2 crowns per year, 2 root canals per year, scaling and root planing with each quad once every 2 years, perio maintenance of 2 per year in combination with prophylaxis, and full mouth debridement once per year \$5,000 comprehensive maximum plan coverage amount Dentures: Covered one per arch every year, including full or partial denture, or immediate denture.	Preventive Services: 1 cleaning, 1 oral exam, & 1 dental x-ray every 6 months 1 panoramic x-ray every 5 years Comprehensive Services: White and Silver fillings, simple extractions 1 crown per year, 1 root canal per year, scaling and root planing with each quad once every 2 years, perio maintenance of 2 per year in combination with prophylaxis, and full mouth debridement once per year \$2,500 comprehensive maximum plan coverage amount Dentures: Covered one per arch every 5 years, including full or partial denture, or immediate denture. Not applied to the comprehensive maximum plan coverage amount.	

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SUPPLEMENTAL
BENEFIT (cont.)

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Vision (Eyewear)	1 pair of standard lens glasses or contacts annually Options include: \$0 when purchased from the Davis Collection, OR \$600 towards any brand of frames or contacts	1 pair of standard lens glasses or contacts annually Options include: \$0 when purchased from the Davis Collection, OR \$200 towards any brand of frames or contacts	
Bathroom Safety	Limited to 6 items per year. Items limited to: Toilet seat riser, toilet safety arm support, tub grab bars, tub and shower anti-slip treads, wall mount grab bars, reaching aid, rug anchors, adjustable height Versaframe, knock down bath seat, rotating shower stool and a super grip suction handle. Benefit coordinated through Case Management	Limited to 2 items per year. Items limited to: Toilet seat riser, toilet safety arm support, tub grab bars, tub and shower anti-slip treads, wall mount grab bars, reaching aid, rug anchors, adjustable height Versaframe, knock down bath seat, rotating shower stool and a super grip suction handle. Benefit coordinated through Case Management	
Lifeline (PERS)	Limited to 1 PERS device per member lifetime Benefit coordinated through Case Management	Limited to 1 PERS device per member lifetime Benefit coordinated through Case Management	
Transportation	96 one-way trips (60 mile radius)	24 one-way trips (60 mile radius)	
Fitness	No cost fitness membership through SilverSneakers	No cost fitness membership through SilverSneakers	

SUPPLEMENTAL
BENEFIT (cont.)COVID-19 Relief
Package

Prior Authorization requirements may apply depending on the medical service.

To be eligible for the benefit members must have a COVID-19 diagnosis.

Eligible members will receive an additional 14 meals over 7 days upon being discharged from an inpatient hospital/rehabilitation/skilled nursing facility with no cost sharing.

Prior Authorization requirements may apply depending on the medical service.

To be eligible for the benefit members must have a COVID-19 diagnosis.

Eligible members will receive an additional 14 meals over 7 days upon being discharged from an inpatient hospital/rehabilitation/skilled nursing facility with no cost sharing.

All Part A and Part B related services with a primary COVID-19 diagnosis will have cost sharing waived.



Special Supplemental Benefits for the Chronically Ill (SSBCI)

Insulin-dependent Diabetics

24 one-way trips (30 mile limit) to plan approved non-health related locations.

ESRD

Additional 14 meals over 21 days after discharge from an inpatient hospital, rehab facility or skilled nursing facility.

COPD/COPD with Exacerbation

1 indoor air quality kit including: 1 air purifier, 1 set of anti-allergen bedding includes mattress cover and box spring cover(s) depending on size, and 2 anti-allergen pillow case covers. 2 replacement filters per lifetime. Members that received an air quality kit in 2020 will receive air purifier replacements, 2 per lifetime

HRA and medical diagnosis must be on file in order to be eligible for SSBCI benefits

Not covered



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FORMULARY



DIAMOND
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**AUTH
REQ'D**

Formulary

LIS Cost Share (Diamond/Ruby)

Part D deductible: \$92 (covered by members' extra help)

LIS Copay Lvl 1: \$3.70 generic/\$9.20 brand

LIS Copay Lvl 2: \$1.30 generic/\$4.00 brand

LIS Copay Lvl 3: \$0 generic or brand

LIS Copay Lvl 4: 15% cost share after \$92 deductible
(Ruby only)

Mail Order

Covered through CVS Mail Order