Summary Of Benefits

UTAH
Davis, Salt Lake, Utah and Weber

Healthy Advantage Plus (HMO)

(877) 644-0344, TTY/TDD 711
7 days a week, 8 a.m. – 8 p.m. local time

HealthyAdvantagePlus.org

HealthyAdvantagePlus
HEALTH PLANS UNIVERSITY OF UTAH MOLINA HEALTHCARE

2018

H5628_18_1099_0007_HPSB Accepted 9/13/2017

About Healthy Advantage Plus (HMO)

Healthy Advantage Plus (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. 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.HealthyAdvantagePlus.org. Or, call us and we will send you a copy of the provider and pharmacy directories.

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 and ask for the "Evidence of Coverage."

Who can join?

To join Healthy Advantage Plus (HMO) , you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Utah: Davis, Salt Lake, Utah and Weber.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*. 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, www.HealthyAdvantagePlus.org. 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 after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

How to reach us:

You can call us 7 days a week, 8:00 a.m. to 8:00 p.m., local time.

If you are **a member** of this plan, call toll-free:

(877) 644-0344; TTY/TDD 711.

If you are **not a member** of this plan, call toll-free:

(866) 939-5741; TTY/TDD 711.

Or visit our website: www.HealthyAdvantagePlus.org

Monthly Premium, Deductible and Limits	
Monthly Health Plan Premium	$0 per month
Deductible	This plan does not have a deductible
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	$5,400 annually for services you receive from in-network providers. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. 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. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Covered Medical and Hospital Benefits

	Healthy Advantage Plus (HMO)
INPATIENT HOSPITAL COVERAGE	
Prior authorization may be required	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay. • $295 copay per day for days 1 through 6 • $0 per day for days 7 through 90 • $0 per day for days 91 and beyond
OUTPATIENT HOSPITAL COVERAGE	
Outpatient hospital *Prior authorization may be required*	$0-$225 copay
Ambulatory surgical center *Prior authorization may be required*	$225 copay
DOCTOR VISITS	
Primary Care	$0 copay
Specialists *Referral may be required*	$40 copay
PREVENTIVE CARE	
Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay

Covered Medical and Hospital Benefits

	Healthy Advantage Plus (HMO)
EMERGENCY CARE	
Emergency Care You are covered for worldwide emergency and urgent care services up to $10,000	$75 copay
URGENTLY NEEDED SERVICES	
Urgently Needed Services You are covered for worldwide emergency and urgent care services up to $10,000	$40 copay
DIAGNOSTIC SERVICES/LABS/ IMAGING LAB SERVICES	
Diagnostic tests and procedures *Prior authorization may be required*	$5 copay
Lab services	$5 copay
Diagnostic radiology services *(e.g., MRI)* *Prior authorization may be required*	$125-$225 copay
Outpatient x-rays	$5 copay
Therapeutic radiology services *Prior authorization may be required*	20% of the cost

Covered Medical and Hospital Benefits

	Healthy Advantage Plus (HMO)
HEARING SERVICES	
Medicare-covered diagnostic hearing and balance exam Exam to diagnose and treat hearing and balance issues	$40 copay
DENTAL SERVICES	
Medicare-covered dental services	$0 copay *See "Additional Part C Benefits" for HA + Optional Dental Plan*
VISION SERVICES	
Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening)	$0 - $40 copay depending on the service
Eyeglasses or contact lenses after cataract surgery	$0 copay *See "Additional Part C Benefits" for HA + Optional Vision Plan*

Covered Medical and Hospital Benefits

	Healthy Advantage Plus (HMO)
MENTAL HEALTH SERVICES	
Mental Health Services *Prior authorization may be required*	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a psychiatric unit of a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. • $270 copay per day for days 1 through 6 • $0 per day for days 7 through 90
Outpatient individual/ group therapy visit	$40 copay
SKILLED NURSING FACILITY	
Prior authorization may be required No prior hospitalization is required	Our plan covers up to 100 days in a SNF. • $0 copay per day for days 1 through 20 • $160 copay per day for days 21 through 100
PHYSICAL THERAPY	
Physical Therapy and Speech Therapy Services *Prior authorization may be required*	$40 copay

Covered Medical and Hospital Benefits	
	Healthy Advantage Plus (HMO)
Cardiac and Pulmonary Rehabilitation *Prior authorization may be required*	$25 copay
Occupational Therapy Services *Prior authorization may be required*	$40 copay
AMBULANCE	
Prior authorization required for non-emergent ambulance only	$200 copay
TRANSPORTATION	
	Not Covered

Prescription Drug Benefits

MEDICARE PART B DRUGS

Chemotherapy drugs *Prior authorization may be required*	20% of the cost
Other Part B drugs *Prior authorization rules apply to select drugs*	20% of the cost

INITIAL COVERAGE STAGE

You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. 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 at the same cost as an in-network pharmacy. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total $3,750. You pay the following:

	Standard Retail Pharmacy	**Mail Order Pharmacy**
Tier 1 (Preferred Generic) One month; Two months; or Three month supply	 $2.00 copay $4.00 copay $6.00 copay	 $2.00 copay $4.00 copay $4.00 copay
Tier 2 (Generic) One month; Two months; or Three month supply	 $8.00 copay $16.00 copay $24.00 copay	 $8.00 copay $16.00 copay $16.00 copay

Prescription Drug Benefits

Tier 3 (Preferred Brand) One month; Two months; or Three month supply	 $45.00 copay $90.00 copay $135.00 copay	 $45.00 copay $90.00 copay $90.00 copay
Tier 4 (Non-Preferred Drug) One month; Two months; or Three month supply	 $100.00 copay $200.00 copay $300.00 copay	 $100.00 copay $200.00 copay $300.00 copay
Tier 5 (Specialty Tier) One month supply *Specialty drugs are limited to a 31 day supply.*	33% of the cost	33% of the cost

COVERAGE GAP STAGE

During this stage, you pay 35% of the price for brand name drugs (plus a portion of the dispensing fee) and 44% of the price for generic drugs. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of $5,000. This amount and rules for counting costs toward this amount have been set by Medicare.

CATASTROPHIC COVERAGE STAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $5,000, you pay the greater of:

- 5% of the cost, or
- $3.35 for a generic drug or a drug that is treated like a generic and $8.35 for all other drugs.

Additional Covered Benefits

	Healthy Advantage Plus (HMO)
DIALYSIS SERVICES	
	20% of the cost
CHIROPRACTIC CARE	
Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	$20 copay
HOME HEALTH CARE	
Prior authorization may be required	$0 copay
OUTPATIENT SUBSTANCE ABUSE	
Group therapy visit	$40 copay
Individual therapy visit	$40 copay
OVER-THE-COUNTER ITEMS	
Over-the-Counter Items Allowance rolls over every 3 months but expires at the end of the calendar year.	$0 copay $50 allowance every 3 months
OUTPATIENT BLOOD SERVICES	
Outpatient Blood Services 3-Pint deductible waived	$0 copay
FOOT CARE (PODIATRY SERVICES)	
Medicare-covered foot exam and treatment Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.	$40 copay
MEDICAL EQUIPMENT / SUPPLIES	
Durable Medical Equipment (e.g., wheelchairs, oxygen) *Prior authorization may be required*	20% of the cost

Additional Covered Benefits

	Healthy Advantage Plus (HMO)
Prosthetics/Medical Supplies *Prior authorization may be required*	20% of the cost
Diabetic supplies *Prior authorization not required for preferred manufacturer*	$0 copay
HEALTH AND WELLNESS EDUCATION PROGRAMS	
Health Education The Health Plan has health programs to help you learn to manage your health conditions including health education, learning materials, health advice and care tips.	$0 copay
24-Hour Nurse Advice Line Available 24 hours a day, 7 days a week.	$0 copay
Nutritional/Dietary Benefit 12 Individual or group sessions every year. 30-60 minutes of individual telephonic nutritional counseling upon referral.	$0 copay
Fitness Benefit Silver&Fit offers members access to contracted fitness facilities and/or Home Fitness Kits for members who prefer to exercise at home or while traveling.	$0 copay
Enhanced Disease Management	$0 copay
Additional Smoking and Tobacco Use Cessation Counseling 8 visits offered in addition to Medicare	$0 copay
Web/Phone Based Technologies	$0 copay
Re-admission Prevention	$0 copay
OPTIONAL SUPPLEMENTAL DENTAL AND VISION PLAN	
$30 monthly premium for preventative dental, comprehensive dental and vision benefits. Plan covers up to $1,250 every year for all covered dental services, including $500 denture allowance.	

Additional Covered Benefits

	Healthy Advantage Plus (HMO)
DENTAL	
Preventative dental services include oral exams, cleanings, fluoride treatments and dental x-rays.	$0 copay
Comprehensive dental includes deep cleaning, fillings, extractions, denture adjustments and a denture allowance. See your Evidence of Coverage for more information.	50% of the cost $500 allowance for dentures every year
VISION	
1 routine eye exam every year	$0 copay $200 allowance for eyewear every 2 years

Find out more

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 Healthy Advantage Plus (HMO). 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 (877) 486-2048.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Healthy Advantage Plus (HMO) covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for more details.

This information is available in other formats, such as Braille, large print, and audio.

Healthy Advantage Plus (HMO) is a Health Plan with a Medicare Contract. Enrollment in Healthy Advantage Plus (HMO) depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. 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.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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