Benefit highlights

Preferred Medicare Assist Plan 2 (HMO D-SNP)

This is a short description of your 2022 plan benefits. The values shown are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay $0 for your Medicare-covered services. If your eligibility for Medicaid or "Extra Help" changes, your cost sharing and premium may change.

Monthly plan premium	$0

Medical Benefits

	Your Cost
Doctor's office visit	Primary Care Provider: $0 copay
	Specialist: $0 copay (no referral needed)
	Virtual visits: $0 copay; Speak to network telehealth providers using your computer or mobile device.
Preventive services	$0 copay
Inpatient hospital care	$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	$0 copay per day: days 1-100
Outpatient hospital, including surgery	$0 copay
Mental health (outpatient and virtual)	Group therapy: $0 copay
	Individual therapy: $0 copay
	Virtual visits: $0 copay; Speak to network telehealth providers using your computer or mobile device.
Diabetes monitoring supplies	$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay
Diagnostic tests and procedures (non-radiological)	$0 copay
Lab services	$0 copay
Outpatient x-rays	$0 copay
Ambulance	$0 copay for ground or air
Emergency care	$0 copay (worldwide)
Urgently needed services	$0 copay (worldwide)

Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	$0 copay; 1 per year
Routine eye exams	$0 copay; 1 each year
Routine eyewear	$0 copay every year; up to $300 for lenses/frames and contacts
Dental - preventive	$0 copay for exams, cleanings, x-rays, and fluoride
Dental - comprehensive	Covered; for a complete list of services and copays, please contact the plan
Hearing - routine exam	$0 copay; 1 per year
Hearing aids	$600 allowance per ear, maximum benefit of $1200 every 2 years; up to 2 hearing aids
Fitness program	Renew Active fitness membership, classes and online brain exercises at no cost to you.
Routine Transportation	$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies
Foot care - routine	$0 copay; 6 visits per year
Over-the-Counter (OTC) + Healthy Food Card	$225 credit on a prepaid card every month to purchase approved over-the-counter products or healthy groceries.
Meal Benefit	$0 copay; coverage for at home meal benefit. Restrictions apply.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
In-Home Support Services	Receive 12 hours of in-home support after discharge from an inpatient hospital or skilled nursing facility.

Prescription Drugs

Annual prescription (Part D) deductible	$0
30-day or 90-day supply from retail network pharmacy	
All covered drugs	$0 copay Some covered drugs limited to a 30-day supply

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.This information is not a complete description of benefits. Contact the plan for more information.