

2021 Summary of Benefits

ProCare Advantage (HMO I-SNP)

H3467, Plan 001

This is a summary of drug and health services covered by ProCare Advantage (HMO I-SNP) January 1, 2021 - December 31, 2021.

ProCare Advantage (HMO I-SNP) is a Medicare Advantage HMO Plan with a Medicare contract. Enrollment in the Plan depends on contract renewal. HMO stands for Health Maintenance Organization; I-SNP stands for Institutional Special Needs Plan.

This information is not a complete description of benefits. Call 1-844-206-3719, TTY should call 711, for more information.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at ProCareAdvantagePlan.com, or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-844-206-3719, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

To join ProCare Advantage (HMO I-SNP), you must:

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- reside in one of our participating nursing facilities for greater than 90 days. The plan's *Provider Directory* has a list of participating nursing facilities. You can access this list on our website ProCareAdvantagePlan.com or call Member Services and ask us to send you a list.

Our service area includes these counties in Texas: Bexar, Brazoria, Collin, Dallas, Denton, Fort Bend, Hardin, Harris, Jefferson, Orange, and Tarrant.

ProCare Advantage (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at [ProCareAdvantagePlan.com](https://www.procareadvantageplan.com). If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year.

Limitations, copayments, and restrictions may apply.

You must continue to pay your Medicare Part B premium.

This document is available for free in Spanish.

Este documento está disponible gratis en español.

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 <https://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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

	ProCare Advantage (HMO I-SNP)
Monthly plan premium	\$22.50 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible is \$203. For the Part A deductible, you pay the 2021 Original Medicare cost-sharing amounts for Inpatient Hospital or Mental Health for inpatient visits. \$1,484 deductible
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$6,700
Inpatient Hospital coverage	You pay the 2021 Original Medicare cost-sharing amounts. \$1,484 deductible; \$0 copayment each day for days 1-60; \$371 copayment each day for days 61 to 90; \$742 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization is required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	 20% coinsurance <i>Prior Authorization is required.</i> 20% coinsurance <i>Prior Authorization is required.</i>
Doctor Visits Primary Care Providers Specialists	 \$0 copayment for primary care facility visits 20% coinsurance for primary care consults/office visits 20% coinsurance <i>Referral is required.</i> <i>Authorization is only required for certain surgeries and radiology procedures.</i>
Preventive Care	You pay nothing.
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.

	ProCare Advantage (HMO I-SNP)
Urgently needed services	20% coinsurance up to a max of \$65 Coinsurance is waived if you are admitted to a hospital within 3 days.
Diagnostic Services/Labs/Imaging	
Diagnostic tests and procedures	20% coinsurance <i>No Authorization required when services are rendered in a Nursing Facility or Physician Office.</i>
Lab services	\$0 copayment <i>No authorization required for lab services rendered in any place of service, except for Genetic Testing, which requires authorization.</i>
Diagnostic radiology services (e.g. MRI, CAT Scan)	20% coinsurance <i>Diagnostic and therapeutic radiological services require authorization in the nursing facility or physician's office.</i>
Outpatient X-rays	20% coinsurance <i>X-rays do not require authorization when service rendered in Nursing Facility, physician office, or hospital.</i>
Hearing services	
Hearing exam	20% coinsurance of the cost for Medicare-covered hearing services.
Dental services	
Medicare-covered dental	20% coinsurance for each Medicare-covered service.
<i>Supplemental benefits</i>	
Preventive	Annual maximum of \$200 towards preventive dental services
Vision care	
Yearly eye exam for diabetic retinopathy	20% coinsurance for Medicare-covered services.
<i>Supplemental Benefit</i>	
Routine eye exam	You pay a \$0 copayment for 1 routine eye exam visit every year.
Eyeglasses, lenses, frames, contacts	Allowance of up to \$100 combined credit every year.

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Mental Health Services	
Inpatient visit	<p>You pay the 2021 Original Medicare cost-sharing amounts. \$1,484 deductible; \$0 copayment each day for days 1-60; \$371 copayment each day for days 61 to 90; \$742 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization is required.</i></p>
Outpatient group therapy visit	<p>20% coinsurance <i>Prior Authorization is required.</i></p>
Outpatient individual therapy visit	<p>20% coinsurance <i>Prior Authorization is required.</i></p>
Skilled nursing facility (SNF) care	<p>You pay the 2021 Original Medicare cost-sharing amounts. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$185.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. Traditional Medicare benefit period <i>Authorization is required for services provided by non-capitated providers.</i></p>
Physical Therapy	<p>20% coinsurance <i>Prior authorization is only required for services provided by non-capitated providers.</i></p>
Ambulance services	
Ground Ambulance	<p>20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i></p>
Air Ambulance	<p>20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i></p>
Transportation (additional routine)	<p>\$0 copayment Routine transportation for up to 24 trips every year. A trip is considered one-way transportation by taxi, bus/subway, van, medical transport, or rideshare services to a plan approved health-related location.</p>

	ProCare Advantage (HMO I-SNP)
Medicare Part B prescription drugs Chemotherapy drugs Other Part B drugs	20% coinsurance <i>For chemotherapy, the initial administration only requires authorization.</i> 20% coinsurance <i>Prior authorization is required for some medications.</i>
Ambulatory Surgical Center	20% coinsurance <i>Prior Authorization is required.</i>
Foot Care (podiatry services) Foot exams and treatment <i>Supplemental Benefit</i> Routine Foot Care	20% coinsurance for Medicare-covered services. \$0 copayment for 4 routine foot care visits per year.
Occupational or Speech Therapy	20% coinsurance <i>Prior authorization is only required for services provided by non-capitated providers.</i>

	ProCare Advantage (HMO I-SNP)	
Outpatient Prescription Drugs		
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)
Deductible	\$445 for all Part D prescription drugs.	
Cost-Sharing for Covered Drugs	25% coinsurance	25% coinsurance
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,130, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during 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: <ul style="list-style-type: none">• 5% coinsurance, or• \$3.70 copayment for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs.	

Cost-sharing may differ based on point-of-service (retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long-term (90-day supply).

Pre-Enrollment Checklist

ProCare Advantage (HMO I-SNP)

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 1-844-206-3719 (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 ProCareAdvantagePlan.com or call 1-844-206-3719 (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 medicine 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.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ 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).
- ☐ This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- ☐ This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.

ProCare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-206-3719 (TTY 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-206-3719 (TTY 711).