Summary of Benefits

MoreCare Home (HMO I-SNP)

Coverage Period
January 1, 2022 to
December 31, 2022

MoreCare®
A Medical Home Network Affiliate

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About MoreCare, Inc.

Community-based and provider led, MoreCare, Inc. brings a unique, coordinated approach to health care – making it easier for Medicare-eligible folks like yourself to get the **quality**, **whole-person care** you deserve. MoreCare's Medicare Advantage plans are designed to give you the coverage and options you need to stay healthy. We strive to keep **quality high and costs low** by working with local providers and hospitals to deliver **personalized, coordinated care you can trust.**

MoreCare, Inc. is an HMO with a Medicare contract. Enrollment in MoreCare, Inc. depends on contract renewal.

This booklet provides a summary of what we cover and what you pay. This summary does not list every service that we cover or list every limitation or exclusion. To get a complete list of the services that we cover, call us to ask for the "Evidence of Coverage". You can also find a copy on our website at **mymorecare.com**.

Who can Join?

To join **MoreCare Home (HMO I-SNP)**, you must:

- Be entitled to Medicare Part A, be enrolled in Part B, and live in the plan's service area. Our service area is **Cook County, Illinois.**
- Live in a nursing home or other long-term care facility that is part of our network.

What Providers can I use?

- **MoreCare Home (HMO I-SNP**) has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, the plan may not pay for the services.
- When you enroll in the plan, you will select a primary care provider (PCP). Most of your health care services will be referred by your PCP. You may need a referral before you can see other providers. Certain services will require a prior authorization.
- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's Provider Directory and Pharmacy Directory at our website at **mymorecare.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.

- **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**. 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, **mymorecare.com.** Or, call us and we will send you a copy of the formulary.

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 Advantage health plan, such as **MoreCare Home (HMO I-SNP)**.
- In a Medicare Advantage HMO plan, you pick one primary care provider (PCP). Most of your health care services will be referred by the PCP you select. Visits to health care professionals outside of your network typically aren't covered by the plan.

Tips for comparing your Medicare choices

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or you can visit the Medicare Plan Finder on http://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.

How do I contact MoreCare?

Our hours of operation are 8 a.m. to 8 p.m. CST, 7 days a week from October 1 – March 31. (Monday through Friday from April 1 – September 30).

- If you're a member of this plan, call us toll-free at **844-480-8528** (TTY: 711).
- If you're **not** a member of this plan, call us toll-free at **877-770-2636** (TTY: 711)
- Or, visit us at our website: **mymorecare.com**.

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
Monthly Premium	**$0 per month.** In addition, you must keep paying your Medicare Part B premium.
Plan Deductible	This plan does **not** have a deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.
What is my maximum out-of-pocket responsibility?	**$3,450** for services you receive from in-network providers. 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 share of the costs for Part D prescription drugs.

*Some of the services listed in the Medical Benefits Chart are covered only if your doctor or other network provider gets approval in advance (sometimes called "prior authorization") from us. **Covered services that need approval in advance are marked in the Medical Benefits Chart below by an asterisk.**

Services that are covered for you	What you must pay when you get these services
Inpatient Hospital Care*	
Your benefit period is the same as Original Medicare. There is no limit to the number of benefit periods. **Required for elective admissions.*	**$295** copay each day for days 1-6. **$0** copay each day for days 7-90.
Outpatient Hospital Care/Ambulatory Surgical Center*	
• Services in an emergency department or outpatient clinic, outpatient surgery • Laboratory and diagnostic tests billed by the hospital. • Mental health care, including care in a partial hospitalization program. • For a complete list of services, refer to the Evidence of Coverage	**20%** coinsurance for outpatient hospital, observation and ambulatory surgical center services.
Doctor's Office Visits	
• In-network providers only	**$0** copay for Primary Care services. **20%** coinsurance for Physician Specialist services.
Preventive Care	
We cover many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit	**$0** copay for Medicare-covered preventive services.

Services that are covered for you	What you must pay when you get these services
Emergency Care / Post-Stabilization Care	
Emergency medical care covered in the U.S. only	**$120** copay per visit. Copay is waived if admitted within three (3) days.
Urgently Needed Services	
Provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.	**$25** copay per visit.
Outpatient Diagnostic Tests, Lab and Radiology Services, and X-rays*	
• X-rays	**$0** copay for X-rays.
• Diagnostic radiology services (like an MRI)	**20%** coinsurance for diagnostic radiation services.
• Therapeutic radiology services	**20%** coinsurance for therapeutic radiation services.
• Laboratory tests	**$0** copay for lab services
• Other outpatient diagnostic tests **Required for MRI, CT, PET, and Nuclear services.*	**$0** copay for diagnostic procedures/tests.
Hearing Services	
• Diagnostic hearing and balance evaluations performed by your PCP or specialty provider	**$0** copay for Medicare-covered hearing exam.
• Routine hearing exams covered once (1) every year	**$0** copay for one (1) routine hearing exam per year.
• $2,000 hearing aid allowance per year, both ears combined	**$2,000** hearing aid allowance per year.
Preventive Dental Services	
Preventive/Diagnostic Services Exams One (1) initial or periodic routine oral exam every year, including diagnosis and charting	**$0** copay
Cleanings (prophylaxis) One (1) cleaning every six (6) months, including minor scaling and polishing	**$0** copay
Fluoride Treatment One (1) treatment every six (6) months	**$0** copay
Dental X-rays • One (1) set of bite-wing x-rays every two (2) years • One (1) set of intraoral x-rays per year • Full mouth set of x-rays or panoramic x-rays every five (5) years	**$0** copay

Services that are covered for you	What you must pay when you get these services
Comprehensive Dental Services	
Fillings – Amalgam fillings (resin) or composite fillings (white fillings), on all teeth. Fillings are covered up to the annual dental benefit maximum.	**$0** copay
Simple Extractions and Oral Surgery* – Tooth extraction including surgical extraction up to the annual dental benefit maximum. Dental extractions and oral surgery require prior authorization.	**$0** copay
Crowns – Covered up to the annual dental benefit maximum.	**$0** copay
Dentures and Denture Repair – Dentures and denture repair, including services to adjust or realign dentures, covered up to the annual dental benefit maximum.	**$0** copay
Annual Dental Benefit Maximum	**$1,800** maximum per calendar year for covered dental services.
Vision Services	
Outpatient physician services for diagnosis and treatment of diseases and injuries of the eye.	**$0** copay for Medicare-covered eye exam.
	$0 copay for one (1) routine eye exam every year.
One (1) pair of eyeglasses or contact lenses after each cataract surgery	**$0** copay for one (1) pair of eyeglasses or contact lenses after cataract surgery.
One (1) pair of eyeglasses (frame and lenses) or contact lenses with fitting every calendar year up to $300.	**$300** plan coverage for one (1) pair of eyeglasses (frame and lenses) or contact lenses every calendar year.
Inpatient Mental Health Care*	
Your benefit period is the same as Original Medicare. There is no limit to the number of benefit periods.	**$295** copay each day for days 1-5.
	$0 copay for days 6-90.
**Required for elective admissions*	No copay, coinsurance, or deductible for additional days.
Outpatient Mental Health Care	
Individual or group sessions	**$0** copay
Outpatient Substance Abuse	
Individual and group substance abuse services	**20%** coinsurance

Services that are covered for you	What you must pay when you get these services
Skilled Nursing Facility (SNF) Care*	
Your benefit period is the same as Original Medicare. There is no limit to the number of benefit periods. You are covered for up to 100 days each benefit period for inpatient services in a SNF.	**$0** copay each day for days 1-20. **$188** copay each day for days 21-100.
Outpatient Rehabilitation Services*	
Physical, occupational, and speech language therapy **Required beyond initial evaluation and four (4) visits/treatments.*	**$0** copay
Cardiac Rehabilitation Services*	
Comprehensive programs	**20%** coinsurance
Pulmonary Rehabilitation Services*	
Comprehensive programs	**20%** coinsurance
Ambulance Services*	
**Prior authorization is required for non-emergency services.*	**20%** coinsurance for ground and air ambulance.
Transportation	
Routine services to and from your PCP, specialist, pharmacy or other plan approved health-related locations.	**$0** copay for up to **22** one-way trips to plan approved locations every year.
Medicare Part B Drugs	
Includes drugs that usually are not self-administered	**20%** coinsurance for each Part B drug.

Prescription Drug Benefits

You may get your drugs at network retail pharmacies and mail-order pharmacies.

If you reside in a long-term care facility, you pay the same for a 31-day supply at a retail pharmacy.

Stage 1: Annual Prescription Drug Deductible	For Part D Prescription Drugs in Tier 2 – Tier 5 **$435** per year for Part D Prescription Drugs ***There is no deductible for Tier 1 Drugs.**		
Cost Sharing for Covered Drugs		**Retail / Mail Order**	**Retail / Mail Order**
		30-day supply	**Up to 90-day supply***
Stage 2: Initial Coverage Stage	**Tier 1** *Preferred Generic*	$7 copay	$21 copay
	Tier 2 *Non-Preferred Generic*	$17 copay	$51 copay
	Tier 3 *Preferred Brand*	$47 copay	$141 copay
	Tier 4 *Non-Preferred Brand*	50% coinsurance	50% coinsurance
	Tier 5 *Specialty Drugs*	25% coinsurance	A long-term supply is not available for drugs in Tier 5
Stage 3: Coverage Gap Stage	After your total drug costs reach $4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug that is in the Coverage Gap.		
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,050, you pay the greater of: ○ 5% coinsurance, or ○ $3.95 for a generic drug or a drug that is treated like a generic and $9.85 for all other drugs.		

Additional Benefits

Services that are covered for you	What you must pay when you get these services
Telehealth services	
(In addition to Original Medicare) Applies to in-network providers only.	**$0** copay for Primary Care and Behavioral Health services. **20%** coinsurance for Physician Specialist services.
Over-the-Counter Items (OTC)	
Drugs and other health-related pharmacy products at participating retailers or mail-order catalogue. Unused funds do not roll over.	**$75** for approved over-the-counter items **every three (3) months.**
Food and Produce*	
Eligible members will receive a $25 grocery card, every three (3) months. Funds will be added to your OTC card. Unused funds do not roll over.	**$0** copay for $25 grocery card every three (3) months.
Caregiver Support Services	
Web-based and telephonic resources to reduce stress of caregiving related burdens. **Members and their caregivers can access this benefit two (2) ways:** 1. **MyCareDesk**: a digital platform that includes a comprehensive suite of web-based tools and resources. 2. **Care Advocate Support Line**: Speak with a trained Care Advocate for support and guidance on caregiving.	**$0** copay
Diabetes self-management training, diabetic services and supplies	
• Supplies to monitor your blood glucose (test strips, glucose monitors) • Our preferred brand is Abbott Freestyle	**$0** copay for preferred brand. **35%** coinsurance for non-preferred brand.
• Medicare-covered therapeutic shoes	**$0** copay for each pair of therapeutic shoes.
• Diabetes self-management training	**$0** copay for Medicare-covered classes.

Services that are covered for you	What you must pay when you get these services
Foot Care (Podiatry Services)*	
• Medicare-covered foot care • Routine foot care – services not normally covered by Original Medicare. Includes trimming of toenails and removal of calluses. • You are covered for two (2) visits per year. **Required beyond initial evaluation and four (4) visits/treatments*	**20%** coinsurance for Medicare-covered podiatry. **$0** copay for routine footcare, up to **two** (2) visits per year.
Chiropractic Care*	
Medicare-covered manual manipulation of the spine to correct subluxation **Required beyond initial evaluation and four (4) visits/treatments.*	**20%** coinsurance
Durable Medical Equipment (DME) and Related Supplies*	
Medicare-covered DME and related supplies. Generally limited to preferred vendors. Contact us for this list. **Required for all DME items with a purchase price greater than $500 or $38.50 per month, if rented.*	**20%** coinsurance
Home Health Agency Care*	
Medicare-covered visits.	**$0** copay
Prosthetic Devices and Related Supplies*	
Devices and certain supplies, and repair and/or replacement.	**20%** coinsurance
Renal Dialysis*	
Dialysis treatment and services. **Authorization and referral required for non-emergent care.*	**20%** coinsurance

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MoreCare is an HMO with a Medicare contract. Enrollment in MoreCare depends on contract renewal. MoreCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability or sex.