

2019 Summary of Benefits

Missouri Medicare Select (HMO SNP)

H4490

This is a summary of drug and health services covered by Missouri Medicare Select (HMO SNP) January 1, 2019 - December 31, 2019.

Missouri Medicare Select (HMO SNP) is Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) Medicare with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan 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, please call Member Services and request the *Evidence of Coverage*.

To Reach our Member Services Representatives:

- Toll Free 1-844-228-7934, 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 Missouri Medicare Select (HMO 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 www.missourimedicaresselect.com or call Member Services and ask us to send you a list.

Our service area includes these counties in:

- Missouri : Cass, Jackson, Lafayette, St. Charles, St. Louis

Missouri Medicare Select (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at www.missourimedicaresselect.com. If you use providers that are not in our network, the plan may not pay for these services.

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

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.

Missouri Medicare Select (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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 (1800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Premiums and Benefits	Missouri Medicare Select (HMO SNP)
Monthly plan premium	\$32.10 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible was \$183. This is the 2018 cost sharing amount and may change in 2019. Missouri Medicare Select (HMO SNP) will provide updated rates as soon as they are released.
Maximum out-of-pocket amount	\$6,700
Inpatient Hospital coverage	You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Missouri Medicare Select (HMO SNP) will provide updated rates as soon they are released. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization may be required.</i>
Outpatient Hospital coverage	
Outpatient hospital services	20% coinsurance
Outpatient hospital observation services	\$100 copayment
Doctor Visits	
Primary Care Providers	\$0 copayment
Specialists	20% coinsurance
Preventive Care	You pay nothing. Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.
Emergency care	\$90 copayment

Premiums and Benefits	Missouri Medicare Select (HMO SNP)
	Copayment is waived if you are admitted to a hospital within 3 days.
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>Prior Authorization may be required.</i>
Lab services	\$0 copayment <i>Prior Authorization may be required.</i>
Diagnostic radiology services (e.g. MRI, CAT Scan)	20% coinsurance <i>Prior Authorization may be required.</i>
Outpatient X-rays	20% coinsurance <i>Prior Authorization may be required.</i>
Hearing services	
Hearing exam	20% of the cost for traditional Medicare-covered hearing services.
Dental services	
Medicare-covered dental	20% coinsurance for each Medicare-covered service.
<i>Supplemental Benefit</i> Cleaning X-ray	Plan pays up to \$770 per year for preventative and comprehensive dental services: <ul style="list-style-type: none"> • One oral exam every 6 months. • One prophylaxis (cleaning) every 6 months. • One dental x-ray per year. • Also covers restorative services, endodontics, prosthodontics. <i>Prior Authorization may be required.</i>

Premiums and Benefits	Missouri Medicare Select (HMO SNP)
<p>Vision care</p> <p>Yearly eye exam for diabetic retinopathy</p> <p><i>Supplemental Benefit</i></p> <p>Routine eye exam</p> <p>Glaucoma screening</p> <p>Eyeglasses, lenses, frames, contacts</p>	<p>20% coinsurance for Medicare-covered services.</p> <p>You pay \$0 copayment for one routine eye exam visit and one glaucoma screening per year.</p> <p>Allowance of up to \$225 each year.</p>
<p>Mental Health Services</p> <p>Inpatient visit</p> <p>Outpatient group therapy visit</p> <p>Outpatient individual therapy visit</p>	<p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Missouri Medicare Select (HMO SNP) will provide updated rates as soon they are released.</p> <p>\$1,340 deductible;</p> <p>\$0 copayment each day for days 1-60;</p> <p>\$335 copayment each day for days 61 to 90;</p> <p>\$670 copayment each day for days 91 to 150 (lifetime reserve days).</p> <p><i>Prior Authorization may be required.</i></p> <p>20% coinsurance</p> <p><i>Prior Authorization is required.</i></p> <p>20% coinsurance</p> <p><i>Prior Authorization is required.</i></p>
<p>Skilled nursing facility (SNF) care</p>	<p>You pay:</p> <ul style="list-style-type: none"> Days: 1-100: \$0 copayment Days 101 and beyond: You pay all costs. <p>No prior hospital stay required.</p> <p><i>Prior Authorization is required.</i></p>
<p>Physical Therapy, Occupational Therapy, or Speech Therapy Visit</p>	<p>20% coinsurance</p> <p><i>Prior Authorization is required.</i></p>

Premiums and Benefits	Missouri Medicare Select (HMO SNP)
Ambulance services Ground Ambulance Air Ambulance	20% coinsurance <i>Prior Authorization is required.</i> 20% coinsurance <i>Prior Authorization is required.</i>
Non-Emergency Transportation	\$0 copayment Up to 24 one-way trips each year to plan-approved locations.
Medicare Part B prescription drugs Chemotherapy drugs Other Part B drugs	20% coinsurance <i>Prior Authorization may be required.</i> 20% coinsurance <i>Prior Authorization may be 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 6 routine foot care visits per year.
Medical Equipment/Supplies Durable Medical Equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) Diabetic supplies Diabetic Therapeutic Shoes and Inserts	20% coinsurance <i>Prior Authorization is required.</i> 20% coinsurance <i>Prior Authorization is required.</i> 20% coinsurance <i>Prior Authorization is required.</i> 20% coinsurance <i>Prior Authorization is required.</i>

	Missouri Medicare Select (HMO 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	\$415 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 \$3,820, you will pay no more than 37% 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 \$5,100, you pay the greater of: <ul style="list-style-type: none">• 5% coinsurance, or• \$3.40 copayment for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs.	