Advantage MD

SUMMARY OF BENEFITS

2024 Advantage MD Health Plans

Johns Hopkins Advantage MD (HMO)
Johns Hopkins Advantage MD Tribute (HMO)
Johns Hopkins Advantage MD (PPO)
Johns Hopkins Advantage MD Plus (PPO)
Johns Hopkins Advantage MD Primary (PPO)
Johns Hopkins Advantage MD Premier (PPO)

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H3890_005
H1225_001
H3890_001
H3890_002
H3890_004

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JOHNS HOPKINS
HEALTH PLANS

Section I: Introduction to Summary of Benefits

January 1, 2024 – December 31, 2024

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 or go online to view the Evidence of Coverage.

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 Johns Hopkins Advantage MD Tribute (HMO), Johns Hopkins Advantage MD Primary (PPO), Johns Hopkins Advantage MD (HMO), Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO) or Johns Hopkins Advantage MD Premier (PPO).

Tips for comparing your Medicare choices:

If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on 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.

Sections in this booklet

- Things to Know About Our Plans
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats, such as braille, audio, and large print. For additional information, call us at 1-888-403-7662 (TTY: 711).

Things to Know About Our Plans:

Hours of Operation

From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.

From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Johns Hopkins Advantage MD Primary (PPO), Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), and Johns Hopkins Advantage MD Premier (PPO) Phone Numbers:

If you are a member of these plans, call toll-free 1-877-293-5325 (TTY: 711). If you are not a member of these plans, call toll-free 1-888-403-7662 (TTY: 711).

Johns Hopkins Advantage MD Tribute (HMO) and Johns Hopkins Advantage MD (HMO) Phone Numbers:

If you are a member of this plan, call toll-free 1-877-293-4998 (TTY: 711). If you are not a member of this plan, call toll-free 1-888-403-7662 (TTY: 711).

Our plan website: www.hopkinsmedicare.com

Who can join?

To join, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in the plan's service area.

The Johns Hopkins Advantage MD Tribute (HMO) service area includes the following counties in Maryland: Anne Arundel, Baltimore, Frederick, Howard, and Montgomery.

The Johns Hopkins Advantage MD Primary (PPO) service area includes the following counties in Maryland: Anne Arundel, Baltimore, Frederick, Howard, and Montgomery.

The Johns Hopkins Advantage MD (HMO) service area includes the following counties in Maryland: Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester.

The Johns Hopkins Advantage MD (PPO) and Johns Hopkins Advantage MD Plus (PPO) service area includes the following counties in Maryland: Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester (Johns Hopkins Advantage MD Plus is not available in Montomery County).

The Johns Hopkins Advantage MD Premier (PPO) service area includes Montgomery County only.

All PPO members:

If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

All HMO members:

If you use providers that are not in our network, the plan may not pay for these services. Referrals are required for specialty care only.

All members:

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.hopkinsmedicare.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. Our plan members get all of the benefits covered by Original Medicare. 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. Our plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. 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/radiation 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.hopkinsmedicare.com. 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: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Section II: Summary of Benefits

HMO Plans

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
Monthly plan premium (Part C and D premium, combined)	**$0** per month. In addition, you must keep paying your Medicare Part B premium.	**$20** per month. In addition, you must keep paying your Medicare Part B premium.
Part B premium buy-down, if applicable	Johns Hopkins Advantage MD will reduce your Medicare Part B Premium by $40 per month.	Not Applicable
Deductibles, including plan level and category level deductible	This plan does not have any medical deductibles.	This plan does not have any medical deductibles.

<table>
<tr><th>Benefits & Coverage</th><th>Advantage
MD Tribute (HMO)
Review service area</th><th>Advantage
MD (HMO)
Review service area</th></tr>
<tr><td rowspan="2">Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</td><td>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your yearly limit(s) in this plan:

$6,400 for services you receive from in-network providers.</td><td>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your yearly limit(s) in this plan:

$7,550 for services you receive from in-network providers.</td></tr>
<tr><td colspan="2">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 monthly premiums and cost sharing for your Part D prescription drugs. (Johns Hopkins Advantage MD Tribute (HMO) does not offer any Part D benefits.)

Our plan has a coverage limit every year for certain benefits from any provider.</td></tr>
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Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Inpatient Hospital Coverage (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	Our plan covers 90 days for each Medicare-covered inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) You pay a $350 copay each day for days 1-5 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 6-90 of a Medicare-covered inpatient hospital stay.	Our plan covers 90 days for each Medicare-covered inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) You pay a $350 copay each day for days 1-5 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 6-90 of a Medicare-covered inpatient hospital stay.
Outpatient Hospital Coverage (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	$350 copay	$300 copay
Ambulatory Surgical Center (ASC) Services (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	$250 copay	$225 copay
Doctor Visits • Primary Care Providers • Specialists	$0 copay $50 copay	You pay nothing $45 copay

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Preventive Care (e.g. flu vaccine, diabetic screenings)	You pay nothing	You pay nothing
	Our plan covers many preventive services, including: Abdominal aortic aneurysm screening Annual routine physical exam Annual wellness visit Barium enemas Bone mass measurement (bone density) Breast cancer screening (mammogram) Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) Cardiovascular disease testing Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, FOBT and FIT kit) Depression screening Diabetes screenings Diabetes self-management training, diabetic services, and supplies Digital rectal exams EKG following a Welcome Visit Health and wellness education programs HIV screening Immunizations Medical nutrition therapy services Medicare diabetes prevention program (MDPP) Obesity screening and therapy to promote sustained weight loss Prostate cancer screening exams Screening and counseling to reduce alcohol misuse Screening for lung cancer with low dose computed tomography (LDCT) Screening for sexually transmitted infections (STIs) and counseling to prevent STIs Smoking and tobacco use cessation (Counseling to stop smoking or tobacco use) Vision care “Welcome to Medicare” preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.	

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Emergency Care	$95 copay The copay is waived if you are admitted to the hospital within 24 hours for the same condition. Emergency care is covered in the United States only.	$100 copay The copay is waived if you are admitted to the hospital within 24 hours for the same condition. Emergency care is covered in the United States only.
Urgently Needed Services	$40 copay The copay is not waived if you are admitted to the hospital. Urgently needed services are covered in the United States only.	$50 copay The copay is not waived if you are admitted to the hospital. Urgently needed services are covered in the United States only.
Diagnostic Services/ Labs/Imaging (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	**Lab services** *(e.g., Blood count, stool tests, creatinine, blood glucose)***:** You pay nothing **Diagnostic tests and procedures** *(e.g., Biopsies, Endoscopies, cat scans)***:** 20% coinsurance **Diagnostic X-rays** *(such as mammography and ultrasound)***:** $50 copay **Diagnostic radiology services** *(such as MRIs and CT scans)***:** $250 copay **Therapeutic radiology services** *(such as radiation treatment for cancer)***:** 20% coinsurance	**Lab services** *(e.g., Blood count, stool tests, creatinine, blood glucose)***:** You pay nothing **Diagnostic tests and procedures** *(e.g., Biopsies, Endoscopies, cat scans)***:** 20% coinsurance **Diagnostic X-rays** *(such as mammography and ultrasound)***:** $20 copay **Diagnostic radiology services** *(such as MRIs and CT scans)***:** $175 copay **Therapeutic radiology services** *(such as radiation treatment for cancer)***:** 20% coinsurance

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Hearing Services • Routine hearing exam • Hearing aids	**Medicare-covered exam to diagnose and treat hearing and balance issues:** $10 copay **Routine hearing exam:** You pay nothing *(one routine hearing exam per year from a TruHearing provider)* **Hearing aids:** You pay a $399 copay per aid for Advanced hearing aids or $699 copay per aid for Premium hearing aids for up to two TruHearing-branded hearing aids every year (one per ear per year).	**Medicare-covered exam to diagnose and treat hearing and balance issues:** You pay nothing **Routine hearing exam:** You pay nothing *(one routine hearing exam per year from a TruHearing provider)* **Hearing aids:** You pay a $699 copay per aid for Advanced hearing aids or $999 copay per aid for Premium hearing aids for up to two TruHearing-branded hearing aids every year (one per ear per year).
Dental Services • Oral exam & cleaning • Optional supplemental benefits (available only with Advantage MD HMO) (Non-Medicare covered comprehensive services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	**Medicare-covered dental services:** You pay nothing **Preventive dental services:** **Cleaning(s)** (*2 cleanings per year*): You pay nothing **Fluoride treatments:** You pay nothing **Dental X-ray(s)** *(Frequency determined by type of X-ray)*: You pay nothing	**Medicare-covered dental services:** 20% coinsurance **Preventive dental services:** **Cleaning(s)** (*1 cleaning per year*): $20 copay **Fluoride treatments:** Not covered. **Dental X-ray(s)** *(Frequency determined by type of X-ray)*: $20 copay

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Dental Services (continued)	**Oral exam(s)** *(Frequency determined by type of oral exam)*: You pay nothing **Comprehensive dental services:** *(Frequency dependent on procedure.)* The plan has a maximum coverage amount of $2,000 per year for in-network non-Medicare-covered comprehensive dental services. Members are responsible for the difference between the allowed amount and the billed amount for any out-of-network services. **Restorative services** *(such as inlays, onlays, crowns, resin restoration, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing **Endodontics** *(such as root canals, retreatment, apicoectomy, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing	**Oral exam(s)** *(Frequency determined by type of oral exam)*: $20 copay **Comprehensive dental services:** Not covered. **Optional Supplemental Benefit:** For an extra $23 per month, members can purchase a supplemental benefit that includes comprehensive dental. The comprehensive dental benefit has a max coverage amount of $1,000 per year. Members are responsible for the difference between the allowed amount and the billed amount for any out-of-network services. The following comprehensive dental services are covered as part of the Optional Supplemental Benefits package **(available with additional premium)**: **Restorative services** *(such as inlays, onlays, crowns, resin restoration, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* $50 copay **Endodontics** *(such as root canals, retreatment, apicoectomy, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* $100 copay

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Dental Services (continued)	**Periodontics** *(such as periodontal maintenance, periodontal scaling, root planning, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing **Extractions** *(such as extractions, coronectomy, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing **Prosthodontics/Other oral/maxillofacial surgery/Other services** *(such as removable complete and partial dentures, repair or replace teeth in dentures, removal of exostosis, anesthesia, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing	**Periodontics** *(such as periodontal maintenance, periodontal scaling, root planning, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* $50 copay **Extractions** *(such as extractions, coronectomy, surgical access of an unerupted tooth, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* $100 copay **Prosthodontics/Other oral/maxillofacial surgery/Other services** *(such as removable complete and partial dentures, repair or replace teeth in dentures, removal of exostosis, anesthesia, etc.)* Frequency dependent on procedure. *In-network & Out-of-Network:* $50-$100 copay depending on the service
Vision Services	**Medicare-covered exam to diagnose and treat diseases and conditions of the eye:** $50 copay **Yearly Glaucoma Screening:** You pay nothing **Routine eye exam** *(1 every year):* You pay nothing	**Medicare-covered exam to diagnose and treat diseases and conditions of the eye:** $50 copay **Yearly Glaucoma Screening:** You pay nothing **Routine eye exam** *(1 every year):* You pay nothing

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Vision Services (continued)	**Eyeglasses or contact lenses after cataract surgery:** You pay nothing **Routine eyewear:** Our plan pays up to $300 every two years for supplemental eyewear (retail or online) from any provider.	**Eyeglasses or contact lenses after cataract surgery:** You pay nothing **Routine eyewear:** Our plan pays up to $250 every year for supplemental eyewear (retail or online) from any provider.
Mental Health Services (Inpatient visit may require a prior authorization and/or referral. Please see the *Evidence of Coverage* booklet for more information.)	**Inpatient visit:** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. You pay a $350 copay each day for days 1-5 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 6-90 of a Medicare-covered inpatient hospital stay. **Outpatient mental health visits:** Individual or Group therapy visit: $25 copay **Outpatient substance abuse therapy visit:** Individual or Group therapy visit: $40 copay	**Inpatient visit:** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. You pay a $350 copay each day for days 1-5 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 6-90 of a Medicare-covered inpatient hospital stay. **Outpatient mental health visits:** Individual or Group therapy visit: $20 copay **Outpatient substance abuse therapy visit:** Individual or Group therapy visit: $20 copay
Skilled Nursing Facility (SNF) (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	Our plan covers up to 100 days in an SNF. You pay nothing per day for days 1 through 20 $196 copay per day for days 21 through 100.	Our plan covers up to 100 days in an SNF. You pay nothing per day for days 1 through 20 $203 copay per day for days 21 through 100.

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Physical Therapy (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	$10 copay	$30 copay
Ambulance (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	$290 copay (ground) 20% coinsurance (air) Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital. In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.	$240 copay (ground) $240 copay (air) Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital. In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.
Transportation	You pay nothing for up to 24 one-way non-emergent trips within the plan service area to any health-related location. Please contact Customer Service to arrange a ride. Arrangements should be made at least 48 hours in advance.	You pay nothing for up to 12 one-way non-emergent trips within the plan service area to any health-related location. Please contact Customer Service to arrange a ride. Arrangements should be made at least 48 hours in advance.

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Medicare Part B Drugs (Services may require that your provider get prior authorization (extra approval in advance). Please see the *Evidence of Coverage* booklet for more information.) Medicare-covered Part B Drugs may be subject to step therapy requirements.	For Part B drugs such as chemotherapy/radiation drugs: 0% to 20% of the total cost Other Part B drugs: 0% to 20% of the total cost Medicare Part B Insulin: Member pays lesser of 20% coinsurance or $35 copay for Part B insulin.	For Part B drugs such as chemotherapy/radiation drugs: 0% to 20% of the total cost Other Part B drugs: 0% to 20% of the total cost Medicare Part B Insulin: Member pays lesser of 20% coinsurance or $35 copay for Part B insulin.

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Outpatient Prescription Drugs (Medicare Part D Drugs)		
Pharmacy (Part D) Deductible	Part D benefits are not offered with this plan.	No Deductible.
Initial Coverage	Part D benefits are not offered with this plan.	You pay the following until your total yearly drug costs reach $5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage booklet.
• Standard Retail Cost-Sharing *(Insulin drug cost-share listed below)*	Part D benefits are not offered with this plan.	**Tier 1 *(Preferred Generic)*** $0 for a one-month supply $0 for a two-month supply $0 for a three-month supply **Tier 2 *(Generic)*** $10 for a one-month supply $15 for a two-month supply $20 for a three-month supply **Tier 3 *(Preferred Brand)*** $47 for a one-month supply $94 for a two-month supply $141 for a three-month supply

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
• Standard Retail Cost-Sharing (continued)	Part D benefits are not offered with this plan.	**Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $200 for a two-month supply $300 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available)
• Standard Mail Order Cost-Sharing *(Insulin drug cost-share listed below)*	Part D benefits are not offered with this plan.	**Tier 1 *(Preferred Generic)*** $0 for a one-month supply $0 for a two-month supply $0 for a three-month supply **Tier 2 *(Generic)*** $10 for a one-month supply $15 for a two-month supply $20 for a three-month supply **Tier 3 *(Preferred Brand)*** $47 for a one-month supply $70.50 for a two-month supply $94 for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $150 for a two-month supply $200 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available) If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
• Insulin Retail Cost-Sharing	Part D benefits are not offered with this plan.	**Tier 1 *(Preferred Generic)*** $0 copay for a one-month supply $0 copay for a two-month supply $0 copay for a three-month supply **Tier 2 *(Generic)*** $10 copay for a one-month supply $15 copay for a two-month supply $20 copay for a three-month supply **Tier 3 *(Preferred Brand)*** $35 copay for a one-month supply $70 copay for a two-month supply $105 copay for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $35 copay for a one-month supply $70 copay for a two-month supply $105 copay for a three-month supply **Tier 5 *(Specialty Tier)*** $35 copay of a one-month supply (long-term supply is not available)

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
• Insulin Mail Order Cost-Sharing	Part D benefits are not offered with this plan.	**Tier 1 *(Preferred Generic)*** $0 copay for a one-month supply $0 copay for a two-month supply $0 copay for a three-month supply **Tier 2 *(Generic)*** $10 copay for a one-month supply $15 copay for a two-month supply $20 copay for a three-month supply **Tier 3 *(Preferred Brand)*** $35 copay for a one-month supply $52.50 copay for a two-month supply $70 copay for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $35 copay for a one-month supply $52.50 copay for a two-month supply $70 copay for a three-month supply **Tier 5 *(Specialty Tier)*** $35 copay of a one-month supply (long-term supply is not available) If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Coverage Gap	Part D benefits are not offered with this plan.	Most Medicare drug plans have a coverage gap *(also called the "donut hole")*. This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost *(including what our plan has paid and what you have paid)* reaches $5,030. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total $8,000, which is the end of the coverage gap. For Tier 1 drugs, you continue to pay $0 during this stage.
Catastrophic Coverage	Part D benefits are not offered with this plan.	After your yearly out-of-pocket drug costs *(including drugs purchased through your retail pharmacy and through mail order)* reach $8,000, you will stay in this payment stage until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. For excluded drugs covered under our enhanced benefit, you pay up to a Tier 2 copay. Covered excluded drugs include select prescription vitamins, cough and cold medications, and erectile dysfunction medicine. These drugs and their quantity limits are listed in the Drug List booklet in the section titled "Coverage of additional drugs".

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Additional Covered Medical and Hospital Benefits		
Acupuncture	**Medicare-covered acupuncture:** 20% coinsurance **Non-Medicare covered acupuncture:** Not covered	**Medicare-covered acupuncture:** 20% coinsurance **Non-Medicare covered acupuncture:** Not covered
Chiropractic Care (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	**Medicare-covered chiropractic care:** $10 copay **Non-Medicare covered chiropractic care:** Not covered	**Medicare-covered chiropractic care:** $15 copay **Non-Medicare covered chiropractic care:** Not covered
Silver&Fit® Healthy Aging and Exercise Program	You pay nothing at participating fitness centers.	You pay nothing at participating fitness centers.
Home Health Care (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	You pay nothing	You pay nothing
Over-the Counter Items	You pay nothing Plan covers up to $35 every three months. Any unused amount does not carry over to the next period.	You pay nothing Plan covers up to $60 every three months. Any unused amount does not carry over to the next period.

Benefits & Coverage	Advantage MD Tribute (HMO) *Review service area*	Advantage MD (HMO) *Review service area*
Rehabilitation Services Occupational therapy visits may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	**Cardiac (heart) rehab services** *(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)*: You pay nothing **Occupational therapy visit:** $10 copay **Physical/speech therapy visit:** $10 copay	**Cardiac (heart) rehab services** *(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)*: You pay nothing **Occupational therapy visit:** $30 copay **Physical/speech therapy visit:** $30 copay
Renal Dialysis	20% coinsurance	20% coinsurance
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part coinsurance for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	
Post Discharge Meals	Not covered.	After your inpatient stay *(in either a hospital or skilled nursing facility)* you are eligible to receive three (3) meals a day for five (5) days. Our Care Management team will work with eligible members to coordinate the delivery of meals provided by our vendor. Meal program is limited to four times per calendar year. You pay nothing for post discharge meals.
Telehealth	You pay nothing	You pay nothing
Worldwide Emergency Care	Not covered	Not covered
Worldwide Urgent Care	Not covered	Not covered

PPO Plans

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES				
Monthly plan premium (Part C and D premium, combined)	**$0** per month. In addition, you must keep paying your Medicare Part B premium.	**$90** per month. In addition, you must keep paying your Medicare Part B premium.	**$120** per month. In addition, you must keep paying your Medicare Part B premium.	**$291** per month. In addition, you must keep paying your Medicare Part B premium.
Part B premium buy-down, if applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Deductibles, including plan level and category level deductible	$800 medical deductible. The deductible is in and out of network combined.	This plan does not have any medical deductibles.	This plan does not have any medical deductibles.	This plan does not have any medical deductibles.

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: **$7,550** for services you receive from in-network providers. **$11,300** for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: **$7,550** for services you receive from in-network providers. **$11,300** for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: **$7,550** for services you receive from in-network providers. **$11,300** for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: **$7,550** for services you receive from in-network providers. **$11,300** for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.
	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 monthly premiums and cost sharing for your Part D prescription drugs. Our plan has a coverage limit every year for certain benefits from any provider.			

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Inpatient Hospital Coverage (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	Our plan covers 90 days for each Medicare-covered in-network or out-of-network inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) *In-network:* You pay a $350 copay each day for days 1-5 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 6-90 of a Medicare-covered inpatient hospital stay. *Out-of-network:* 30% coinsurance	Our plan covers 90 days for each Medicare-covered in-network or out-of-network inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) *In-network:* You pay a $330 copay each day for days 1-6 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 7-90 of a Medicare-covered inpatient hospital stay. *Out-of-network:* 30% coinsurance	Our plan covers 90 days for each Medicare-covered in-network or out-of-network inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) *In-network:* You pay a $330 copay each day for days 1-6 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 7-90 of a Medicare-covered inpatient hospital stay. *Out-of-network:* 30% coinsurance	Our plan covers 90 days for each Medicare-covered in-network or out-of-network inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) *In-network:* You pay a $200 copay each day for days 1-5 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 6-90 of a Medicare-covered inpatient hospital stay. *Out-of-network:* 30% coinsurance

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Outpatient Hospital Coverage (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	*In-network:* $300 copay *Out-of-network:* 30% coinsurance	*In-network:* $300 copay *Out-of-network:* 50% coinsurance	*In-network:* $300 copay *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* $150 copay
Ambulatory Surgical Center (ASC) Services (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	*In-network:* $225 copay *Out-of-network:* 30% coinsurance	*In-network:* $225 copay *Out-of-network:* 50% coinsurance	*In-network:* $225 copay *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* $100 copay
Doctor Visits • Primary Care Providers	*In-network:* You pay nothing *Out-of-network:* 30% coinsurance	*In-network:* $5 copay *Out-of-network:* 40% coinsurance	*In-network:* You pay nothing *Out-of-network:* 30% coinsurance	*In-network:* You pay nothing *Out-of-network:* 30% coinsurance
• Specialists	*In-network:* $40 copay *Out-of-network:* 30% coinsurance	*In-network:* $50 copay *Out-of-network:* 40% coinsurance	*In-network:* $40 copay *Out-of-network:* 30% coinsurance	*In-network:* $25 copay *Out-of-network:* 30% coinsurance

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Preventive Care (e.g. flu vaccine, diabetic screenings)	*In-network:* You pay nothing *Out-of-network:* 30% coinsurance	*In-network:* You pay nothing *Out-of-network:* 50% coinsurance	*In-network:* You pay nothing *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* You pay nothing
	Our plan covers many preventive services, including: Abdominal aortic aneurysm screening Annual routine physical exam Annual wellness visit Barium enemas Bone mass measurement (bone density) Breast cancer screening (mammogram) Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) Cardiovascular disease testing Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, FOBT and FIT kit) Depression screening Diabetes screenings Diabetes self-management training, diabetic services, and supplies Digital rectal exams EKG following a Welcome Visit Health and wellness education programs HIV screening Immunizations Medical nutrition therapy services Medicare diabetes prevention program (MDPP) Obesity screening and therapy to promote sustained weight loss Prostate cancer screening exams Screening and counseling to reduce alcohol misuse Screening for lung cancer with low dose computed tomography (LDCT) Screening for sexually transmitted infections (STIs) and counseling to prevent STIs Smoking and tobacco use cessation (Counseling to stop smoking or tobacco use) Vision care “Welcome to Medicare” preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.			

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Emergency Care	*In-network & Out-of-network:* $95 copay The copay is waived if you are admitted to the hospital within 24 hours for the same condition. Emergency care is covered worldwide.	*In-network & Out-of-network:* $90 copay The copay is waived if you are admitted to the hospital within 24 hours for the same condition. Emergency care is covered worldwide.	*In-network & Out-of-network:* $90 copay The copay is waived if you are admitted to the hospital within 24 hours for the same condition. Emergency care is covered worldwide.	*In-network & Out-of-network:* $90 copay The copay is waived if you are admitted to the hospital within 24 hours for the same condition. Emergency care is covered worldwide.
Urgently Needed Services	*In-network & Out-of-network:* $50 copay The copay is not waived if you are admitted to the hospital. Urgently needed services are covered worldwide.	*In-network & Out-of-network:* $40 copay The copay is not waived if you are admitted to the hospital. Urgently needed services are covered worldwide.	*In-network & Out-of-network:* $40 copay The copay is not waived if you are admitted to the hospital. Urgently needed services are covered worldwide.	*In-network & Out-of-network:* $20 copay The copay is not waived if you are admitted to the hospital. Urgently needed services are covered worldwide.
Diagnostic Services/Labs/ Imaging	**Lab services** *(e.g., Blood count, stool tests, creatinine, blood glucose)***:** *In-network:* You pay nothing *Out-of-network:* 30% coinsurance	**Lab services** *(e.g., Blood count, stool tests, creatinine, blood glucose)***:** *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Lab services** *(e.g., Blood count, stool tests, creatinine, blood glucose)***:** *In-network:* You pay nothing *Out-of-network:* 30% coinsurance	**Lab services** *(e.g., Blood count, stool tests, creatinine, blood glucose)***:** *In-network:* You pay nothing *Out-of-network:* $5 copay

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Diagnostic Services/Labs/ Imaging (continued) (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	**Diagnostic tests and procedures** *(e.g., Biopsies, Endoscopies, cat scans)***:** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance **Diagnostic X-rays** *(such as mammography and ultrasound)***:** *In-network:* $20 copay *Out-of-network:* 30% coinsurance **Diagnostic radiology services** *(such as MRIs and CT scans)***:** *In-network:* $175 copay *Out-of-network:* 30% coinsurance **Therapeutic radiology services** *(such as radiation treatment for cancer)***:** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance	**Diagnostic tests and procedures** *(e.g., Biopsies, Endoscopies, cat scans)***:** *In-network:* 20% coinsurance *Out-of-network:* 50% coinsurance **Diagnostic X-rays** *(such as mammography and ultrasound)***:** *In-network:* $30 copay *Out-of-network:* 40% coinsurance **Diagnostic radiology services** *(such as MRIs and CT scans)***:** *In-network:* $250 copay *Out-of-network:* 50% coinsurance **Therapeutic radiology services** *(such as radiation treatment for cancer)***:** *In-network:* 20% coinsurance *Out-of-network:* 50% coinsurance	**Diagnostic tests and procedures** *(e.g., Biopsies, Endoscopies, cat scans)***:** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance **Diagnostic X-rays** *(such as mammography and ultrasound)***:** *In-network:* $30 copay *Out-of-network:* 30% coinsurance **Diagnostic radiology services** *(such as MRIs and CT scans)***:** *In-network:* $250 copay *Out-of-network:* 30% coinsurance **Therapeutic radiology services** *(such as radiation treatment for cancer)***:** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance	**Diagnostic tests and procedures** *(e.g., Biopsies, Endoscopies, cat scans)***:** *In-network & Out-of-network:* $10 copay **Diagnostic X-rays** *(such as mammography and ultrasound)***:** *In-network & Out-of-network:* $10 copay **Diagnostic radiology services** *(such as MRIs and CT scans)***:** *In-network & Out-of-network:* $100 copay **Therapeutic radiology services** *(such as radiation treatment for cancer)***:** *In-network & Out-of-network:* 20% coinsurance

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Hearing Services	**Medicare-covered exam to diagnose and treat hearing and balance issues:** *In-network:* $50 copay *Out-of-network:* 30% coinsurance	**Medicare-covered exam to diagnose and treat hearing and balance issues:** *In-network:* $50 copay *Out-of-network:* 50% coinsurance	**Medicare-covered exam to diagnose and treat hearing and balance issues:** *In-network:* $40 copay *Out-of-network:* 30% coinsurance	**Medicare-covered exam to diagnose and treat hearing and balance issues:** *In-network & Out-of-network:* $10 copay
• Routine hearing exam	**Routine hearing exam:** Not covered.	**Routine hearing exam:** *In-network:* You pay nothing *(one routine hearing exam per year from a TruHearing provider.)* *Out-of-network:* 50% coinsurance	**Routine hearing exam:** *In-network:* You pay nothing *(one routine hearing exam per year from a TruHearing provider.)* *Out-of-network:* 30% coinsurance	**Routine hearing exam:** *In-network & Out-of-network:* You pay nothing *(In-network covered through TruHearing provider and is limited to 1 exam per year.)*
• Hearing aids	**Hearing aids:** Not covered.	**Hearing aids:** *In-network & Out-of-network:* You pay a $699 copay per aid for Advanced hearing aids or $999 copay per aid for Premium hearing aids for up to two TruHearing-branded hearing aids every year (one per ear per year).	**Hearing aids:** *In-network & Out-of-network:* You pay a $699-$999 copay range depends on the type and style of hearing aids selected. for up to two TruHearing-branded hearing aids every year (one per ear per year).	**Hearing aids:** *In-network & Out-of-network:* You pay a $399 copay per aid for Advanced hearing aids or $699 copay per aid for Premium hearing aids for up to two TruHearing-branded hearing aids every year (one per ear per year).

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Dental Services • Oral exam & cleaning • Optional supplemental benefits (available only with Advantage MD Plus PPO) (Non-Medicare covered comprehensive services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	**Medicare-covered dental services:** *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Preventive dental services: Cleaning(s)** (*2 cleanings per year*): *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Fluoride treatments:** *(2 fluoride treatments per year):* *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Dental X-ray(s)** *(Frequency determined by type of X-ray)*: *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Medicare-covered dental services:** *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Preventive dental services: Cleaning(s)** (*2 cleanings per year*): *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Fluoride treatments:** *(2 fluoride treatments per year):* *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Dental X-ray(s)** *(Frequency determined by type of X-ray)*: *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Medicare-covered dental services:** *In-network:* 20% coinsurance *Out-of-network:* $100 copay **Preventive dental services: Cleaning(s)** (*2 cleanings per year*): *In-network:* You pay nothing *Out-of-network:* 30% coinsurance **Fluoride treatments:** Not covered. **Dental X-ray(s)** *(Frequency determined by type of X-ray)*: *In-network:* You pay nothing *Out-of-network:* 30% coinsurance	**Medicare-covered dental services:** *In-network:* You pay nothing *Out-of-network:* $10 copay **Preventive dental services: Cleaning(s)** (*2 cleanings per year*): *In-network & Out-of-network:* You pay nothing **Fluoride treatments:** *(2 fluoride treatments per year):* *In-network & Out-of-network:* You pay nothing **Dental X-ray(s)** *(Frequency determined by type of X-ray)*: *In-network & Out-of-network:* You pay nothing

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Dental Services (continued)	**Oral exam(s)** *(Frequency determined by type of oral exam)*: *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Comprehensive dental services:** *(Frequency dependent on procedure.)* The plan has a maximum coverage amount of $2,000 per year for in-and out-of-network non-Medicare-covered comprehensive dental services. Members are responsible for the difference between the allowed amount and the billed amount for any out-of-network services.	**Oral exam(s)** *(Frequency determined by type of oral exam)*: *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Comprehensive dental services:** *(Frequency dependent on procedure.)* The plan has a maximum coverage amount of $1,000 per year for in-and out-of-network non-Medicare-covered comprehensive dental services. Members are responsible for the difference between the allowed amount and the billed amount for any out-of-network services.	**Oral exam(s)** *(Frequency determined by type of oral exam)*: *In-network:* You pay nothing *Out-of-network:* 30% coinsurance **Comprehensive dental services:** Not covered. **Optional Supplemental Benefit:** For an extra $23 per month, members can purchase a supplemental benefit that includes comprehensive dental. The comprehensive dental benefit has a max coverage amount of $1,000 per year. Members are responsible for the difference between the allowed amount and the billed amount for any out-of-network services.	**Oral exam(s)** *(Frequency determined by type of oral exam)*: *In-network & Out-of-network:* You pay nothing **Comprehensive dental services:** *(Frequency dependent on procedure.)* The plan has a maximum coverage amount of $1,500 per year for in-and out-of-network non-Medicare-covered comprehensive dental services. Members are responsible for the difference between the allowed amount and the billed amount for any out-of-network services.

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Dental Services (continued)	**Restorative services** *(such as inlays, onlays, crowns, resin restoration, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Endodontics** *(such as root canals, retreatment, apicoectomy, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Restorative services** *(such as inlays, onlays, crowns, resin restoration, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Endodontics** *(such as root canals, retreatment, apicoectomy, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	The following comprehensive dental services are covered as part of the Optional Supplemental Benefits package **(available with additional premium)**: **Restorative services** *(such as inlays, onlays, crowns, resin restoration, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* $50 copay **Endodontics** *(such as root canals, retreatment, apicoectomy, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* $100 copay	**Restorative services** *(such as inlays, onlays, crowns, resin restoration, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* You pay nothing **Endodontics** *(such as root canals, retreatment, apicoectomy, pulpotomy, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* You pay nothing

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Dental Services (continued)	**Periodontics** *(such as periodontal maintenance, periodontal scaling, root planning, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Periodontics** *(such as periodontal maintenance, periodontal scaling, root planning, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Periodontics** *(such as periodontal maintenance, periodontal scaling, root planning, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* $50 copay	**Periodontics** *(such as periodontal maintenance, periodontal scaling, root planning, full mouth debridement, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* You pay nothing
	Extractions *(such as extractions, coronectomy, surgical access of an unerupted tooth, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Extractions** *(such as extractions, coronectomy, surgical access of an unerupted tooth, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Extractions** *(such as extractions, coronectomy, surgical access of an unerupted tooth, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* $100 copay	**Extractions** *(such as extractions, coronectomy, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* You pay nothing

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Dental Services (continued)	**Prosthodontics/ Other oral/maxillofacial surgery/Other services** *(such as removable complete and partial dentures, repair or replace teeth in dentures, removal of exostosis, anesthesia, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Prosthodontics/ Other oral/maxillofacial surgery/Other services** *(such as removable complete and partial dentures, repair or replace teeth in dentures, removal of exostosis, anesthesia, etc.)* Frequency dependent on procedure. *In-network:* You pay nothing *Out-of-network:* 50% coinsurance	**Prosthodontics/ Other oral/maxillofacial surgery/Other services** *(such as removable complete and partial dentures, repair or replace teeth in dentures, removal of exostosis, anesthesia, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* $50-$100 copay depending on the service	**Prosthodontics/ Other oral/maxillofacial surgery/Other services** *(such as removable complete and partial dentures, repair or replace teeth in dentures, consultation, anesthesia, etc.)* Frequency dependent on procedure. *In-network & Out-of-network:* You pay nothing
Vision Services	**Medicare-covered exam to diagnose and treat diseases and conditions of the eye**: *In-network:* $10 copay *Out-of-network:* 30% coinsurance	**Medicare-covered exam to diagnose and treat diseases and conditions of the eye**: *In-network:* $50 copay *Out-of-network:* 50% coinsurance	**Medicare-covered exam to diagnose and treat diseases and conditions of the eye:** *In-network:* $40 copay *Out-of-network:* 30% coinsurance	**Medicare-covered exam to diagnose and treat diseases and conditions of the eye:** *In-network & Out-of-network:* $10 copay

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Vision Services (continued)	**Yearly Glaucoma Screening:** *In-network:* You pay nothing *Out-of-network:* 30% coinsurance **Routine eye exam** *(1 every year): In-network:* You pay nothing *Out-of-network:* 30% coinsurance **Eyeglasses or contact lenses after cataract surgery:** *In-network:* You pay nothing *Out-of-network:* 30% coinsurance **Routine eyewear:** Our plan pays up to $200 every year for supplemental eyewear (retail or online) from any provider.	**Yearly Glaucoma Screening:** *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Routine eye exam** *(1 every year): In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Eyeglasses or contact lenses after cataract surgery:** *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Routine eyewear:** Our plan pays up to $300 every year for supplemental eyewear (retail or online) from any provider.	**Yearly Glaucoma Screening:** *In-network:* You pay nothing *Out-of-network:* 30% coinsurance **Routine eye exam** *(1 every year): In-network:* You pay nothing *Out-of-network:* 45% coinsurance **Eyeglasses or contact lenses after cataract surgery:** *In-network:* You pay nothing *Out-of-network:* 30% coinsurance **Routine eyewear:** Our plan pays up to $150 every year for supplemental eyewear (retail or online) from any provider.	**Yearly Glaucoma Screening:** *In-network & Out-of-network:* You pay nothing **Routine eye exam** *(1 every year): In-network & Out-of-network:* You pay nothing **Eyeglasses or contact lenses after cataract surgery:** *In-network & Out-of-network:* You pay nothing **Routine eyewear:** Our plan pays up to $400 every two years for supplemental eyewear (retail or online) from any provider.

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Mental Health Services (Inpatient visit may require a prior authorization and/or referral. Please see the *Evidence of Coverage* booklet for more information.)	**Inpatient visit:** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. *In-network:* You pay a $350 copay each day for days 1-5 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 6-90 of a Medicare-covered inpatient hospital stay. *Out-of-network:* 30% coinsurance **Outpatient mental health visits:** Individual or Group therapy visit: *In-network:* $40 copay *Out-of-network:* 30% coinsurance	**Inpatient visit:** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. *In-network:* You pay a $310 copay each day for days 1-6 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 7-90 of a Medicare-covered inpatient hospital stay. *Out-of-network:* 30% coinsurance **Outpatient mental health visits:** Individual or Group therapy visit: *In-network:* $40 copay *Out-of-network:* 50% coinsurance	**Inpatient visit:** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. *In-network:* You pay a $310 copay each day for days 1-6 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 7-90 of a Medicare-covered inpatient hospital stay. *Out-of-network:* 30% coinsurance **Outpatient mental health visits:** Individual or Group therapy visit: *In-network:* $40 copay *Out-of-network:* 30% coinsurance	**Inpatient visit:** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. *In-network:* You pay a $200 copay each day for days 1-5 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 6-90 of a Medicare-covered inpatient hospital stay. *Out-of-network:* 30% coinsurance **Outpatient mental health visits:** Individual or Group therapy visit: *In-network:* $25 copay *Out-of-network:* 30% coinsurance

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Mental Health Services (continued)	**Outpatient substance abuse therapy visit:** Individual or Group therapy visit: *In-network:* $40 copay *Out-of-network:* 30% coinsurance	**Outpatient substance abuse therapy visit:** Individual or Group therapy visit: *In-network:* $40 copay *Out-of-network:* 50% coinsurance	**Outpatient substance abuse therapy visit:** Individual or Group therapy visit: *In-network:* $40 copay *Out-of-network:* 30% coinsurance	**Outpatient substance abuse therapy visit:** Individual or Group therapy visit: *In-network & Out-of-network:* $10 copay
Skilled Nursing Facility (SNF) (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	Our plan covers up to 100 days in an SNF. *In-network:* You pay nothing per day for days 1 through 20 $196 copay per day for days 21 through 100. *Out-of-network:* 30% coinsurance	Our plan covers up to 100 days in an SNF. *In-network:* You pay nothing per day for days 1 through 20 $160 copay per day for days 21 through 100. *Out-of-network:* 50% coinsurance	Our plan covers up to 100 days in an SNF. *In-network:* You pay nothing per day for days 1 through 20 $150 copay per day for days 21 through 100. *Out-of-network:* 30% coinsurance	Our plan covers up to 100 days in an SNF. *In-network:* You pay nothing per day for days 1 through 20 $100 copay per day for days 21 through 100. *Out-of-network:* 30% coinsurance

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Physical Therapy (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	*In-network:* $40 copay *Out-of-network:* 30% coinsurance	*In-network:* $40 copay *Out-of-network:* 50% coinsurance	*In-network:* $30 copay *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* $10 copay
Ambulance (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	*In-network & Out-of-network:* $200 copay (ground) 20% coinsurance (air) Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital.	*In-network & Out-of-network:* $210 copay (ground) $210 copay (air) Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital.	*In-network & Out-of-network:* $210 copay (ground) $210 copay (air) Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital.	*In-network & Out-of-network:* $100 copay (ground) $225 copay (air) Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital.

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Ambulance (continued)	In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.	In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.	In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.	In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.
Transportation	Not covered	Not covered	Not covered	Not covered
Medicare Part B Drugs (Services may require that your provider get prior authorization (extra approval in advance). Please see the *Evidence of Coverage* booklet for more information.) Medicare-covered Part B Drugs may be subject to step therapy requirements.	For Part B drugs such as chemotherapy/radiation drugs: *In-network:* 0% to 20% coinsurance *Out-of-network:* 30% coinsurance Other Part B drugs and Insulin: *In-network:* 0% to 20% coinsurance *Member pays lesser of 20% coinsurance or $35 copay for Part B Insulin.* *Out-of-network:* 30% coinsurance	For Part B drugs such as chemotherapy/radiation drugs: *In-network:* 0% to 20% coinsurance *Out-of-network:* 45% coinsurance Other Part B drugs and Insulin: *In-network:* 0% to 20% coinsurance *Member pays lesser of 20% coinsurance or $35 copay for Part B Insulin* *Out-of-network:* 45% coinsurance	For Part B drugs such as chemotherapy/radiation drugs: *In-network:* 0% to 20% coinsurance *Out-of-network:* 30% coinsurance Other Part B drugs and Insulin: *In-network:* 0% to 20% coinsurance *Member pays lesser of 20% coinsurance or $35 copay for Part B Insulin* *Out-of-network:* 30% coinsurance	For Part B drugs such as chemotherapy/radiation drugs: *In-network & Out-of-network:* 0% to 20% coinsurance Other Part B drugs and Insulin: *In-network:* 0% to 20% coinsurance *Member pays lesser of 20% coinsurance or $35 copay for Part B Insulin* *Out-of-network:* 0% to 20% coinsurance

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Outpatient Prescription Drugs (Medicare Part D Drugs)				
Pharmacy (Part D) Deductible	No Deductible.	No Deductible.	No Deductible.	No Deductible.
Initial Coverage	You pay the following until your total yearly drug costs reach $5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage booklet.			
• Standard Retail Cost-Sharing *(Insulin drug cost-share listed below)*	**Tier 1 *(Preferred Generic)*** $5 for a one-month supply $7.50 for a two-month supply $10 for a three-month supply **Tier 2 *(Generic)*** $20 for a one-month supply $30 for a two-month supply $40 for a three-month supply	**Tier 1 *(Preferred Generic)*** $4 for a one-month supply $6 for a two-month supply $8 for a three-month supply **Tier 2 *(Generic)*** $12 for a one-month supply $18 for a two-month supply $24 for a three-month supply	**Tier 1 *(Preferred Generic)*** $4 for a one-month supply $6 for a two-month supply $8 for a three-month supply **Tier 2 *(Generic)*** $12 for a one-month supply $18 for a two-month supply $24 for a three-month supply	**Tier 1 *(Preferred Generic)*** $0 for a one-month supply $0 for a two-month supply $0 for a three-month supply **Tier 2 *(Generic)*** $10 for a one-month supply $15 for a two-month supply $20 for a three-month supply

Benefits & Coverage	**Advantage MD Primary (PPO)** *Review service area*	**Advantage MD (PPO)** *Review service area.*	**Advantage MD Plus (PPO)** *Review service area. Not available in Montgomery County*	**Advantage MD Premier (PPO)** *Only available in Montgomery County*
• Standard Retail Cost-Sharing (continued)	**Tier 3 *(Preferred Brand)*** $47 for a one-month supply $94 for a two-month supply $141 for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $200 for a two-month supply $300 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available)	**Tier 3 *(Preferred Brand)*** $47 for a one-month supply $94 for a two-month supply $141 for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $200 for a two-month supply $300 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available)	**Tier 3 *(Preferred Brand)*** $47 for a one-month supply $94 for a two-month supply $141 for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $200 for a two-month supply $300 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available)	**Tier 3 *(Preferred Brand)*** $40 for a one-month supply $80 for a two-month supply $120 for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $90 for a one-month supply $180 for a two-month supply $270 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available)

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
• Standard Mail Order Cost-Sharing *(Insulin drug cost-share listed below)*	**Tier 1 *(Preferred Generic)*** $5 for a one-month supply $7.50 for a two-month supply $10 for a three-month supply **Tier 2 *(Generic)*** $20 for a one-month supply $30 for a two-month supply $40 for a three-month supply **Tier 3 *(Preferred Brand)*** $47 for a one-month supply $70.50 for a two-month supply $94 for a three-month supply	**Tier 1 *(Preferred Generic)*** $4 for a one-month supply $6 for a two-month supply $8 for a three-month supply **Tier 2 *(Generic*** $12 for a one-month supply $18 for a two-month supply $24 for a three-month supply **Tier 3 *(Preferred Brand)*** $47 for a one-month supply $70.50 for a two-month supply $94 for a three-month supply	**Tier 1 *(Preferred Generic)*** $4 for a one-month supply $6 for a two-month supply $8 for a three-month supply **Tier 2 *(Generic)*** $12 for a one-month supply $18 for a two-month supply $24 for a three-month supply **Tier 3 *(Preferred Brand)*** $47 for a one-month supply $70.50 for a two-month supply $94 for a three-month supply	**Tier 1 *(Preferred Generic)*** $0 for a one-month supply $0 for a two-month supply $0 for a three-month supply **Tier 2 *(Generic)*** $10 for a one-month supply $15 for a two-month supply $20 for a three-month supply **Tier 3 *(Preferred Brand)*** $40 for a one-month supply $60 for a two-month supply $80 for a three-month supply

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
• Standard Mail Order Cost-Sharing (continued)	**Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $150 for a two-month supply $200 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available) If you reside in a long-term care facility, you pay the same as at a retail pharmacy.	**Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $150 for a two-month supply $200 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available) If you reside in a long-term care facility, you pay the same as at a retail pharmacy.	**Tier 4 *(Non-Preferred Drug)*** $100 for a one-month supply $150 for a two-month supply $200 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available) If you reside in a long-term care facility, you pay the same as at a retail pharmacy.	**Tier 4 *(Non-Preferred Drug)*** $90 for a one-month supply $135 for a two-month supply $180 for a three-month supply **Tier 5 *(Specialty Tier)*** 33% of the total cost of a one-month supply (long-term supply is not available) If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
• Insulin Retail Cost-Sharing	**Tier 1 *(Preferred Generic)*** $5 copay for a one-month supply $7.50 copay for a two-month supply $10 copay for a three-month supply **Tier 2 *(Generic)*** $20 copay for a one-month supply $30 copay for a two-month supply $40 copay for a three-month supply **Tier 3 *(Preferred Brand)*** $35 copay for a one-month supply $70 copay for a two-month supply $105 copay for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $35 copay for a one-month supply $70 copay for a two- month supply $105 copay for a three-month supply	**Tier 1 *(Preferred Generic)*** $4 copay for a one-month supply $6 copay for a two-month supply $8 copay for a three-month supply **Tier 2 *(Generic)*** $12 copay for a one-month supply $18 copay for a two-month supply $24 copay for a three-month supply **Tier 3 *(Preferred Brand)*** $35 copay for a one-month supply $70 copay for a two-month supply $105 copay for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $35 copay for a one-month supply $70 copay for a two- month supply $105 copay for a three-month supply	**Tier 1 *(Preferred Generic)*** $4 copay for a one-month supply $6 copay for a two-month supply $8 copay for a three-month supply **Tier 2 *(Generic)*** $12 copay for a one-month supply $18 copay for a two-month supply $24 copay for a three-month supply **Tier 3 *(Preferred Brand)*** $35 copay for a one-month supply $70 copay for a two-month supply $105 copay for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $35 copay for a one-month supply $70 copay for a two- month supply $105 copay for a three-month supply	**Tier 1 *(Preferred Generic)*** $0 copay for a one-month supply $0 copay for a two-month supply $0 copay for a three-month supply **Tier 2 *(Generic)*** $10 copay for a one-month supply $15 copay for a two-month supply $20 copay for a three-month supply **Tier 3 *(Preferred Brand)*** $35 copay for a one-month supply $70 copay for a two-month supply $105 copay for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $35 copay for a one-month supply $70 copay for a two- month supply $105 copay for a three-month supply

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
• Insulin Retail Cost-Sharing (continued)	**Tier 5 *(Specialty Tier)*** $35 copay of a one-month supply (long-term supply is not available)	**Tier 5 *(Specialty Tier)*** $35 copay of a one-month supply (long-term supply is not available)	**Tier 5 *(Specialty Tier)*** $35 copay of a one-month supply (long-term supply is not available)	**Tier 5 *(Specialty Tier)*** $35 copay of a one-month supply (long-term supply is not available)
• Insulin Mail Order Cost-Sharing	**Tier 1 *(Preferred Generic)*** $5 copay for a one-month supply $7.50 copay for a two-month supply $10 copay for a three-month supply **Tier 2 *(Generic)*** $20 copay for a one-month supply $30 copay for a two-month supply $40 copay for a three-month supply	**Tier 1 *(Preferred Generic)*** $4 copay for a one-month supply $6 copay for a two-month supply $8 copay for a three-month supply **Tier 2 *(Generic)*** $12 copay for a one-month supply $18 copay for a two-month supply $24 copay for a three-month supply	**Tier 1 *(Preferred Generic)*** $4 copay for a one-month supply $6 copay for a two-month supply $8 copay for a three-month supply **Tier 2 *(Generic)*** $12 copay for a one-month supply $18 copay for a two-month supply $24 copay for a three-month supply	**Tier 1 *(Preferred Generic)*** $0 copay for a one-month supply $0 copay for a two-month supply $0 copay for a three-month supply **Tier 2 *(Generic)*** $10 copay for a one-month supply $15 copay for a two-month supply $20 copay for a three-month supply

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Insulin Mail Order Cost-Sharing (continued)	**Tier 3 *(Preferred Brand)*** $35 copay for a one-month supply $52.50 copay for a two-month supply $70 copay for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $35 copay for a one-month supply $52.50 copay for a two-month supply $70 copay for a three-month supply **Tier 5 *(Specialty Tier)*** $35 copay of a one-month supply (long-term supply is not available) If you reside in a long-term care facility, you pay the same as at a retail pharmacy	**Tier 3 *(Preferred Brand)*** $35 copay for a one-month supply $52.50 copay for a two-month supply $70 copay for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $35 copay for a one-month supply $52.50 copay for a two-month supply $70 copay for a three-month supply **Tier 5 *(Specialty Tier)*** $35 copay of a one-month supply (long-term supply is not available) If you reside in a long-term care facility, you pay the same as at a retail pharmacy	**Tier 3 *(Preferred Brand)*** $35 copay for a one-month supply $52.50 copay for a two-month supply $70 copay for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $35 copay for a one-month supply $52.50 copay for a two-month supply $70 copay for a three-month supply **Tier 5 *(Specialty Tier)*** $35 copay of a one-month supply (long-term supply is not available) If you reside in a long-term care facility, you pay the same as at a retail pharmacy	**Tier 3 *(Preferred Brand)*** $35 copay for a one-month supply $52.50 copay for a two-month supply $70 copay for a three-month supply **Tier 4 *(Non-Preferred Drug)*** $35 copay for a one-month supply $52.50 copay for a two-month supply $70 copay for a three-month supply **Tier 5 *(Specialty Tier)*** $35 copay of a one-month supply (long-term supply is not available) If you reside in a long-term care facility, you pay the same as at a retail pharmacy

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Coverage Gap	Most Medicare drug plans have a coverage gap *(also called the "donut hole")*. This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost *(including what our plan has paid and what you have paid)* reaches $5,030. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total $8,000, which is the end of 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 $8,000, you will stay in this payment stage until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. For excluded drugs covered under our enhanced benefit, you pay up to a Tier 2 copay. Covered excluded drugs include select prescription vitamins, cough and cold medications, and erectile dysfunction medicine. These drugs and their quantity limits are listed in the Drug List booklet in the section titled "Coverage of additional drugs".			

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Additional Covered Medical and Hospital Benefits				
Acupuncture	**Medicare-covered acupuncture:** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance **Non-Medicare covered acupuncture:** Not covered	**Medicare-covered acupuncture:** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance **Non-Medicare covered acupuncture:** Not covered	**Medicare-covered acupuncture:** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance **Non-Medicare covered acupuncture:** *In-network & Out-of-network:* Our plan will pay up to $200 annually for services.	**Medicare-covered acupuncture:** *In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance **Non-Medicare covered acupuncture:** *In-network & Out-of-network:* Our plan will pay up to $300 annually for services.
Chiropractic Care (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	**Medicare-covered chiropractic care:** *In-network:* $15 copay *Out-of-network:* 30% coinsurance	**Medicare-covered chiropractic care:** *In-network:* $15 copay *Out-of-network:* 50% coinsurance	**Medicare-covered chiropractic care:** *In-network:* $15 copay *Out-of-network:* 30% coinsurance	**Medicare-covered chiropractic care:** *In-network & Out-of-network:* $10 copay

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Chiropractic Care (continued)	**Non-Medicare covered chiropractic care:** Not covered	**Non-Medicare covered chiropractic care:** Not covered	**Non-Medicare covered chiropractic care:** *(up to 12 visits per calendar year)* *In-network:* $20 copay *Out-of-network:* 30% coinsurance	**Non-Medicare covered chiropractic care:** *(up to 12 visits per calendar year)* *In-network & Out-of-network:* $10 copay
Silver&Fit® Healthy Aging and Exercise Program	You pay nothing at participating fitness centers.	You pay nothing at participating fitness centers.	You pay nothing at participating fitness centers.	You pay nothing at participating fitness centers.
Home Health Care (Services may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.)	*In-network:* You pay nothing *Out-of-network:* 30% coinsurance	*In-network:* You pay nothing *Out-of-network:* 40% coinsurance	*In-network:* You pay nothing *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* You pay nothing
Over-the-Counter Items	You pay nothing Plan covers Up to $50 every three months. Any unused amount does not carry over to the next period.	Not covered	Not covered	Not covered

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Rehabilitation Services Occupational therapy visits may require that your provider get prior authorization (approval in advance). Please see the *Evidence of Coverage* booklet for more information.	**Cardiac (heart) rehab services** *(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)*: *In-network:* You pay nothing *Out-of-network:* 30% coinsurance **Occupational therapy visit:** *In-network:* $40 copay *Out-of-network:* 30% coinsurance **Physical/speech therapy visit:** *In-network:* $40 copay *Out-of-network:* 30% coinsurance	**Cardiac (heart) rehab services** *(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)*: *In-network:* You pay nothing *Out-of-network:* 50% coinsurance **Occupational therapy visit:** *In-network:* $40 copay *Out-of-network:* 50% coinsurance **Physical/speech therapy visit:** *In-network:* $40 copay *Out-of-network:* 50% coinsurance	**Cardiac (heart) rehab services** *(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)*: *In-network:* You pay nothing *Out-of-network:* 30% coinsurance **Occupational therapy visit:** *In-network:* $30 copay *Out-of-network:* 30% coinsurance **Physical/speech therapy visit:** *In-network:* $30 copay *Out-of-network:* 30% coinsurance	**Cardiac (heart) rehab services** *(for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)*: *In-network & Out-of-network:* You pay nothing **Occupational therapy visit:** *In-network & Out-of-network:* $10 copay **Physical/speech therapy visit:** *In-network & Out-of-network:* $10 copay
Renal Dialysis	*In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance	*In-network:* 20% coinsurance *Out-of-network:* 50% coinsurance	*In-network:* 20% coinsurance *Out-of-network:* 30% coinsurance	*In-network & Out-of-network:* 20% coinsurance
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part coinsurance for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.			

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Post Discharge Meals	Not covered	Not covered	Not covered	Not covered
Telehealth	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Worldwide Emergency Care	$95 copay for emergency care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.	$90 copay for emergency care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.	$90 copay for emergency care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.	You pay nothing for emergency care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.

Benefits & Coverage	Advantage MD Primary (PPO) *Review service area*	Advantage MD (PPO) *Review service area.*	Advantage MD Plus (PPO) *Review service area. Not available in Montgomery County*	Advantage MD Premier (PPO) *Only available in Montgomery County*
Worldwide Urgent Care	$50 copay for urgent care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.	$40 copay for urgent care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.	$40 copay for urgent care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.	You pay nothing for urgent care services $50,000 (USD) combined limit per year for urgently needed or emergency care services provided outside the U.S. and its territories. You are responsible for services rendered upfront and must submit your claim(s) and proof of payment for reimbursement consideration.

SUPPLEMENTAL BENEFIT PURCHASE OPTIONS

ADVANTAGE MD (HMO)	*ADVANTAGE MD PLUS (PPO)*
For an extra **$23** per month (**$43** per month total), members can purchase the supplemental comprehensive dental benefit.	For an extra **$23** per month (**$143** per month total), members can purchase the supplemental comprehensive dental benefit.

- **Please see the dental section in this booklet for information about comprehensive dental services coverage. Additional information can be found in the Evidence of Coverage for your plan.**

Notice of Nondiscrimination

Johns Hopkins Advantage MD (HMO) and Johns Hopkins Advantage MD (PPO) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Johns Hopkins Advantage MD does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Johns Hopkins Advantage MD:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, and other formats).

- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, please contact our Customer Service Department at 1-877-293-5325 (TTY: 711).

If you believe Johns Hopkins Advantage MD has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Johns Hopkins Grievance Compliance Coordinator at 7231 Parkway Dr., Suite 100, Hanover, MD 21076, phone: 1-844-422-6957 (TTY: 711) Monday – Friday 8 a.m. to 5 p.m. or 1-844-SPEAK2US (1-844-773-2528, available 24/7), fax: 1-410-762-1527 or by email: compliance@jhhp.org.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Johns Hopkins Advantage MD Compliance Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-293-5325 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-293-5325 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-877-293-5325 (TTY: 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-877-293-5325 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-293-5325 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-293-5325 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin

gọi 1-877-293-5325 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-293-5325 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-293-5325 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-293-5325 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-293-5325 (TTY: 711) . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-293-5325 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-293-5325 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-293-5325 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis

rele nou nan 1-877-293-5325 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-293-5325 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-877-293-5325 (TTY: 711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

JOHNS HOPKINS
HEALTH PLANS

7231 Parkway Dr. Suite 100
Hanover, MD 21076
HopkinsMedicare.com

For updated information regarding plan providers, please visit our website at HopkinsMedicare.com, or call Advantage MD Member Service at:

1-888-403-7662 (TTY: 711)

NOT YET A MEMBER? HAVE QUESTIONS?

Please call us at: 1-888-403-7662 (TTY: 711)
8 a.m. – 8 p.m., 7 days a week
8 a.m. to 8 p.m., Monday – Friday between February 15 and September 30