

# 2021 Summary of Benefits

This is a summary of drug and health services covered by AdventHealth Advantage Plans effective January 1, 2021

Benefits	AdventHealth SunSaver Plan (HMO)
Monthly Plan Premium In addition, you must keep paying your Medicare Part B premium	You pay \$0
Deductibles	This plan does not have a deductible
Maximum Out-of-Pocket Responsibility	\$5,500 for services you receive from in-network providers
Inpatient Hospital Coverage (PA) (90 days covered/benefit period <sup>†</sup> )	<ul style="list-style-type: none"> <li>✦ You pay \$200 each day for days 1-8 of a covered inpatient stay during a benefit period</li> <li>✦ You pay \$0 per day for days 9-90 of a covered inpatient stay during a benefit period</li> <li>✦ There is a \$1,600 maximum out-of-pocket limit per benefit period</li> </ul>
Outpatient Hospital Coverage (PA)	You pay \$175 for each Medicare-covered outpatient admission to either an ambulatory surgical center or outpatient hospital facility
Doctor Visits (Primary Care Providers and Specialists)	<ul style="list-style-type: none"> <li>✦ You pay \$0 for each visit to a primary care physician office</li> <li>✦ You pay \$35 for each visit to a specialty physician office</li> <li>✦ You pay \$0 for each Medicare-covered telehealth primary care visit</li> <li>✦ You pay \$35 for each Medicare-covered telehealth specialist visit</li> </ul>
Preventive Care	You pay \$0
Emergency Care*	You pay \$90 for each Medicare-covered visit
Urgently Needed Services*	<ul style="list-style-type: none"> <li>✦ You pay \$25 for each Medicare-covered urgently needed care visit</li> <li>✦ You pay \$25 for each Medicare-covered telehealth urgent care visit</li> </ul>

Benefits	AdventHealth SunSaver Plan (HMO)
Diagnostic Services/Labs/Imaging (PA)	<ul style="list-style-type: none"> <li>✦ You pay \$0 for Medicare-covered lab services</li> <li>✦ You pay \$35 for each outpatient X-ray, diagnostic procedure &amp; tests</li> <li>✦ You pay \$200 for each type of Medicare-covered diagnostic radiology service including MRI, CT, Nuclear Scans and PET scans per date of service</li> </ul>
Hearing Services	<ul style="list-style-type: none"> <li>✦ You pay \$35 for Medicare-covered hearing exams</li> <li>✦ You can be reimbursed up to \$200 for the purchase of one hearing aid device per calendar year</li> </ul>
Dental Services (PA)	<ul style="list-style-type: none"> <li>✦ You pay \$30 for Medicare-covered dental benefits</li> <li>✦ You can be reimbursed up to \$125 for dental services per calendar year</li> </ul>
Vision Services	<ul style="list-style-type: none"> <li>✦ You pay \$15 for each Medicare-covered exam (diagnosis and treatment for diseases and conditions of the eye)</li> <li>✦ You pay \$30 for one routine eye exam per calendar year</li> <li>✦ You pay \$0 for one pair of eyeglasses or contacts after cataract surgery</li> <li>✦ You can be reimbursed up to \$175 for contact lenses and eyeglasses per calendar year</li> </ul>
Mental Health Services (PA) (90 days covered / benefit period†)	<p>Inpatient:</p> <ul style="list-style-type: none"> <li>✦ You pay \$191 each day for days 1-8 of a covered inpatient stay during a benefit period</li> <li>✦ You pay \$0 each day for days 9-90 of a covered inpatient stay during a benefit period</li> <li>✦ There is a \$1,528 maximum out-of-pocket limit per benefit period</li> </ul> <p>Outpatient:</p> <ul style="list-style-type: none"> <li>✦ You pay \$40 for each individual/group therapy visit</li> </ul>
Skilled Nursing Facility (PA) (100 days covered / benefit period†)	<ul style="list-style-type: none"> <li>✦ You pay \$0 each day for days 1-20 for a covered stay during a benefit period</li> <li>✦ You pay \$180 each day for days 21-100 for a covered stay during a benefit period</li> <li>✦ 1- day prior inpatient hospital stay is required</li> </ul>
Physical Therapy and other Rehabilitation Services (PA)	You pay \$20 for each Medicare-covered therapy visit
Ambulance (PA)	You pay \$260 for a Medicare-covered one-way trip
Transportation	Not covered
Medicare Part B Drugs (PA)	<p>For Part B drugs such as chemotherapy drugs, you pay: 20% of the cost</p> <p>Other Part B drugs, you pay: 20% of the cost</p>

Benefits	AdventHealth SunSaver Plan (HMO)
Ambulatory Surgery Center (PA)	You pay \$175 for each Medicare-covered outpatient admission to an ambulatory surgical center
Foot Care (podiatry services)	You pay \$35 for each Medicare-covered visit
Medical Equipment/Supplies (PA)	<ul style="list-style-type: none"> <li>✦ Durable Medical Equipment <ul style="list-style-type: none"> <li>• You pay 20% of the Medicare-allowable amount for each Medicare-covered item</li> </ul> </li> <li>✦ Diabetes Programs / Supplies <ul style="list-style-type: none"> <li>• You pay \$0 for diabetes self-management training</li> <li>• You pay 10% of the cost for diabetic supplies, therapeutic shoes or inserts</li> </ul> </li> </ul>
Wellness Programs	<p>These services are offered at no additional cost:</p> <ul style="list-style-type: none"> <li>✦ Health First Fitness Program</li> <li>✦ Healthy Living</li> <li>✦ Health Coach</li> </ul>
Home Health Care (PA)	You pay \$0 for Medicare-covered home health visits
Opioid Treatment Program Services (PA)	You pay \$50 for each Medicare-covered opioid use disorder treatment service furnished by Opioid Treatment Programs
Supervised Exercise Therapy (SET) (PA)	You pay \$20 for each Medicare-covered Supervised Exercise Therapy visit

<b>Benefits</b>	<b>AdventHealth SunSaver Plan (HMO)</b>
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<b>Part D Prescription Drugs – Initial Coverage Stage</b>	
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<b>Retail network pharmacy (30-day supply)</b>	
Tier 1 – Preferred Generic Drugs	✦ Tier 1 - \$7
Tier 2 – Generic Drugs	✦ Tier 2 – \$10
Tier 3 – Preferred Brand Drugs	✦ Tier 3 – \$47
Tier 4 – Non-Preferred Drugs	✦ Tier 4 – \$95
Tier 5 – Specialty Tier Drugs	✦ Tier 5 – 33%
Tier 6 – Select Care Drugs	✦ Tier 6 – \$0

<b>Retail network pharmacy (90-day supply)</b>	
Tier 1 – Preferred Generic Drugs	✦ Tier 1 – \$21
Tier 2 – Generic Drugs	✦ Tier 2 – \$30
Tier 3 – Preferred Brand Drugs	✦ Tier 3 – \$141
Tier 4 – Non-Preferred Drugs	✦ Tier 4 – \$285
Tier 5 – Specialty Tier Drugs	✦ Tier 5 – N/A
Tier 6 – Select Care Drugs	✦ Tier 6 – \$0

<b>Mail order (90-day supply)</b>	
Tier 1 – Preferred Generic Drugs	✦ Tier 1 – \$0
Tier 2 – Generic Drugs	✦ Tier 2 – \$0
Tier 3 – Preferred Brand Drugs	✦ Tier 3 – \$112.50
Tier 4 – Non-Preferred Drugs	✦ Tier 4 – \$225
Tier 5 – Specialty Tier Drugs	✦ Tier 5 – N/A
Tier 6 – Select Care Drugs	✦ Tier 6 – \$0

<b>Preferred retail network pharmacy (30-day supply)</b>	
Tier 1 – Preferred Generic Drugs	✦ Tier 1 – \$2
Tier 2 – Generic Drugs	✦ Tier 2 – \$5
Tier 3 – Preferred Brand Drugs	✦ Tier 3 – \$45
Tier 4 – Non-Preferred Drugs	✦ Tier 4 – \$90
Tier 5 – Specialty Tier Drugs	✦ Tier 5 – 33%
Tier 6 – Select Care Drugs	✦ Tier 6 – \$0

<b>Preferred retail network pharmacy (90-day supply)</b>	
Tier 1 – Preferred Generic Drugs	✦ Tier 1 – \$6
Tier 2 – Generic Drugs	✦ Tier 2 – \$15
Tier 3 – Preferred Brand Drugs	✦ Tier 3 – \$135
Tier 4 – Non-Preferred Drugs	✦ Tier 4 – \$270
Tier 5 – Specialty Tier Drugs	✦ Tier 5 – N/A
Tier 6 – Select Care Drugs	✦ Tier 6 – \$0
Coverage Gap Stage	Coverage for Tier 6 After your total yearly drug costs reach \$4,130, you will receive limited coverage by the plan on certain drugs. You will pay no more than 25% on brand name drugs and 25% of the plan’s costs for generic drugs until your yearly out-of-pocket drug costs reach \$6,550.
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$6,550 you pay \$3.70 copay for generic and \$9.20 copay for all other drugs, or 5% coinsurance ( <i>whichever is greater</i> ).
Prescription Drug Cost-Sharing	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 online.

**A Medicare Advantage plan is not a Medigap Policy.**

AdventHealth Advantage Plans is administered by Health First Health Plans. Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

**(PA)** Covered services that need approval in advance.

† A benefit period begins the day you are admitted to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

\* Worldwide urgent/emergency care coverage: Health First Medicare Advantage Plans cover emergency services and unforeseen urgently needed medical care outside the United States, including when you are on a cruise ship. If you receive covered care from a provider outside the United States that does not participate with Medicare, you may be asked to pay up front for the services and be reimbursed from the plan later. We will pay up to 115% of the Medicare-allowed amount in our service area (Medicare’s limiting charge for non-participating providers), less any applicable cost-share. Please note that Medicare-allowed amounts can be much less than the provider charges you, and you will be responsible for paying the difference.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to

seventy- five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and do not even know it. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

- ✦ 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day / 7 days a week;
- ✦ Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778
- ✦ State Medicaid Office at 1-866-762-2237. TTY users should call 1-800-955-8771; or
- ✦ My Advocate™ (Third Party Administrator for Health First Health Plans) at 1-866-743-5282 between 9 a.m. – 6 p.m., Monday through Friday. TTY users should call 1-855-368-9643

**For further assistance:** You may call Customer Service toll-free at 1-877-535-8278(TTY/TDD relay: 1-800-955-8771) weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1-March 31, we are available seven days a week from 8 a.m. to 8 p.m. You may also visit our web site at [myAHplan.com](http://myAHplan.com) or visit our office Monday through Friday, 8 a.m. to 5 p.m., or write to us at 1425 W. Granada Blvd., Suite 4, Ormond Beach, FL 32174.

To join AdventHealth Advantage Plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Florida: Volusia, Flagler, Highlands, Hardee, and Seminole.

AdventHealth Advantage Plans has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage” online at [myAHplan.com](http://myAHplan.com) or by calling Customer Service toll-free at 1-877-535-8278(TTY/TDD relay: 1-800-955-8771) weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1-March 31, we’re available seven days a week from 8 a.m. to 8 p.m.

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 <http://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.

An **HMO** is a type of Medicare managed care plan where a group of doctors, hospitals, and other health care providers agree to give health care to Medicare beneficiaries for a set amount of money from Medicare every month. You usually must get your care from the providers in the plan.

This document is available in other formats, such as large print or audio.

You can see our plan’s provider/pharmacy directory at our website at [myAHplan.com/myorder](http://myAHplan.com/myorder).

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [myAHplan.com/myorder](http://myAHplan.com/myorder).



## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-535-8278 (TTY/TDD relay: 1.800.955.8771) weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 to March 31, we're available seven days a week from 8 a.m. to 8 p.m.

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [myAHplan.com](http://myAHplan.com) or call 1-877-535-8278 (TTY/TDD relay: 1.800.955.8771) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- When selecting an HMO product Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- When selection an HMO-POS product, our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

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