

# 2022 Summary of Benefits

## NHC Advantage (HMO I-SNP)

### H4172, Plan 001

**This is a summary of drug and health services covered by NHC Advantage (HMO I-SNP) January 1, 2022 - December 31, 2022.**

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

This information is not a complete description of benefits. Call 1-844-854-6886, TTY should call 711, for more information.

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

#### **To Reach Our Member Services Representatives:**

- Toll Free 1-844-854-6886, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

#### **To join NHC Advantage (HMO I-SNP), you must:**

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,

- -- *and* -- reside in one of our participating assisted living communities and meet a nursing facility level of care or reside in one of our participating nursing facilities for greater than 90 days. For a list of participating communities/facilities, contact Member Services or see our website [NHCAdvantagePlan.com](http://NHCAdvantagePlan.com).

Our service area includes:

- these counties in Missouri: Camden, Greene, Jackson, Jasper, Newton, St. Charles, and St. Louis
- these counties in South Carolina: Aiken, Anderson, Beaufort, Charleston, Greenville, Greenwood, Horry, Laurens, Lexington, Richland, and Sumter
- these counties in Tennessee: Anderson, Coffee, Davidson, DeKalb, Dickson, Fayette, Gibson, Giles, Hamilton, Knox, Lawrence, Marshall, Maury, McMinn, Putnam, Robertson, Rutherford, Sequatchie, Sullivan, Sumner, Warren, Washington, White, Williamson, and Wilson

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

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

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

Limitations, copayments, and restrictions may apply.

You must continue to pay your Medicare Part B premium.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You 2022**” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

	<b>NHC Advantage (HMO I-SNP)</b>
<b>Monthly plan premium</b>	\$32.80 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	The Part B deductible is \$233. For the Part A deductible, you pay the 2022 Original Medicare cost-sharing amounts for Inpatient Hospital or Mental Health for inpatient visits. \$1,556 deductible
<b>Maximum out-of-pocket amount</b> (does not include Part D Prescription drugs)	\$5,900
<b>Inpatient Hospital coverage</b>	You pay the 2022 Original Medicare cost-sharing amounts. \$1,556 deductible; \$0 copayment each day for days 1-60; \$389 copayment each day for days 61 to 90; \$778 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior authorization is required.</i>
<b>Outpatient Hospital coverage</b> Outpatient hospital services  Outpatient hospital observation services	20% coinsurance <i>Prior authorization is required.</i>  \$100 copayment <i>Prior authorization is required.</i>
<b>Doctor Visits</b> Primary Care Providers Specialists	\$0 copayment  20% coinsurance <i>Prior authorization is required.</i>
<b>Preventive Care</b>	You pay nothing.
<b>Emergency care</b>	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
<b>Urgently needed services</b>	20% coinsurance up to a max of \$65 Coinsurance is waived if you are admitted to a hospital within 3 days.

	<b>NHC Advantage (HMO I-SNP)</b>
<p><b>Diagnostic Services/Labs/Imaging</b></p> <p>Diagnostic tests and procedures</p> <p>Lab services</p> <p>Diagnostic radiology services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p>	<p>20% coinsurance <i>No authorization required when services rendered in a nursing facility or physician's office.</i></p> <p>\$0 copayment <i>No authorization required for lab services rendered in any place of service. Authorization required for genetic testing only.</i></p> <p>20% coinsurance <i>Prior authorization is required.</i></p> <p>20% coinsurance <i>X-rays do not require authorization for services performed in a Nursing Facility, Physician Office or Hospital.</i></p>
<p><b>Hearing services</b></p> <p>Hearing exam</p> <p><i>Supplemental benefits</i></p> <p>Routine hearing exam</p> <p>Hearing aids</p>	<p>20% coinsurance of the cost for Medicare-covered hearing services.</p> <p>\$0 copayment for 1 routine hearing exam every year.</p> <p>Up to a \$1,000 limit for both ears combined every year for hearing aids.</p>
<p><b>Dental services</b></p> <p>Medicare-covered dental</p> <p><i>Supplemental benefits</i></p> <p>Preventive and comprehensive</p>	<p>20% coinsurance for each Medicare-covered service. <i>Authorization is only required for Medicare-covered comprehensive dental services.</i></p> <p>\$0 copayment for: 1 Oral Exam(s) every six months; 1 Prophylaxis (Cleanings) every six months; 1 Dental X-rays every year Annual maximum of \$620 towards preventive or comprehensive dental services.</p>
<p><b>Vision care</b></p> <p>Yearly eye exam for diabetic retinopathy</p> <p><i>Supplemental benefits</i></p> <p>Routine eye exam</p> <p>Eyeglasses, lenses, frames, contacts</p>	<p>20% coinsurance for Medicare-covered services.</p> <p>You pay a \$0 copayment for 1 routine eye exam visit every year. Allowance of up to \$270 per year.</p>

	<b>NHC Advantage (HMO I-SNP)</b>
<b>Mental Health Services</b>	
Inpatient visit	You pay the 2022 Original Medicare cost-sharing amounts. \$1,556 deductible; \$0 copayment each day for days 1-60; \$389 copayment each day for days 61 to 90; \$778 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior authorization is required.</i>
Outpatient group therapy visit	20% coinsurance <i>Prior authorization is required.</i>
Outpatient individual therapy visit	20% coinsurance <i>Prior authorization is required.</i>
<b>Skilled nursing facility (SNF) care</b>	\$0 copayment for days 1 to 100 for each Medicare-covered skilled nursing facility stay. Per stay benefit period <i>Authorization is only required for services provided by non-capitated providers.</i>
<b>Physical Therapy</b>	20% coinsurance <i>Authorization is only required for services provided by non-capitated providers.</i>
<b>Ambulance services</b>	
Ground Ambulance	20% coinsurance
Air Ambulance	20% coinsurance
<b>Non-Emergency Transportation</b>	Not Covered
<b>Medicare Part B prescription drugs</b>	
Chemotherapy drugs	20% coinsurance <i>For chemotherapy therapy and drugs this includes the initial administration requires authorization.</i>
Other Part B drugs	20% coinsurance <i>Prior authorization is required for some medications.</i>
<b>Ambulatory Surgical Center</b>	20% coinsurance <i>Prior authorization is required.</i>
<b>Foot Care (podiatry services)</b>	20% coinsurance for Medicare-covered services.
Foot exams and treatment	

	<b>NHC Advantage (HMO I-SNP)</b>
<i>Supplemental benefits</i> Routine foot care	\$0 copayment for 6 routine foot care visits per year.
<b>Occupational or Speech Therapy</b>	20% coinsurance <i>Authorization is only required for services provided by non-capitated providers.</i>

	<b>NHC Advantage (HMO I-SNP)</b>	
<b>Outpatient Prescription Drugs</b>		
	<b>Standard retail cost-sharing</b> (in-network) (up to a 30-day supply)	<b>Long-term care (LTC) cost-sharing</b> (up to a 31-day supply)
<b>Deductible</b>	\$480 for all Part D prescription drugs.	
<b>Cost-Sharing for Covered Drugs</b>	25% coinsurance	25% coinsurance
<b>Coverage Gap</b>	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.</li> </ul>	

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

# Pre-Enrollment Checklist

## NHC Advantage (HMO I-SNP)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-844-854-6886 (TTY 711).

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [NHCAdvantagePlan.com](http://NHCAdvantagePlan.com) or call 1-844-854-6886 (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.

NHC Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NHC Advantage is an HMO I-SNP with a Medicare contract. Enrollment in NHC Advantage depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat NHC Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.