

2018 Summary of Benefits

AllCare Advantage
Preferred RX (HMO)



January 1, 2018 - December 31, 2018

Summary of Benefits

This booklet gives you 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, call us and ask for 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 **AllCare Advantage Preferred Rx**.
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Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **AllCare Advantage Preferred Rx** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
 - If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <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 (877) 486-2048.
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This document may be available in other formats such as Braille, large print, or other alternate formats.

AllCare Advantage is a HMO plan with a Medicare contract. Enrollment in AllCare Advantage depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

What you will find in this Summary of Benefits

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

What you will find in this Summary of Benefits

Hours of Operation

- Calls are answered seven (7) days a week 8 a.m. to 8 p.m., Pacific Time.
- Office hours are Monday through Friday 8 a.m. to 5 p.m., Pacific Time.

AllCare Advantage Preferred Rx Phone Numbers and Website

- Please call us toll free at (888) 460-0185. TTY users call (800) 735-2900
- Our website: AllCareHealth.com/Advantage

Who can join?

To join AllCare Advantage Preferred Rx, 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 Oregon: Jackson, Josephine, and Douglas* (Azalea 97410 and Glendale 97442 only).

* denotes partial county

Which doctors, hospitals, and pharmacies can I use?

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

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 (AllCareHealth.com/Advantage/Providers).

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. Some of the extra benefits are outlined in this booklet.
 - Preferred Rx includes prescription drug coverage.
 - You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, AllCareHealth.com/Advantage/Formulary.
 - Or, call us, and we will send you a copy of the formulary
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How will I determine my drug costs?

The amount you pay depends on what stage of the benefit you have reached. Later in this document, we discuss all benefit stages: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

January 1, 2018 - December 31, 2018

How Much You Pay for Covered Services

How much is the monthly premium?	Preferred Rx: \$34.60 per month In addition, you must keep paying your Medicare Part B premium.
How much is the Deductible?	In 2017, Part B deductible is \$183. Amount may change in 2018.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit in this plan: <ul style="list-style-type: none">• \$3,400 for covered services 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. You will still need to pay cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits, such as Skilled Nursing Facility coverage (page 9), routine Chiropractic, Acupuncture, and Naturopathic medicine services (page 11).

Covered Medical and Hospital Benefits

Note: Services with a ¹ may require prior authorization

Services with a ² may require a referral from your Primary Care Provider (PCP)

Inpatient and Outpatient Care

Inpatient Hospital Care¹	<p>In 2017 you pay (amounts may change in 2018):</p> <ul style="list-style-type: none">• \$1,316 deductible per benefit period. (There is no limit on the number of benefit periods per year.)• \$0 for the first 60 days of each benefit period• \$329 per day for days 61-90 of each benefit period• \$658 per “lifetime reserve day” after day 90 of each benefit period (up to a maximum of 60 days over your lifetime) AllCare Advantage contracts with all area hospitals for inpatient services.
Outpatient Hospital Services¹	<p>You pay 20% of the cost for each Medicare-covered service (including surgeries).</p> <p>You pay a 20% coinsurance for all Medicare-covered tests such as CAT scan, MRI, MRA, PET scan, genetic testing, capsule endoscopy, virtual colonoscopy, and discogram.</p> <p>You pay 20% of the cost for each Medicare-covered service (including surgeries).</p> <p>You pay a 20% coinsurance for all Medicare-covered tests such as CAT scan, MRI, MRA, PET scan, genetic testing, capsule endoscopy, virtual colonoscopy, and discogram</p>
Doctor’s Office Visits	<ul style="list-style-type: none">• You pay a 20% coinsurance for each Primary Care Provider (PCP) office visit for Medicare-covered services.• You pay a 20% coinsurance for each specialist visit for Medicare-covered services. <p>AllCare Advantage wants you to see your Primary Care Provider at least once each year. We provide a free routine physical exam (in addition to your free Medicare annual wellness visit) per year.</p>

Preventive Care

You pay nothing. Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screenings
- Diabetic eye exam
- Glaucoma screening
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)
- Annual “Wellness” visit
- Routine physical exam

Any additional preventive services approved by Medicare during the contract year will be covered.

AllCare Advantage values your health. We offer preventive screenings at no cost to you. Referral from your PCP is not required.

Inpatient and Outpatient Care

<p>Emergency Care</p>	<p>You pay a 20% coinsurance for Medicare-covered emergency care (up to \$100 per visit).</p> <p>If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>You have unlimited worldwide coverage for emergency care.</p>
<p>Urgently Needed Services</p>	<p>You pay a 20% coinsurance for each Medicare-covered urgently needed care visit (up to \$65 per visit).</p> <p>If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>You have unlimited worldwide coverage for urgently needed care visits.</p>
<p>Diagnostic Tests, Lab and Radiology Services, and X-Rays¹</p>	<p>You pay a 20% coinsurance for labs, X-ray, diagnostic procedures, tests, and radiology services.</p> <p>You pay a 20% coinsurance for Cat scans, MRI, pet scans, MRA, capsule endoscopy, virtual colonoscopy, discograms, and genetic testing.</p>
<p>Hearing Services²</p>	<p>You pay a 20% coinsurance for Medicare-covered diagnostic hearing services.</p> <p>In general, routine hearing exams and hearing aids are not covered.</p>
<p>Dental Services²</p>	<p>You pay a 20% coinsurance for a Medicare-covered office visit.</p> <p>In general, preventive dental benefits (such as cleaning and routine exams) are not covered.</p>
<p>Vision Services²</p>	<p>You pay a 20% coinsurance for an office visit to diagnose and treat diseases and conditions of the eye, including routine eye exam (1 every two years).</p> <p>You pay nothing for Medicare-covered eyeglasses or contact lenses after cataract surgery and for an annual diabetic eye exam or glaucoma screening.</p> <p>You may receive up to \$240 for eyewear every two years.</p> <p>Referral from PCP required, except for routine eye exam or yearly glaucoma exam.</p>

Mental Healthcare¹	<p>Inpatient visit:</p> <p>In 2017 you pay (amounts may change in 2018):</p> <ul style="list-style-type: none"> • \$1,316 deductible per benefit period • \$0 for the first 60 days of each benefit period • \$329 per day for days 61-90 of each benefit period • \$658 per “lifetime reserve day” after day 90 of each benefit period (up to a maximum of 60 days over your lifetime) <p>Our plan covers up to 190 days in a lifetime for inpatient mental healthcare in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>You pay a 20% coinsurance for outpatient mental health individual and group therapy visit.</p> <p>You pay a 20% coinsurance for outpatient mental health individual and group therapy visit with a state-licensed psychiatric nurse practitioner, physician assistant, or psychiatrist.</p>
Skilled Nursing Facility (SNF)¹	<p>In 2017 you pay (amounts may change in 2018):</p> <ul style="list-style-type: none"> • \$0 copayment for the first 20 days of each benefit period • \$164.50 copayment per day for days 21-100 of each benefit period <p>Our plan covers up to 100 days in a SNF. You may be admitted to a SNF without a prior hospital stay.</p>
Physical Therapy¹	<p>You pay a 20% coinsurance for each Medicare-covered physical, occupational, or speech therapy visit.</p> <p>You pay a 20% coinsurance for cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions).</p> <p>Your copay is per visit and per therapy.</p>
Ambulance¹	<p>You pay a 20% coinsurance for Medicare-covered, medically necessary ambulance services. Cost-sharing is for a one-way trip.</p> <p>Medically necessary ground and air ambulance is covered anywhere in the United States, including from one hospital to another hospital providing a higher level of care or to a skilled nursing facility. Non-emergent transportation requires prior authorization.</p>
Transportation	Not covered
Medicare Part B Drugs	You pay a 20% coinsurance for Medicare Part B drugs.
Ambulatory Surgical Center¹	You pay a 20% coinsurance for ambulatory surgical center.

Chiropractic Services	<p>You pay a 20% coinsurance for each Medicare-covered chiropractic visit.</p> <p>Manipulation of the spine to correct subluxation (when 1 or more of the bones of your spine move out of position).</p> <p>For more chiropractic services, please go to page 11—Complementary Medicine Benefits.</p>
Diabetes Supplies and Services¹	<p>You pay a 20% coinsurance for Medicare-covered diabetes monitoring supplies.</p>
Durable Medical Equipment (wheel-chairs, oxygen, etc.)¹	<p>You pay a 20% coinsurance for Medicare-covered durable medical equipment and related supplies.</p>
Foot Care (Podiatry Services)²	<p>You pay a 20% coinsurance for each Medicare-covered podiatry visit, including foot exams and treatment if you have diabetes related nerve damage and/or meet certain conditions.</p>
Health Club Membership	<p>You pay 33% of the monthly membership dues. You must use a contracted health club.</p>
Home Healthcare¹	<p>You pay a 20% coinsurance for Medicare-covered home health agency care.</p> <p>Your PCP may recommend home health visits following an illness or injury. Covered services include, but are not limited to, skilled nursing, physical therapy, and medical services.</p>
Hospice	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs. Hospice is covered outside of our plan. Please contact us for more details.</p>
Outpatient Substance Abuse	<p>You pay a 20% coinsurance for each Medicare-covered individual or group therapy visit.</p> <p>These services include outpatient counseling for alcohol and drug abuse and are covered when care is obtained by network providers.</p>
Over the Counter (OTC)²	<p>You pay nothing for covered OTC drugs such as: Aspirin (up to 5 grains), enteric coated Aspirin, and the generic versions of Tylenol, Tylenol Arthritis, Advil, Aleve, generic OTCs for tobacco-cessation, and bowel prep medications.</p>
Prosthetic Devices (braces artificial limbs, etc.)¹	<p>You pay a 20% coinsurance for Medicare-covered prosthetic devices and supplies.</p> <p>If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.</p>

Renal Dialysis	You pay a 20% coinsurance for renal dialysis.
Wellness Programs	<p>You pay nothing for covered health and wellness education programs.</p> <ul style="list-style-type: none"> • General healthcare management and other wellness services • Health education classes • Nutritional training • Tobacco-cessation • 24-Hour Nurse Help Line

Complementary Medicine Benefits and Counseling Support Services

AllCare Advantage offers complementary medicine benefits not available through Original Medicare.

<p>Acupuncture</p> <p>Chiropractic Care (Routine)</p> <p>Naturopathic Medicine</p>	<p>You pay a \$0 copayment per visit for Complementary Medicine which includes acupuncture, chiropractic services, and naturopathic medicine.</p> <p>Maximum combined benefit for all three services is \$1,000 per year.</p> <p>No referral required.</p> <p>You must use plan providers.</p> <p>A Naturopathic provider cannot be your PCP.</p>
Counseling Support Services	<p>AllCare Advantage offers counseling support from caring professionals including licensed professional counselors and licensed marital-family therapists. Using our network providers, you'll have access to first-class care covering a wide variety of issues, such as family and other relationship issues, grief issues, and life changes. Counseling services are unlimited, no referral needed, and \$0 copayment per visit.</p>

Prescription Drug Benefits

Prescription Drug Coverage

As you move through the various cost-sharing stages, your costs may change. Also, your costs may be different depending on where you obtain your prescriptions e.g., Preferred Mail-Order vs Non-Preferred Mail-Order.

Deductible Stage

You have a deductible of \$405 per year for all drugs.

Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,750.

Total yearly drug costs are the total drug costs paid by both you and your Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. Your costs may be different depending on where you obtain your prescriptions.

Standard Retail and Preferred Mail-order Cost-Sharing

Cost-Share	One-Month Supply	Two-Month Supply	Three-Month Supply
Generic/preferred multi-source drugs and for all others	25% of the cost	25% of the cost	25% of the cost

Standard Mail Order Cost-Sharing

Cost-Share	One-Month Supply	Two-Month Supply	Three-Month Supply
Generic/preferred multi-source drugs and for all others	25% of the cost	25% of the cost	25% of the cost

Coverage Gap

You pay 35% of the price for brand name drugs (plus a portion of the dispensing fee) and 44% of the price for generic drugs.

Catastrophic Coverage

After your yearly out-of-pocket costs for covered Part D drugs reach \$5,000, you pay the greater of:

- 5% of the cost, or
- \$3.35 copay for generic (including brand drugs treated as generic) and \$8.35 copayment for all other drugs.

Additional Information About

AllCare Advantage Preferred Rx Your Local Medicare Advantage Plan

AllCare Advantage started in April of 2005 as the only locally-owned and operated Medicare Advantage Plan in the Southern Oregon, and it retains that distinction today. When you call us or come through our door, you are greeted by a cheerful person, not a computerized answering system. We treat you as a neighbor because we are your neighbor!

Education and Wellness

AllCare Advantage promotes wellness through meaningful education and personalized care coordination. Educational and wellness activities include examples such as Living Well with chronic conditions workshops and multiple health club options. Personalized disease management assistance from our Care Coordination Team is also available for people with Asthma, COPD, Diabetes, Heart Disease, and High Blood Pressure.

AllCare Advantage Mission Statement

AllCare Advantage is a local health plan offering comprehensive, affordable care. We are committed to personal, respectful service, and to promote unfailingly member wellness, health education, and healthcare provider involvement.

Care Coordination at AllCare Health Pioneering a patient-centered approach

In 2003, Congress created Care Coordination plans for Medicare called Medicare Advantage Plans as a new model of healthcare for the nation. Years earlier, however, the physicians at the helm of AllCare Health had already begun to nurture this more efficient model of care for their members across Southern Oregon with a proven track-record for more than two decades.

For All Care Health, care coordination is the way we will keep our friends and neighbors happy and healthy, as we provide quality, cost-effective healthcare. Care coordination is about making sure each patient gets what is best for him or her: the right care, at the right time, in the right place.



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