

2019 Summary of Benefits

AllCare Advantage
Gold (HMO)
Gold Plus Rx (HMO)



January 1, 2019 - December 31, 2019

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 Gold/Gold Plus Rx**.
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Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **AllCare Advantage Gold/Gold Plus Rx** cover 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>.
 - For 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). TTY users should call 1-877-486-2048.
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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.

AllCare Advantage is a Health Maintenance organization that provides comprehensive health care to its members by a network of primary care providers and specialists. Referrals are required to see specialists.

This information is not a complete description of benefits. Call us at (541) 471-4106, or toll free (888) 460-0185 (TTY users should call (800) 735-2900).

What you will find in this Summary of Benefits

- Things to Know **About AllCare Advantage Gold/Gold Plus Rx**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits (Gold Plus Rx)

Things to Know About AllCare Advantage Gold/Gold Plus Rx

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 Gold/Gold Plus Rx Phone Numbers and Website

- For more information, please call us at (541) 471-4106, or toll free (888) 460-0185 (TTY users should call (800) 735-2900), or visit us at:
AllCareHealth.com/Advantage

Who can join?

To join AllCare Advantage, 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: Jackson and Josephine and Glendale and Azalea in Douglas County.

Which doctors, hospitals, and pharmacies can I use?

AllCare Advantage Gold/Gold Plus Rx has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, we 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.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

Gold Plus 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.

How will I determine my drug costs?

(Gold Plus Rx)

Our plan groups each medication into one of six “tiers.” You will need to use your formulary to locate which 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 all benefit stages: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

January 1, 2019 - December 31, 2019

How Much You Pay for Covered Services

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| Monthly Plan Premium | Gold: \$81.00 per month. Gold Plus Rx: \$139.00 per month. (incl. Part D) You must continue to pay your Medicare Part B premium. |
| Deductible | \$200 Deductible. |
| Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i> | You pay no more than \$3,400 annually. Includes copays and other costs for medical services for the year. |

Inpatient and Outpatient Care

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| Inpatient Hospital Care | You pay a \$240 copay per day, for days 1 through 10. You pay nothing per day, for days 11 and beyond. |
| Outpatient Hospital Services | You pay 20% of the cost. |
| Doctor Visits Primary Specialists | You pay \$15. You pay \$40. A referral is required for specialist visits. |
| Preventive Care <i>(e.g., flu vaccine, diabetic screenings)</i> | You pay nothing. Other preventive services are available. <i>(Please see the Evidence of Coverage for more detailed information)</i> |
| Emergency Care | You pay \$120 per visit (worldwide). If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. |
| Urgently Needed Services | You pay \$40 per visit (worldwide). |
| Diagnostic Services/Labs/Imaging¹ <ul style="list-style-type: none"> Diagnostic tests and procedures Lab services MRI, CAT Scan X-Rays | <p>You pay 15% of the cost in a non-hospital facility; you pay 20% of the cost in a hospital facility</p> <p>You pay \$0 in a non-hospital facility; you pay 20% in a hospital facility</p> <p>You pay 15% of the cost in a non-hospital facility; you pay 20% of the cost in a hospital facility</p> |
| Hearing Services <ul style="list-style-type: none"> Hearing exam | You pay \$40 for a Medicare covered hearing exam. |

¹Prior Authorization Required

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| Dental Services <ul style="list-style-type: none"> • Medicare covered dental services • Comprehensive dental services (<i>incl. oral exam cleaning</i>) | <p>You pay \$40 for Medicare covered dental services.</p> <p>Covered with additional premium, see Optional Supplemental Benefits section below.</p> |
| Vision Services <ul style="list-style-type: none"> • Medicare covered eye exam • Routine eye exam • Eye wear allowance | <p>You pay \$40 for Medicare covered vision services and a routine eye exam.</p> <p>We will give you \$100 towards eyewear once every two years.</p> |
| Mental Health Services <ul style="list-style-type: none"> • Outpatient group therapy/individual therapy visit | <p>You pay \$20 per visit.</p> <p>You pay \$40 per visit with a psychiatrist.</p> |
| Skilled Nursing Facility¹ | <p>You pay \$20 per day for days 1 through 20.</p> <p>You pay \$100 per day for days 21 through 50.</p> <p>You pay nothing for days 51-100.</p> |
| Physical Therapy¹ | You pay \$25. |
| Ambulance | You pay \$250. |
| Transportation | You pay \$15 per one-way trip; maximum 12 trips per year. |
| Medicare Part B Drugs¹ | You pay 20% of the cost for chemotherapy drugs and 20% of the cost for other Part B drugs. |
| Ambulatory Surgical Center¹ | You pay 10% of the cost. |
| Chiropractic Services | <p>You pay a \$20 copay per 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, see below.</p> |

¹Prior Authorization Required

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| Complementary Medicine Benefits | <p>You pay a \$20 copay per visit for the following:</p> <ul style="list-style-type: none"> • Acupuncture • Chiropractic care (routine) • Naturopathic medicine <p>The maximum combined benefit per year for these services is \$1,000. You must use contracted providers.</p> |
| Counseling Support Services | <p>You pay a \$20 copay per visit.</p> <p>The counseling support services benefit includes:</p> <p>Counseling on family and other relationship issues, grief issues, and life changes.</p> <ul style="list-style-type: none"> • No referral required • You must use plan providers • You have unlimited visits <p>For more information on Medicare-covered Mental Health benefits, see section (<i>Outpatient Mental Health Care</i>) in the Evidence of Coverage.</p> |
| Diabetes Supplies and Services | <p>You pay nothing for diabetes monitoring supplies.</p> <p>For diabetic related durable medical equipment, such as, Continuous Glucose Monitor (CGM) and External Insulin Pump, please refer to the section “Durable Medical Equipment and Related Supplies” in your Evidence of Coverage.</p> |
| Durable Medical Equipment¹ (DME) | <p>You pay 20% of the cost.</p> <p>If you go to a preferred vendor, your cost may be less. Contact Member Services for a list of preferred vendors.</p> |
| Fall Prevention¹ | <p>You pay nothing for an in-home safety assessment and for bathroom safety devices.</p> |

¹Prior Authorization Required

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| Health and Wellness Education Programs | <p>You pay nothing for the following:</p> <ul style="list-style-type: none"> • General health care management and other wellness services • Health education classes • Nutritional training • Tobacco cessation • 24-hour Nurse Help Line |
| Health Club Membership | Plan pays a 100% of the first \$20/month and then, 50% on excess monthly dues above \$20. Member must use a contracted health club or YMCA. |
| Home-Based Palliative Care¹ | You pay nothing for home-based palliative care. |
| Home Healthcare¹ | <p>You pay a \$0 copayment per day for days 1-60.</p> <p>You pay a \$25 copayment per day for days 61 and beyond.</p> |
| Meal Benefit¹ | <p>You pay nothing for meal delivery service upon hospital inpatient or Skilled Nursing Facility (SNF) discharge.</p> <p><i>(maximum 30 meals in 30 days)</i></p> |
| Over-The-Counter (OTC) | <p>You pay nothing for the following drugs:</p> <ul style="list-style-type: none"> • Aspirin, ibuprofen, naproxen, acetaminophen, some tobacco cessation products, and bowel prep medications. |
| Prosthetic Devices¹ | <p>You pay 20% of the cost.</p> <p>If you go to a preferred vendor, your cost may be less. Contact Member Services for a list of preferred vendors.</p> |
| Renal Dialysis | You pay 20% of the cost. |

¹Prior Authorization Required

Outpatient Prescription Drugs only with AllCare Advantage Gold Plus Rx Plan

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.

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| Deductible | <p>You pay \$295 for drugs on tier 3, 4, and 5.</p> <p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,820.</p> <p>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 pharmacies and mail-order pharmacies. Your costs may be different depending on where you obtain your prescriptions.</p> | |
| Standard Retail Cost-Sharing | Retail Rx 30-day supply | Retail Rx 90-day supply |
| Initial Coverage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Brand Tier 5: Specialty Tier Tier 6: Select Care Drugs ² | You pay \$5. You pay \$15. You pay \$45. You pay \$95. You pay 25%. You pay \$0. | You pay \$0. You pay \$30. You pay \$90. You pay \$190. You pay 25%. You pay \$0. |
| Preferred Mail-Order and Standard Mail-Order Cost-Sharing | Preferred 90-day supply | Standard 90-day supply |
| Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Brand Tier 5: Specialty Tier Tier 6: Select Care Drugs ² | You pay \$0. You pay \$30. You pay \$90. You pay \$190. You pay 25%. You pay \$0. | You pay \$15. You pay \$45. You pay \$135. You pay \$285. You pay 25%. You pay \$0. |

²Includes vaccines

Coverage Gap

The coverage gap begins after the total yearly drug costs (including what your plan has paid, and what you have paid) reach \$3,820. You will remain in the coverage gap until your costs total \$5,100.

While in the coverage gap, you pay the following:

- 0% for Select Care Drugs (star drugs and vaccines) in tier 6;
- 37% of the plan's cost for covered generic drugs in tier 2 and 5;
- 25% of the plan's cost for covered brand name drugs in tier 3, 4, and 5;
- and the copays shown below for preferred generics in tier 1.

| Standard Retail - Tier 1 | | |
|--|-----------------------------|----------------------------|
| 30-day supply \$10 copay | 60-day supply \$20 copay | 90-day supply \$0 copay |
| Preferred Mail-Order Cost-Sharing - Tier 1 | | |
| | | 90-day supply \$0 copay |

Catastrophic Coverage

After your yearly out-of-pocket costs for covered Part D drugs reach \$5,100, you pay the greater of:

- 5% of the cost, or
- \$3.40 copay for generic (including brand drugs treated as generic) and
- \$8.50 copay for all other drugs.

Optional Supplemental Benefit

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| <p>Dental Care Services</p> <ul style="list-style-type: none"> • Monthly premium • Deductible and annual maximum • Diagnostic and preventive services (incl. routine and emergency exams, teeth cleaning, fluoride treatment, sealants, head and neck cancer screening, oral hygiene instructions, periodontal charting and evaluation, and x-rays) <ul style="list-style-type: none"> » Intraoral-complete series or panoramic x-ray • Fillings • Dentures • Root canal therapy, osseous surgery • Root planing • Miscellaneous <ul style="list-style-type: none"> » Local anesthesia » Dental lab fees » Nitrous oxide » Specialty office visit » Out-of-area emergencies | <p>You pay additional \$19.00 per month.</p> <p>There is no deductible and no annual maximum.</p> <p>You pay \$25 per office visit.</p> <p>You pay \$40.</p> <p>You pay \$85 - \$100.</p> <p>You pay \$900.</p> <p>You pay \$550 - \$900.</p> <p>You pay \$175.</p> <p>Covered with office visit copay.</p> <p>You pay \$75.</p> <p>You pay \$30.</p> <p>You receive a \$100 allowance.</p> |
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For a complete description of services we cover, call us and ask for the Evidence of Coverage. Call us at 541-471 4106, or toll free (888) 460-0185 (TTY users should call (800) 735-2900).

Additional Benefits

AllCare Advantage Mission Statement

AllCare Advantage is a local health plan offering comprehensive, affordable care. We are committed to personal, respectful services, 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 AllCare 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.

Your Local Medicare Advantage Plan

AllCare Advantage started in April of 2005 as the only locally-owned and operated Medicare Advantage Plan in the Rogue Valley, 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 Health Plan Inc., an Oregon Benefit Company



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