FIRSTCAROLINACARE INSURANCE COMPANY

2015
Summary of Benefits

FirstMedicare Direct HMO Plus (HMO)

Chatham, Hoke, Lee, Montgomery, Moore, Richmond, Scotland Counties
SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

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 FirstMedicare Direct HMO Plus (HMO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what FirstMedicare Direct HMO Plus (HMO) 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 1-877-486-2048.

Sections in this booklet

- Things to Know About FirstMedicare Direct HMO Plus (HMO)

- 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 and large print. This document may be available in a non-English language. For additional information, call us at 1-877-279-1732, TTY 711.

Things to Know About FirstMedicare Direct HMO Plus (HMO)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.

- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.
FirstMedicare Direct HMO Plus (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-888-350-7794, TTY 711.
- If you are not a member of this plan, call toll-free 1-877-279-1732, TTY 711.
- Our website: http://www.firstmedicare.com

Who can join?

To join FirstMedicare Direct HMO Plus (HMO), 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 North Carolina: Chatham, Hoke, Lee, Montgomery, Moore, Richmond, and Scotland.

Which doctors, hospitals, and pharmacies can I use?

FirstMedicare Direct HMO Plus (HMO) 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.

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 (http://www.firstmedicare.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. 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 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, http://www.firstmedicare.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.
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

How much is the monthly premium?  
$0 per month. In addition, you must keep paying your Medicare Part B premium.

How much is the deductible?  
This plan does not have a deductible.

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(s) in this plan:
- $3,400 for services you receive from in-network providers.

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.

Is there a limit on how much the plan will pay?  
Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

FirstMedicare Direct HMO Plus is an HMO plan with a Medicare contract. Enrollment in First Medicare Direct HMO Plus depends on contract renewal.

COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE:
- SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.
- SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

OUTPATIENT CARE AND SERVICES

Acupuncture and Other Alternative Therapies  
Not covered

Ambulance¹  
$100 copay

Chiropractic Care  
Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $20 copay

Dental Services  
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $40 copay

Diabetes Supplies and Services¹  
Diabetes monitoring supplies: You pay nothing
Diabetes self-management training: You pay nothing
Therapeutic shoes or inserts: 20% of the cost
## FirstMedicare Direct HMO Plus (HMO)

### Diagnostic Tests, Lab and Radiology Services, and X-Rays

- **Diagnostic radiology services (such as MRIs, CT scans):** 20% of the cost
- **Diagnostic tests and procedures:** 20% of the cost
- **Lab services:** 20% of the cost
- **Outpatient x-rays:** 20% of the cost
- **Therapeutic radiology services (such as radiation treatment for cancer):** You pay nothing

### Doctor's Office Visits

- **Primary care physician visit:** $10 copay
- **Specialist visit:** $40 copay

### Durable Medical Equipment (*wheelchairs, oxygen, etc.*)

- **20% of the cost**

### Emergency Care

- **$65 copay**

  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.

### Foot Care (*podiatry services*)

- **Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:** $40 copay

### Hearing Services

- **Exam to diagnose and treat hearing and balance issues:** $40 copay

### Home Health Care

- **15% of the cost**

### Mental Health Care

- **Inpatient visit:**
  - Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.
  - Our plan covers 90 days for an inpatient hospital stay.
  - Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.
    - $210 copay per day for days 1 through 6
    - You pay nothing per day for days 7 through 90
  - Outpatient group therapy visit: $40 copay
  - Outpatient individual therapy visit: $40 copay

### Outpatient Rehabilitation

- **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
FirstMedicare Direct HMO Plus (HMO)

Occupational therapy visit: $40 copay
Physical therapy and speech and language therapy visit: $40 copay

Outpatient Substance Abuse
Group therapy visit: $40 copay
Individual therapy visit: $40 copay

Outpatient Surgery
Ambulatory surgical center: 20% of the cost
Outpatient hospital: 20% of the cost

Over-the-Counter Items
Not Covered

Prosthetic Devices (braces, artificial limbs, etc.)
Prosthetic devices: 20% of the cost
Related medical supplies: 20% of the cost

Renal Dialysis
You pay nothing

Transportation
Not covered

Urgent Care
$40 copay

Vision Services
Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0-40 copay, depending on the service
Routine eye exam (for up to 1 every year): $40 copay
Our plan pays up to $100 every year for routine eye exams.
Eyeglasses or contact lenses after cataract surgery: 20% of the cost

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 screenings
- Cervical and vaginal cancer screening
- Colonoscopy
- Colorectal cancer screenings
- Depression screening
- Diabetes screenings
- Fecal occult blood test
- Flexible sigmoidoscopy
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
FirstMedicare Direct HMO Plus (HMO)

- 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)
- Yearly "Wellness" visit

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

Hospice
You pay nothing for hospice care from a Medicare-certified hospice.
You may have to pay part of the cost for drugs and respite care.

INPATIENT CARE

Inpatient Hospital Care
Our plan covers 90 days for an inpatient hospital stay.
Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

- $210 copay per day for days 1 through 6
- You pay nothing per day for days 7 through 90

Inpatient Mental Health Care
For inpatient mental health care, see the "Mental Health Care" section of this booklet.

Skilled Nursing Facility (SNF)
Our plan covers up to 100 days in a SNF.

- You pay nothing per day for days 1 through 10
- $40 copay per day for days 11 through 100
PRESCRIPTION DRUG BENEFITS

How much do I pay?

For Part B drugs such as chemotherapy drugs: 20% of the cost

Other Part B drugs: 20% of the cost

Initial Coverage

You pay the following until your total yearly drug costs reach $2,960. 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.

Standard Retail Cost-Sharing

<table>
<thead>
<tr>
<th>Tier</th>
<th>One-month supply</th>
<th>Two-month supply</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$3 copay</td>
<td>$6 copay</td>
<td>$9 copay</td>
</tr>
<tr>
<td>Tier 2 (Non-Preferred Generic)</td>
<td>$25 copay</td>
<td>$50 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$40 copay</td>
<td>$80 copay</td>
<td>$120 copay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Brand)</td>
<td>$80 copay</td>
<td>$160 copay</td>
<td>$240 copay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>33% of the cost</td>
<td>33% of the cost</td>
<td>33% of the cost</td>
</tr>
</tbody>
</table>

Standard Mail Order Cost-Sharing

<table>
<thead>
<tr>
<th>Tier</th>
<th>One-month supply</th>
<th>Two-month supply</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$3 copay</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Tier 2 (Non-Preferred Generic)</td>
<td>$25 copay</td>
<td>$50 copay</td>
<td>$62.50 copay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$40 copay</td>
<td>$80 copay</td>
<td>$100 copay</td>
</tr>
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<td>33% of the cost</td>
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Coverage Gap

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

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 $2,960.

After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 65% of the plan's cost for covered generic drugs until your costs total $4,700,
which is the end of the coverage gap. Not everyone will enter the coverage gap. Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.

**Standard Retail Cost-Sharing**

<table>
<thead>
<tr>
<th>Tier</th>
<th>Drugs Covered</th>
<th>One-month supply</th>
<th>Two-month supply</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>All</td>
<td>$3 copay</td>
<td>$6 copay</td>
<td>$9 copay</td>
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</tbody>
</table>

**Standard Mail Order Cost-Sharing**

<table>
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<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>All</td>
<td>$3 copay</td>
<td>$0</td>
<td>$0</td>
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</tbody>
</table>

**Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,700, you pay the greater of:

- 5% of the cost, or
- $2.65 copay for generic (including brand drugs treated as generic) and a $6.60 copayment for all other drugs.
FirstCarolinaCare Insurance Company (FCC) provides health care coverage to over 22,000 members throughout North Carolina, utilizing providers with board-certified specialties that meet members’ needs throughout the continuum of care. FirstCarolinaCare’s medical management is primary care driven, focusing on wellness and disease prevention.

Formed in 1999 by FirstHealth of the Carolinas, a private, comprehensive health care delivery system that serves approximately 270,000 individuals in a predominantly rural area of the mid-Carolinas, FCC is FirstHealth’s wholly-owned, non-profit subsidiary.

For more information, please visit: www.FirstMedicare.com.