

# FirstMedicare Direct Healthy State HMO Prime (HMO)

H6306-010

## 2019 Summary of Benefits

This is a summary of drug and health services covered January 1, 2019 – December 31, 2019 by the FirstMedicare Direct Healthy State HMO Prime plan. FirstCarolinaCare Insurance Company's FirstMedicare Direct plans are HMO plans with Medicare contracts. Enrollment in First Medicare Direct depends on contract renewal.

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

To join FirstMedicare Direct Healthy State HMO Prime, 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: Buncombe, Henderson, Madison, McDowell, Transylvania, and Yancey.

FirstMedicare Direct Healthy State HMO Prime 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. This information is not a complete description of benefits. Call Members Services for more information.

PREMIUM and BENEFITS	FirstMedicare Direct Healthy State HMO Prime	WHAT YOU SHOULD KNOW
Monthly Plan Premium	YOU PAY \$0.	You must continue to pay your Medicare Part B premium.
Part C Deductible	YOU PAY nothing.	This plan does not have a medical deductible.
Maximum Out of Pocket	\$6,700 annually.	The most you pay for copayments, coinsurance, and other costs of medical services for the year.
<b>• SERVICES WITH A * MAY REQUIRE PRIOR AUTHORIZATION •</b>		
Inpatient Hospital Care*	YOU PAY \$375 copayment per day for days 1 – 4; YOU PAY \$0 for days 5 – 90.	The copayments for hospital benefits are based on Medicare-defined benefit periods.
Outpatient Hospital Services	You pay \$300 copayment for Ambulatory Surgery Center and \$350 for Hospital Outpatient Surgery Center.	One copayment applies for bilateral cataract surgery if both performed in the same calendar year.
Doctor Visits		
▪Primary Care Providers	YOU PAY \$10 copayment per visit.	
▪Specialist	YOU PAY \$45 copayment per visit.	
Preventive Care Services	YOU PAY \$0 copayment per service.	Includes but not limited to Medicare-covered: glaucoma screening, barium enemas, digital rectal exams, EKG following Welcome Visit.
Annual Physical Exam	YOU PAY \$0 copayment per one annual visit.	
Emergency Care	YOU PAY \$90 copayment per visit.	Copayment is waived if admitted within 48 hours.
Worldwide Emergency Coverage	YOU PAY \$90 copayment per visit.	Copayment is NOT waived if you are admitted to the hospital.
	YOU PAY \$400 copayment per one way transportation (ground or air).	\$10,000 lifetime limit for worldwide emergency coverage outside of the United States.
Urgently Needed Services	YOU PAY \$30 copayment per visit.	Copayment is NOT waived if you are admitted to the hospital.
Diagnostic Tests, Lab, Therapeutic Radiology Services, and X-rays*	YOU PAY 20% of the cost.	Such as MRIs, CT scans, outpatient X-rays. Authorization required for genetic testing.
Hearing Services	YOU PAY \$45 Copayment for Medicare Covered services.	Medicare Covered exams to diagnose and treat hearing and balance issues.
	YOU PAY \$0 copayment for routine Hearing Exams.	Plan covers routine hearing exams and has an annual allowance of \$1,250 towards hearing aids.

PREMIUM and BENEFITS	FirstMedicare Direct Healthy State HMO Prime	WHAT YOU SHOULD KNOW
Dental Services	YOU PAY \$45 copayment per visit.	Medicare Covered dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).
Vision Services	YOU PAY \$45 copayment for Medicare Covered Eye Exams.	Medicare covered exams to diagnose and treat diseases of the eye.
	YOU PAY \$0 copayment for Medicare Covered Annual Glaucoma test.	Medicare covered preventive benefit.
	YOU PAY 20% for Post Cataract Surgery Eyewear.	One pair of standard Medicare covered eyeglasses or contact lenses after cataract surgery.
	YOU PAY \$0 copayment for routine eye exams.	Plan covers routine vision exams and has a supplemental vision eyewear allowance of \$100.
Outpatient Mental Health Services	YOU PAY \$40 copayment per visit.	Group or individual therapy visit.
Inpatient Mental Health Care*	YOU PAY \$375 copayment per day for days 1 – 4; YOU PAY \$0 for days 5 – 90.	Inpatient psychiatric care covers up to 190 days in a lifetime in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.
Skilled Nursing Facility (SNF)*	YOU PAY \$0 copayment per day for days 1 – 20; YOU PAY \$160 per day for days 21 – 100.	This plan covers 100 days per cause. The copayments for skilled nursing facility (SNF) are based on Medicare-defined benefit periods.
Outpatient Rehabilitation Services	YOU PAY \$30 copayment per visit.	Occupational, physical, speech and language therapies.
Ambulance*		
▪Ground Transportation Service	YOU PAY \$350 copayment for ground ambulance per one-way transportation.	Authorization required for non-emergency services.
▪Air Transportation Service	YOU PAY \$400 copayment for air ambulance per one-way transportation.	Medically necessary Medicare-covered ground or air medical transportation.
Transportation (non-medical)	NOT COVERED.	Non-medical transportation is not a covered service.
Medicare Part B Drugs*	YOU PAY 20% of the cost.	Only certain medications require authorization.
Foot Care (podiatry services)	YOU PAY \$45 copayment per visit.	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.

<b>PREMIUM and BENEFITS</b>	<b>FirstMedicare Direct Healthy State HMO Prime</b>	<b>WHAT YOU SHOULD KNOW</b>
Durable Medical Equipment*	YOU PAY 20% of the cost.	Includes wheelchairs, oxygen, etc.
Cardiac Rehabilitation	YOU PAY \$0 copayment per visit.	Cardiac and Pulmonary rehabilitation visits.
Chiropractic Care	YOU PAY \$20 copayment per visit.	Medicare-covered services only.
Diabetes Supplies and Services	YOU PAY 0%-20% of the cost.	
Dialysis	YOU PAY 20% of the cost.	
Home Health Care	YOU PAY 0% of the cost.	
Prosthetic Devices (braces, artificial limbs, etc.)*	YOU PAY 20% of the cost.	Includes related medical supplies.
Fitness Benefit	YOU PAY \$0 for the membership.	Full YMCA of Western NC membership included. Access to eight WNC facilities. \$510 annual benefit.
<b>PRESCRIPTION DRUGS</b>		
Part D Deductible	YOU PAY \$200 deductible annually for Tiers 3-5.	
<b>TIERS</b>	<b>RETAIL COST</b>	<b>MAIL ORDER COST</b>
<b>One-month (30-day) supply dispensed</b>		
Tier 1 (Preferred Generic Drugs)	YOU PAY \$4 copayment.	YOU PAY \$4 copayment.
Tier 2 (Generic Drugs)	YOU PAY \$15 copayment.	YOU PAY \$15 copayment.
Tier 3 (Preferred Brand Drugs)	YOU PAY \$47 copayment.	YOU PAY \$47 copayment.
Tier 4 (Non-Preferred Drugs)	YOU PAY \$100 copayment.	YOU PAY \$100 copayment.
Tier 5 (Specialty Drugs)	YOU PAY 29% of the cost.	YOU PAY 29% of the cost.
Tier 6 (Select Care Drugs)	YOU PAY \$4 copayment.	YOU PAY \$4 copayment.
<b>Long-term (90-day) supply dispensed</b>		
Tier 1 (Preferred Generic Drugs)	YOU PAY \$12 copayment.	YOU PAY \$0 copayment.
Tier 2 (Generic Drugs)	YOU PAY \$45 copayment.	YOU PAY \$37.50 copayment.
Tier 3 (Preferred Brand Drugs)	YOU PAY \$141 copayment.	YOU PAY \$117.50 copayment.
Tier 4 (Non-Preferred Drugs)	YOU PAY \$300 copayment.	YOU PAY \$250 copayment.
Tier 5 (Specialty Drugs)	Not Offered.	Not Offered.
Tier 6 (Select Care Drugs)	YOU PAY \$0 copayment.	YOU PAY \$0 copayment.
<p>Cost-sharing may change depending when you enter another phase of the Part D benefit. For more information on the phases of drug coverage, please call us or access our Evidence of Coverage, Chapter 6, at our website <a href="http://www.FirstMedicare.com">www.FirstMedicare.com</a>.</p>		



A man with glasses and a beard is talking on a mobile phone. He is wearing a light purple button-down shirt. The background is a bright, out-of-focus pharmacy or medical office. In the bottom right corner, there is a faint, stylized graphic of a flower or leaf.

## How to Contact Us for More Information

For more information, if you are a member, please call Member Services toll-free at 1-844-201-4957 (TTY users call 711). If you are not a member, call us toll-free at 1-877-279-1732. From October 1 to March 31, you can call 7 days a week from 8:00 a.m. to 8:00 p.m. EST. From April 1 to September 30, you can call Monday through Friday from 8:00 a.m. to 8:00 p.m. EST. Or you can visit us at [www.FirstMedicare.com](http://www.FirstMedicare.com). Attention: If you speak a language other than English, free language assistance services are available to you. Call 844-201-4957 (TTY 711).

You can search our plans' provider and pharmacy directories on our website at [www.FirstMedicare.com](http://www.FirstMedicare.com).

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 at [www.FirstMedicare.com](http://www.FirstMedicare.com).

These provider-designed plans (also called Medicare Parts C and D) are offered by FirstCarolinaCare Insurance Company, in partnership with Healthy State—an organization owned by Mission Health and powered by the Mission Health Partners network. Find out more information at [www.FirstMedicare.com](http://www.FirstMedicare.com).

More information about your options under Medicare is available through the Medicare publication, "Medicare and You." You can get it at the Medicare website (<https://www.medicare.gov>) or 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.

## 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 1-877-279-1732

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [www.FirstMedicare.com](http://www.FirstMedicare.com) or call 1-877-279-1732 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, 2020.
- HMO Applicants: 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).

- I have read the above checklist and wish to proceed**

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