

FirstMedicare Direct

FIRSTCAROLINACARE INSURANCE COMPANY

FirstMedicare Direct smartHMO (HMO)

2021 Summary of Benefits

January 1, 2021 – December 31, 2021

Call toll-free 1-855-903-5154 daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

TTY 711

www.FirstMedicare.com

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This booklet gives you a summary of what our plan covers and what you pay. It doesn't list every service we cover or every limitation or exclusion. For a complete list of covered services, call us and ask for the Evidence of Coverage.

Options for Getting Medicare Benefits

- Original Medicare (fee-for-service), which is run by the federal government
- Medicare Advantage through a private company, like FirstMedicare Direct

Tips for Comparing Medicare Options

This booklet allows you to compare costs and benefits for our plan

- If you want to compare our plan with other Medicare Advantage plans, ask other plans for their Summary of Benefits booklets or use the Medicare Plan Finder at medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare and You* handbook. You can find it at medicare.gov. You can also 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.

Booklet Sections

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

This document is available in other formats, such as Braille and large print. For more information, call 1-844-499-5630 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

THINGS TO KNOW

Hours of Operation

Call daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

Contact Info

- If you're a current member: 1-844-499-5630 (TTY 711)
- If you're not yet a member: 1-855-903-5154 (TTY 711)
- www.FirstMedicare.com

Eligibility

To join any of our Medicare Advantage plans, you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area.

Our service area includes this county in North Carolina: Wake.

Doctors, Hospitals and Pharmacies

Our plan has a large network of doctors, hospitals, pharmacies, and other providers to choose from.

With our HMO plans, you must use in-network providers, unless it's for emergency or urgent care. But with such a broad network, chances are, you can keep seeing the doctors you already know and trust. You also must have a primary care provider (PCP) to oversee your care and refer you to the specialists.

You must use network pharmacies to fill your prescriptions in most cases.

You can see our provider directory and pharmacy directory at our website (www.FirstMedicare.com). You can call us, and we will send you a copy.

What We Cover

Like all Medicare Advantage plans, we cover everything Original Medicare covers, but we also cover more.

For some benefits, you may pay less in our plan than you would in Original Medicare, and for some, you may pay more. This booklet outlines many of our extra benefits and perks that Original Medicare doesn't cover.

We cover the prescriptions drugs listed in our formulary at www.FirstMedicare.com. You can read it online or call us for a copy.

Determining Drug Costs

Each of the drugs we cover is grouped into one of five tiers. The amount you pay depends on the drug's tier and what stage of the benefit you've reached (Initial Coverage, Coverage Gap or Catastrophic Coverage). You can find out what tier your drug is on in our formulary at www.FirstMedicare.com, and we discuss the benefit stages later in this booklet.

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 1-855-903-5154.

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 [FirstMedicare.com](https://www.FirstMedicare.com) or call 1-855-903-5154 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, 2022.
- ☐ 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).

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY**Premium Each Month**

You must continue to pay your Medicare Part B premium.

\$0

This plan includes prescription drug coverage. For information on non-Rx plans, contact your broker or FirstMedicare Direct.

Medical Deductible**\$0****Prescription Drugs Deductible****\$0****Maximum Out-of-Pocket Each Year**

The most you pay for copays, coinsurance and other costs for medical services for the year. You still need to pay your monthly premiums.

In-network providers

\$3,400**COVERED MEDICAL AND HOSPITAL BENEFITS****Inpatient Hospital Care** (may require prior authorization)

Our plan covers an unlimited number of days for an inpatient hospital stay. (may require prior authorization)

In-network:

- **\$150 copay per day for days 1 through 5**
- **\$0 copay per day for days 6 through 90**

Outpatient Hospital Care (may require prior authorization)

In-network:

\$150 copay**DOCTOR VISITS****Primary Care Physician Office Visits**

In-network:

\$0 copay**Specialist Office Visits** (may require prior authorization)

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In-network: **\$35 copay**

Virtual Visits

Our plan covers visits with a provider by phone or online, 24/7.

In-network: **\$0 copay**

Preventive Care

Our plan covers many preventive services, including but not limited to:

• Abdominal aortic aneurysm screening • Annual “Wellness” visit • Barium enemas (may require prior authorization) • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots • Medical nutrition therapy • Obesity screening and therapy • Prostate cancer screenings (PSA) • Screening and counseling to reduce alcohol misuse • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time)

In-network: **\$0 copay**

EMERGENCY SERVICES

Emergency Care

If you are admitted within 24 hours to the hospital, 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.

In- and Out-of-network: **\$80 copay**

Urgent Care Services

In- and Out-of-network: **\$0 copay**

DIAGNOSTIC SERVICES (may require prior authorization)

Costs for these services may vary based on place of service and may require prior authorization.

Diagnostic Tests, Procedures and Lab Services

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| In-network: | \$0 - \$95 copay |
| Diagnostic Radiology (such as MRIs, CT scans) | |
| In-network: | \$40 - \$295 copay |
| Outpatient X-rays (such as x-rays and ultrasounds) | |
| In-network: | \$0 - \$95 copay |
| HEARING, DENTAL AND VISION | |
| Diagnostic Hearing Exam (may require prior authorization) (Exam to diagnose and treat hearing and balance issues) | |
| In-network: | \$0 - \$45 copay |
| Medicare-covered Comprehensive Dental Services <ul style="list-style-type: none"> Extractions of teeth to prepare jaw for radiation treatment of neoplastic disease • Non-covered procedures or services (e.g. tooth removal) if performed by a dentist incident to and as an integral part of an otherwise Medicare-covered procedure • Dental exams prior to kidney transplantation | |
| In-network: | \$0 - \$425 copay |
| Non-Medicare-covered Dental Services Including, but not limited to: oral exam, cleaning, X-rays, fluoride treatment, fillings, dentures, denture adjustments and repairs, crowns, treatment for gum disease, bridge work, root canals, and extractions. You will be responsible for any cost above the dental services maximum benefit limit. | |
| Oral Exam, balance after copayment is applied to dental services maximum benefit limit: | \$0 - \$30 copay |
| Medicare-covered Vision Services (may require prior authorization) Exam to diagnose and treat diseases and conditions of the eye. | |
| In-network: | \$0 - \$45 copay |

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Eyewear After Cataract Surgery

One pair of eyeglasses or contact lenses after each cataract surgery.

In-network: **\$0 copay**

Glaucoma Screening

In-network: **\$0 copay**

Routine Eye Exam (1 exam per plan year)

In-network: **\$0 copay**

Includes \$75 Material allowance towards lenses, frames and contacts. Benefit limitations apply.

MENTAL HEALTH CARE (may require prior authorization)

Outpatient Individual Mental Health Therapy Visit

In-network: **\$40 copay**

Outpatient Group Mental Health Therapy Visit

In-network: **\$40 copay**

Inpatient Mental Health 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 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. (may require prior authorization)

In-network: **• \$295 copay per day for days 1 through 5**
• \$0 copay per day for days 6 through 90

SKILLED NURSING FACILITIES

Skilled Nursing Facility (SNF)

Our plan covers up to 100 days in an SNF. (may require prior authorization)

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| In-network: | <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$100 copay per day for days 21 through 100 |
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PHYSICAL THERAPY

Outpatient Physical Therapy (may require prior authorization)

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| In-network: | \$10 - \$40 copay |
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TRANSPORTATION SERVICES (may require prior authorization)

Ambulance

Authorization for non-emergency transportation by ambulance is required.

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| In- and out-of-network emergent: | \$100 copay for ground transportation, \$400 copay for air transportation |
|----------------------------------|---------------------------------------------------------------------------|

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|------------------------------|---------------------------------------------------------------------------|
| Out-of-network non-emergent: | \$100 copay for ground transportation, \$400 copay for air transportation |
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| Transportation (within the U.S. and it's territories) | 24 one-way health-related trips with a 20-mile radius from your permanent residence to a plan approved location. |
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| Worldwide Emergency Transportation (outside the U.S. and it's territories \$25,000 lifetime limit for worldwide urgent or emergency coverage, including transportation outside of the United States) | \$100 copay for ground transportation, \$400 copay for air transportation |
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MEDICARE PART B DRUGS

Medicare Part B Drugs such as Chemotherapy Drugs (may require prior authorization)

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| In-network: | 20% of the cost |
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Other Medicare Part B Drugs

| | | FirstMedicare Direct smartHMO (HMO) |
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| (may require prior authorization) | | |
| In-network: | 20% of the cost | |

PART D PRESCRIPTION DRUGS

You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Once you have reached this amount, you will move to the next stage (the Coverage Gap Stage).

Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30 day or 90 day supply. You may get your drugs at network retail pharmacies and mail-order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Initial Coverage for Standard Retail Cost-Sharing

| | | |
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| Tier 1 - Preferred Generic | | |
| 30-day supply: | | \$0 copay |
| 90-day supply: | | \$0 copay |
| Tier 2 - Generic | | |
| 30-day supply: | | \$10 copay |
| 90-day supply: | | \$30 copay |
| Tier 3 - Preferred Brand | | |
| 30-day supply: | | \$47 copay |
| 90-day supply: | | \$141 copay |
| Tier 4 - Non-Preferred Drug | | |
| 30-day supply: | | \$100 copay |
| 90-day supply: | | \$300 copay |
| Tier 5 - Specialty Tier | | |
| 30-day supply: | | 33% of the cost |
| 90-day supply: | | Not available |

Initial Coverage for Standard Mail-Order Cost-Sharing

| | |
|-----------------------------|------------------------|
| Tier 1 - Preferred Generic | |
| 30-day supply: | \$0 copay |
| 90-day supply: | \$0 copay |
| Tier 2 - Generic | |
| 30-day supply: | \$10 copay |
| 90-day supply: | \$30 copay |
| Tier 3 - Preferred Brand | |
| 30-day supply: | \$47 copay |
| 90-day supply: | \$141 copay |
| Tier 4 - Non-Preferred Drug | |
| 30-day supply: | \$100 copay |
| 90-day supply: | \$300 copay |
| Tier 5 - Specialty Tier | |
| 30-day supply: | 33% of the cost |
| 90-day supply: | Not available |

Coverage Gap

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 \$4,130.

After you enter the coverage gap, for Tier 1, you continue to pay your copay; for Tiers 2-5 you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap. Our plan offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$2 - \$35 per month.

Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of: 5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs.

ADDITIONAL BENEFITS

Chemotherapy

For Part B chemotherapy drugs (may require prior authorization)

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| In-network: | 20% of the cost |
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Chiropractic Care (may require prior authorization)

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).

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| In-network: | \$10 copay |
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Durable Medical Equipment

Wheelchairs, oxygen, etc. (may require prior authorization)

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| In-network: | 20% of the cost |
|-------------|------------------------|

Diabetes Monitoring Supplies

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Manufacturer (Abbott Laboratories) limitations apply only to Blood Glucose Meters and Strips, and these items have a member coinsurance of 0% in-network.

In-network: **0%-20% of the cost, depending on the supplier**

Diabetes Self-Management Training

In-network: **\$0 copay**

Medicare-Covered Foot Care (Podiatry Services) (may require prior authorization)

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.

In-network: **\$35 copay**
Routine Foot Care: **\$10 copay**

Home Health Care (may require prior authorization)

In-network: **\$0 copay**

Hospice

\$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare. Please contact us for more details.

In-network: **\$0 copay**

Outpatient Cardiac Rehabilitation Service (may require prior authorization)

For a maximum of two one-hour sessions per day for up to 36 sessions up to 36 weeks.

In-network: **\$0 - \$10 copay**

Outpatient Occupational Therapy Visit (may require prior authorization)

In-network: **\$10 - \$40 copay**

Outpatient Speech and Language Therapy Visit (may require prior authorization)

In-network: **\$10 - \$40 copay**

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Outpatient Substance Abuse Group Therapy Visit (may require authorization)

In-network: **\$40 - \$95 copay**

Outpatient Substance Abuse Individual Therapy Visit (may require authorization)

In-network: **\$40 - \$95 copay**

Outpatient Surgery at an Ambulatory Surgical Center (may require prior authorization)

In-network: **\$100 copay**

Outpatient Surgery at an Outpatient Hospital (may require prior authorization)

In-network: **\$150 copay**

Over-the-Counter Items

Our plan covers a quarterly Over-the-Counter (OTC) benefit with an annual maximum plan benefit of \$75, which allows you to purchase OTC products from a Catalog with hundreds of products to choose from.

In-network: **\$0 copay**

Prosthetic Devices and Related Medical Supplies

Braces, Artificial Limbs, etc. (may require prior authorization)

In-network: **20% of the cost**

Renal Dialysis (may require authorization)

In-network: **\$30 copay**

Therapeutic Shoes or Inserts for Diabetics (may require authorization)

In-network: **20% of the cost**

WELLNESS PROGRAMS

Fitness Benefit

Gym membership is offered with a Plan contracted gym.

Out-of-network/non-contracted providers are under no obligation to treat FirstMedicare Direct 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.

Other Pharmacies/Physicians/Providers are available in our network.

FirstCarolinaCare Insurance Company's FirstMedicare Direct plans are HMO and PPO plans with a Medicare contract.

Enrollment in a FirstMedicare Direct plan depends on contract renewal.

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

ABOUT US

FirstCarolinaCare Insurance Company has served North Carolina for over 20 years. We delight in working for our more than 21,000 members, serving Commercial and Medicare Advantage member needs.

True Service with a Local Touch

When you call, you speak with one of our helpful representatives who know our plans inside and out and can help you with the following:

- Answering questions
- Lead you to information available online at **FirstMedicare.com**
- Arranging for someone to meet with you
- Guide you through the enrollment process and options

Some of Our Many Extra Perks and Programs

- 24-hour ***Nurse Advice*** Line to answer your health-related questions, day or night
- Fitness benefit with a Plan contracted gym
- Care coordination to help you deal with chronic conditions
- Health coaching to help you set and reach your health goals

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