FirstMedicare Direct

FIRSTCAROLINACARE INSURANCE COMPANY

# New Hanover Health FirstMedicare Select (HMO-POS) / New Hanover Health FirstMedicare Platinum (HMO-POS)

## 2021 Summary of Benefits

**January 1, 2021 – December 31, 2021**

**Call toll-free 1-888-384-4842 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**

H6306_21_90077_M

This booklet gives you a summary of what our plans cover 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 plans.

- If you want to compare our plans 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 1-855-291-9336 (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: 1-855-291-9336 (TTY 711)
- If you’re not yet a member: 1-888-384-4842 (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 these counties in North Carolina: Brunswick, New Hanover and Pender.

**Doctors, Hospitals and Pharmacies**
Our plans have a large network of doctors, hospitals, pharmacies, and other providers to choose from.

With our POS plans, we recommend having an in-network primary care provider (PCP) to oversee your care and, if applicable, refer you to specialists, but you also have the flexibility to see out-of-network providers.

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 1-888-384-4842.

## 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 or call 1-888-384-4842 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.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| **MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY** | | |
| **Premium Each Month**<br>You must continue to pay your Medicare Part B premium. | **$0** | **$45** |
| *This plan includes prescription drug coverage. For information on non-Rx plans, contact your broker or FirstMedicare Direct.* | | |
| **Medical Deductible** | **$0** | **$0** |
| **Prescription Drugs Deductible** | **$275** | **$0** |
| **Maximum Out-of-Pocket Each Year**<br>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 | **$4,500** | **$4,000** |
| In-network and Out-of-network providers | **$11,000** | **$10,000** |
| **COVERED MEDICAL AND HOSPITAL BENEFITS** | | |
| **Inpatient Hospital Care (may require prior authorization)** | | |
| In-network: | **• $300 copay per day for days 1 through 6**<br>**• $0 copay per day for days 7 through 90** | **• $275 copay per day for days 1 through 6**<br>**• $0 copay per day for days 7 through 90** |
| Out-of-network: | **• $450 copay per day for days 1 through 6**<br>**• $0 copay per day for days 7 through 90** | **• $400 copay per day for days 1 through 6**<br>**• $0 copay per day for days 7 through 90** |
| **Outpatient Hospital Care** (may require prior authorization) | | |
| In-network: | **$300 copay for Outpatient Surgery, 20% of the cost for other Outpatient Hospital Services** | **$275 copay for Outpatient Surgery, $0 copay for other Outpatient Hospital Services** |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| Out-of-network: | **$450 copay** | **$350 copay** |
| **DOCTOR VISITS** | | |
| **Primary Care Physician Office Visits** | | |
| In-network: | **$0 copay** | **$0 copay** |
| Out-of-network: | **$20 copay** | **$10 copay** |
| **Specialist Office Visits** | | |
| In-network: | **$50 copay** | **$40 copay** |
| Out-of-network: | **$65 copay** | **$50 copay** |
| **Virtual Visits through FirstHealth on the Go**<br>Our plan covers visits with a provider by phone or online, 24/7. | | |
| In-network: | **$0 copay** | **$0 copay** |
| Out-of-network: | **$0 copay** | **$0 copay** |
| **Preventive Care**<br>Our plan covers many preventive services, including but not limited to:<br>• Abdominal aortic aneurysm screening • Annual “Wellness” visit • 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** | **$0 copay** |
| Out-of-network: | **$0 copay** | **$0 copay** |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| **EMERGENCY SERVICES** | | |
| **Emergency Care**<br>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. | | |
| In-network: | **$90 copay** | **$90 copay** |
| Out-of-network: | **$90 copay** | **$90 copay** |
| **Urgent Care Services** | | |
| In-network: | **$35 copay** | **$35 copay** |
| Out-of-network: | **$35 copay** | **$35 copay** |
| **DIAGNOSTIC SERVICES**<br>Costs for these services may vary based on place of service and may require prior authorization. | | |
| **Diagnostic Tests, Procedures and Lab Services** | | |
| In-network: | **20% of the cost** | **20% of the cost** |
| Out-of-network: | **40% of the cost** | **40% of the cost** |
| **Diagnostic Radiology** (such as MRIs, CT scans) | | |
| In-network: | **20% of the cost** | **20% of the cost** |
| Out-of-network: | **40% of the cost** | **40% of the cost** |
| **Outpatient X-rays** (such as x-rays and ultrasounds) | | |
| In-network: | **15% of the cost** | **15% of the cost** |
| Out-of-network: | **30% of the cost** | **30% of the cost** |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| **HEARING, DENTAL AND VISION** | | |
| **Diagnostic Hearing Exam**<br>(Exam to diagnose and treat hearing and balance issues) | | |
| In-network: | **$50 copay** | **$40 copay** |
| Out-of-network: | **$65 copay** | **$50 copay** |
| **Medicare-covered Comprehensive Dental Services**<br>• 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: | **$50 copay** | **$40 copay** |
| Out-of-network: | **$65 copay** | **$50 copay** |
| **Non-Medicare-covered Dental Services**<br>These benefit options are included with your plan through FirstMedicare Direct in partnership with Delta Dental of North Carolina. Benefits Include: oral exam, cleaning, and X-rays. You will be responsible for any cost above the dental services maximum benefit limit. | | |
| 1 Oral Exam, 1 Cleaning per Year, 1 set of x-rays per year: | **$0 copay** | **$0 copay** |
| **Non-Medicare-covered Dental Comprehensive Services**<br>These benefit options are available as buy-up dental options through FirstMedicare Direct in partnership with Delta Dental of North Carolina for an additional Premium.<br>See benefit information in Delta Dental attached Schedule of Benefits | | |
| Premium for buy up dental options: | **$26 - $45** | **$26 - $45** |
| **Medicare-covered Vision Services** | | |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| Exam to diagnose and treat diseases and conditions of the eye. | | |
| In-network: | **$0 - $45 copay** | **$0 - $40 copay** |
| Out-of-network: | **$0 - $45 copay** | **$0 - $40 copay** |
| **Eyewear After Cataract Surgery**<br>One pair of eyeglasses or contact lenses after each cataract surgery. | | |
| In-network: | **20% of the cost** | **20% of the cost** |
| Out-of-network: | **20% of the cost** | **20% of the cost** |
| **Glaucoma Screening** | | |
| In-network: | **$0 copay** | **$0 copay** |
| Out-of-network: | **$0 copay** | **$0 copay** |
| **Routine Eye Exam** (1 exam per plan year) | | |
| In-network: | **$50 copay** | **$50 copay** |
| Out-of-network: | **Not Covered** | **Not Covered** |
| **MENTAL HEALTH CARE** | | |
| **Outpatient Individual Mental Health Therapy Visit** | | |
| In-network: | **$25 copay** | **$20 copay** |
| Out-of-network: | **$25 copay** | **$20 copay** |
| **Outpatient Group Mental Health Therapy Visit** | | |
| In-network: | **$15 copay** | **$10 copay** |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| Out-of-network: | **$15 copay** | **$10 copay** |
| **Inpatient Mental Health Visit**<br>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: | **• $160 copay per day for days 1 through 10**<br>**• $0 copay per day for days 11 through 90** | **• $160 copay per day for days 1 through 10**<br>**• $0 copay per day for days 11 through 90** |
| Out-of-network: | **• $285 copay per day for days 1 through 10**<br>**• $0 copay per day for days 11 through 90** | **• $285 copay per day for days 1 through 10**<br>**• $0 copay per day for days 11 through 90** |
| **SKILLED NURSING FACILITIES** | | |
| **Skilled Nursing Facility (SNF)**<br>Our plan covers up to 100 days in an SNF. (may require prior authorization) | | |
| In-network: | **• $0 copay per day for days 1 through 20**<br>**• $184 copay per day for days 21 through 100** | **• $0 copay per day for days 1 through 20**<br>**• $184 copay per day for days 21 through 60**<br>**• $0 copay per day for days 21 through 100** |
| Out-of-network: | **• $0 copay per day for days 1 through 20**<br>**• $184 copay per day for days 21 through 100** | **• $0 copay per day for days 1 through 20**<br>**• $184 copay per day for days 21 through 60**<br>**• $0 copay per day for days 61 through 100** |
| **PHYSICAL THERAPY** | | |
| **Outpatient Physical Therapy**<br>(may require prior authorization) | | |
| In-network: | **$35 copay** | **$35 copay** |
| Out-of-network: | **$35 copay** | **$35 copay** |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| **TRANSPORTATION SERVICES** | | |
| **Ambulance**<br>Authorization for non-emergency transportation by ambulance is required. | | |
| In- and out-of-network emergent: | **$265 copay** | **$265 copay** |
| Out-of-network non-emergent: | **$265 copay** | **$265 copay** |
| **Transportation**<br>(within the U.S. and it's territories) | **16 one-way health-related trips with a 25-mile radius from your permanent residence to a plan approved location.** | **16 one-way health-related trips with a 25-mile radius from your permanent residence to a plan approved location.** |
| **Worldwide Emergency Transportation**<br>($10,000 lifetime limit for worldwide urgent or emergency coverage, including transportation outside of the United States.)) | **$265 copay** | **$265 copay** |
| **MEDICARE PART B DRUGS** | | |
| **Medicare Part B Drugs such as Chemotherapy Drugs**<br>(may require prior authorization) | | |
| In-network: | **20% of the cost** | **20% of the cost** |
| Out-of-network: | **20% of the cost** | **20% of the cost** |
| **Other Medicare Part B Drugs**<br>(may require prior authorization) | | |
| In-network: | **20% of the cost** | **20% of the cost** |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| Out-of-network: | **20% of the cost** | **20% of the cost** |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| **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 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** | | |
| Tier 1 - Preferred Generic | | |
| 30-day supply: | **$5 copay** | **$5 copay** |
| 90-day supply: | **$15 copay** | **$15 copay** |
| Tier 2 - Generic | | |
| 30-day supply: | **$15 copay** | **$15 copay** |
| 90-day supply: | **$45 copay** | **$45 copay** |
| Tier 3 - Preferred Brand | | |
| 30-day supply: | **$45 copay (after deductible)** | **$45 copay** |
| 90-day supply: | **$135 copay (after deductible)** | **$135 copay** |
| Tier 4 - Non-Preferred Drug | | |
| 30-day supply: | **$100 copay (after deductible)** | **50% of the cost** |
| 90-day supply: | **$300 copay (after deductible)** | **50% of the cost** |
| Tier 5 - Specialty Tier | | |
| 30-day supply: | **28% of the cost (after deductible)** | **30% of the cost** |
| 90-day supply: | **Not available** | **Not Available** |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| **Initial Coverage for Standard Mail-Order Cost-Sharing** | | |
| Tier 1 - Preferred Generic | | |
| 30-day supply: | **$5 copay** | **$5 copay** |
| 90-day supply: | **$12.50 copay** | **$12.50 copay** |
| Tier 2 - Generic | | |
| 30-day supply: | **$15 copay** | **$15 copay** |
| 90-day supply: | **$37.50 copay** | **$37.50 copay** |
| Tier 3 - Preferred Brand | | |
| 30-day supply: | **$45 copay (after deductible)** | **$45 copay** |
| 90-day supply: | **$112.50 copay (after deductible)** | **$112.50 copay** |
| Tier 4 - Non-Preferred Drug | | |
| 30-day supply: | **$100 copay (after deductible)** | **50% of the cost** |
| 90-day supply: | **$250 copay (after deductible)** | **50% of the cost** |
| Tier 5 - Specialty Tier | | |
| 30-day supply: | **28% of the cost (after deductible)** | **30% of the cost** |
| 90-day supply: | **Not Available** | **Not Available** |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| **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.<br>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 coverage through the gap for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be $5 - $35 per month.<br>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**<br>For Part B chemotherapy drugs. (may require prior authorization) | | |
| In-network: | **20% of the cost** | **20% of the cost** |
| Out-of-network: | **20% of the cost** | **20% of the cost** |
| **Chiropractic Care**<br>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). (may require prior authorization) | | |
| In-network: | **$20 copay** | **$20 copay** |
| Out-of-network: | **$20 copay** | **$20 copay** |
| **Durable Medical Equipment** | | |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| Wheelchairs, oxygen, etc. (may require prior authorization) | | |
| In-network: | **20% of the cost** | **20% of the cost** |
| Out-of-network: | **20% of the cost** | **20% of the cost** |
| **Diabetes Monitoring Supplies**<br>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** | **0%-20% of the cost, depending on the supplier** |
| Out-of-network: | **20% of the cost** | **20% of the cost** |
| **Diabetes Self-Management Training** | | |
| In-network: | **$0 copay** | **$0 copay** |
| Out-of-network: | **$0 copay** | **$0 copay** |
| **Foot Care (Podiatry Services)**<br>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. | | |
| In-network: | **$50 copay** | **$40 copay** |
| Out-of-network: | **$65 copay** | **$50 copay** |
| **Home Health Care** | | |
| In-network: | **$0 copay** | **$0 copay** |
| Out-of-network: | **$0 copay** | **$0 copay** |
| **Hospice**<br>$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. | | |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| In-network: | **$0 copay** | **$0 copay** |
| **Outpatient Cardiac Rehabilitation Service**<br>For a maximum of two one-hour sessions per day for up to 36 sessions up to 36 weeks. | | |
| In-network: | **$15 copay** | **$15 copay** |
| Out-of-network: | **$15 copay** | **$15 copay** |
| **Outpatient Occupational Therapy Visit**<br>(may require prior authorization) | | |
| In-network: | **$35 copay** | **$35 copay** |
| Out-of-network: | **$35 copay** | **$35 copay** |
| **Outpatient Speech and Language Therapy Visit**<br>(may require prior authorization) | | |
| In-network: | **$35 copay** | **$35 copay** |
| Out-of-network: | **$35 copay** | **$35 copay** |
| **Outpatient Substance Abuse Group Therapy Visit** | | |
| In-network: | **$15 copay** | **$10 copay** |
| Out-of-network: | **$15 copay** | **$10 copay** |
| **Outpatient Substance Abuse Individual Therapy Visit** | | |
| In-network: | **$25 copay** | **$20 copay** |
| Out-of-network: | **$25 copay** | **$20 copay** |
| **Outpatient Surgery at an Ambulatory Surgical Center**<br>(may require prior authorization) | | |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| In-network: | **$250 copay** | **$200 copay** |
| Out-of-network: | **$350 copay** | **$350 copay** |
| **Outpatient Surgery at an Outpatient Hospital** (may require prior authorization) | | |
| In-network: | **$300 copay** | **$275 copay** |
| Out-of-network: | **$450 copay** | **$350 copay** |
| **Over-the-Counter Items** | | |
| In-network: | **Not Covered** | **Not Covered** |
| Out-of-network: | **Not Covered** | **Not Covered** |
| **Prosthetic Devices and Related Medical Supplies** Braces, Artificial Limbs, etc. (may require prior authorization) | | |
| In-network: | **20% of the cost** | **20% of the cost** |
| Out-of-network: | **20% of the cost** | **20% of the cost** |
| **Renal Dialysis** | | |
| In-network: | **20% of the cost** | **20% of the cost** |
| Out-of-network: | **20% of the cost** | **20% of the cost** |
| **Therapeutic Shoes or Inserts for Diabetics** | | |
| In-network: | **20% of the cost** | **20% of the cost** |
| Out-of-network: | **20% of the cost** | **20% of the cost** |

| | New Hanover Health FirstMedicare Select (HMO-POS) | New Hanover Health FirstMedicare Platinum (HMO-POS) |
|---|---|---|
| **WELLNESS PROGRAMS** | | |
| **Fitness Benefit**<br>Reimbursement for gym membership: Up to $300/year • Can submit receipts monthly, quarterly or at the end of the year • Does not apply to out-of-pocket maximum | | |
| 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.<br><br>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.<br><br>Other Pharmacies/Physicians/Providers are available in our network.<br><br>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, if you are interested in meeting with someone locally, let your representative know and they will arrange a meeting with our local New Hanover FirstMedicare representative to discuss your plan options. They 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

Our representatives are available weekdays from 8:30 a.m. to 5:00 p.m.

**Some of Our Many Extra Perks and Programs**
- 24-hour ***Nurse Advice*** Line to answer your health-related questions, day or night
- Fitness benefit
- Care coordination to help you deal with chronic conditions

Call 1-888-384-4842 (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.