WVU MEDICINE | MARSHALL HEALTH

# Peak Advantage

MEDICARE PLANS

## 2024 SUMMARY OF BENEFITS

West Virginia:
Cabell, Lincoln, Mason, and Wayne Counties

**Peak Advantage Summit (PPO)**
H8947.2024.04.0065_C

# Peak Advantage Summit (PPO) Medical Benefits

| Premiums and Benefits | Coverage Details |
|---|---|
| **Premiums**<br>How much do I need to pay monthly? | Part C Premium: You pay $0 per month.<br>Part D Premium: You pay $18 per month.<br>You must continue to pay your Medicare Part B premium. |
| **Deductible**<br>How much do I need to pay before the plan pays? | This plan does not have a Part C deductible. |
| **Maximum Out-of-Pocket costs**<br>What's the limit on how much I will pay for in-network or out-of-network services? | $6,250 per year for services from in-network providers<br>$9,550 per year for in and out of network services combined |
| **Inpatient Hospital Coverage**[1]<br>How long will my plan cover? How much do I pay? | In-network:<br>▪ $350 per stay for up to 90 days<br>▪ $800 copay for 60 Lifetime Reserve days<br>Out-of-Network: 35% of the total cost |
| **Outpatient Hospital Coverage**[1] | In-network:<br>▪ $250 per stay for covered outpatient hospital services<br>Out-of-Network: 35% of the total cost |
| **Ambulatory Surgery Center**[1] | In-network: $200 copay per visit, per day, per provider<br>Out-of-Network: 35% of the total cost |
| **Doctor visits**<br>Primary Care<br><br>Specialists[1] | <br>In-network: You pay $0.<br>Out-of-network: 35% of the total cost<br>In-network: You pay $20 per visit.<br>Out-of-network: 35% of the total cost |
| **Preventive Care** | In-network: You pay $0.<br>Out-of-network: 35% of the total cost |
| **Emergency Care** | You pay $85 per visit. Your copay is waived if you are admitted to the hospital within 24 hours. |
| **Urgently Needed Services** | You pay $25 per visit. |

Services within this summary of benefits with a [1] may require prior authorization from our plan. Services with a [2] may require a referral from your doctor.

| Premiums and Benefits | Coverage Details |
|---|---|
| Diagnostic Services / Labs / Imaging[1] | In-network:<br>▪ $0 copay for diagnostic tests and lab services<br>▪ $0 for X-rays at your primary care provider's office. $15 copay if provided elsewhere<br>▪ $0 copay for some diagnostic ultrasound, mammography, and diagnostic bone density imaging<br>▪ $190 copay for all other Diagnostic Radiological Services (e.g., CT, MRI)<br>Out-of-Network: 35% of the total cost |
| Hearing Services<br>How much do I pay for Hearing Services or Hearing Aids? | In-network:<br>▪ $0 copay for diagnostic and routine exams<br>▪ $599 copay for advanced, 32-channel models<br>▪ $899 copay for premium, 48-channel models<br>Out-of-Network: 35% of the total cost |
| Dental Services | Preventive dental (cleanings, x rays, fluoride treatments, oral exams) $0 copay<br>Comprehensive dental (e.g. fillings, crowns, dentures, oral surgery): 50% of the total cost, in-network or out-of-network<br>The plan covers up to $4,000 in dental services per year. |
| Vision Services | Up to $200 per year for vision services and eyewear<br>In-network:<br>▪ You pay $0 for Medicare-covered vision services.<br>▪ You pay $0 for routine eye exams.<br>▪ You pay $0 every year for either:<br>  ▪ One pair of eyeglasses (lenses and frames)<br>  ▪ One pair of contact lenses<br>Out-of-Network: 35% of the total cost |
| Mental Health Services[1]<br>Inpatient Visit | In-network:<br>▪ After the Medicare-covered stay, $400 copay per day for days 1-3<br>▪ $0 copay per day for days 4 - 90<br>▪ $800 copay for 60 Lifetime Reserve days<br>Out-of-Network: 35% of the total cost |
| Outpatient Visit | In-network:<br>▪ $30 copay for each psychiatric individual or group therapy visit<br>▪ $35 copay for each individual or group therapy visit (non-physician)<br>Out-of-Network: 35% of the total cost |

| Premiums and Benefits | Coverage Details |
|---|---|
| Skilled Nursing Facility[1] (SNF) | In-network: We cover up to 100 days in a SNF per benefit period.<br>▪ You pay $0 per day for days 1 – 20.<br>▪ You pay $196 per days for days 21 - 100.<br>Out-of-Network: 35% of the total cost |
| Physical Therapy[1] | In-network:<br>▪ $0 copay for cardiac (heart) rehab services[2]<br>▪ $20 copay for:<br>▪ Occupational therapy<br>▪ Physical therapy<br>▪ Speech and language therapy<br>Out-of-network: 35% of the total cost |
| Ambulance[1] | In-network: $225 copay per one-way trip by ground or air<br>Out-of-network: 35% of the total cost<br>Prior authorization required for non-emergency trips. |
| Transportation[1] | In-network: $0 copay for up to 36 one-way trips to plan approved locations per year |
| Medicare Part B Drugs[1] | In-network:<br>▪ $0 copay for Part B insulins and certain other Part B drugs<br>▪ 20% of the total cost for chemotherapy drugs<br>Out-of-network: 35% of the total cost |

## Need to Know

The amount you pay for prescriptions may change depending on the pharmacy you choose and Part D benefit stage. For more information, please call us or visit www.medicare.peakhealth.org to find:

- The Provider & Pharmacy Directories
- The Formulary (list of covered drugs)
- The EOC - a complete list of benefits

| Part D Prescription Drugs | | |
|---|---|---|
| Part D Premium | You pay $18. | |
| Out-of-Pocket Cost Threshold<br>What's the limit on how much I will pay? | Your yearly limit for Part D drugs in this plan is $8,000. | |
| Deductible Stage | No deductible (Your coverage begins on the effective date of your enrollment). | |
| **Initial Coverage Stage** | **You pay the following costs until your total yearly drug costs reach $5,030** | |
| | **30 Day Supply at a Preferred Retailer** | **Mail Order 90 Day Supply** |
| Tier 1 - Preferred Generic Drugs | $0.00 | $0.00 |
| Tier 2 - Generic Drugs | $0.00 | $0.00 |
| Tier 3 - Preferred Brand Drugs | $42.00 | $126.00 |
| Tier 4 – Non-Preferred Drugs | $95.00 | $285.00 |
| Tier 5 – Specialty Tier Drugs | 33% | Mail order supply not available for Tier 5 |
| **Coverage Gap Stage** | **You pay the following costs until your yearly out-of- pocket drug costs reach $8,000** | |
| | **30 Day Supply at a Preferred Retailer** | **Mail Order 90 Day Supply** |
| Tier 1 - Preferred Generic Drugs | $0.00 | $0.00 |
| Tier 2 - Generic Drugs | $0.00 | $0.00 |
| Tier 3 - Preferred Brand Drugs | You pay 25% of the cost for all other drugs and a portion of the dispensing fee. | |
| Tier 4 - Non-Preferred Drugs | | |
| Tier 5 – Specialty Tier Drugs | | |
| **Catastrophic Coverage Stage** | **Once your yearly out-of-pocket drug costs reach $8,000, you pay $0** | |

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

| Bonus Benefits | Coverage Details |
|---|---|
| Acupuncture[1] | $20 copay per visit for up to 20 treatments per year |
| Chiropractic Care[1] | In-Network: $20 copay per visit for up to 10 routine chiropractic visits per year<br>Out-of-network: 35% of the total cost |
| Flexible Spending Debit Card | $350 per year to use on healthcare expenses like copays at doctors or dentists |
| Over-the-Counter (OTC) Drugs and Supplies | $120 allowance every three months through our OTC mail order catalog |
| Routine Foot Care[1] | In-network: $20- copay per visit for up to 10 routine foot care visits per year<br>Out-of-network: 35% of the total cost |
| Wellness Programs | You pay $0 for fitness center membership and classes at over 100 gyms across West Virginia through the One Pass® program. |
| Worldwide Coverage for Emergency Care | $95 copay per emergency care visit received outside of the United States |

# 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 1-855-962-7325.

**Understanding the Benefits**

- ❒ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.medicare.peakhealth.org or call 1-855-962-7325 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 medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ❒ Review the formulary to make sure your drugs are covered.

**Understanding Important Rules**

- ❒ 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, 2025.
- ❒ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non- contracted providers may deny care. In addition, you will pay a higher copay for services received by non- contracted providers.

**Verify Your Eligibility**

In order to join Peak Advantage Summit (PPO) you must:

- ❒ Have both Medicare Part A and B
- ❒ Be a U.S. citizen or lawfully present in the country
- ❒ Continue to pay your Medicare Part B premium
- ❒ Live in the West Virgina counties of Cabell, Lincoln, Mason, or Wayne.

Peak Advantage
MEDICARE PLANS

www.medicare.peakhealth.org

**Member Services:**
1-855-962-7325 / TTY 711

**Hours:**
October 1 - March 31: 8am - 8pm, 7 days a week
April 1 - September 30: 8am - 8pm Monday - Friday

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If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook, or view it online at www.medicare.gov. This information is not a complete description of benefits. Call 1-855-962-7325/TTY 711 for more information. Out-of-network/non-contracted providers are under no obligation to treat Peak Advantage Plan 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.

Peak Advantage Summit is a PPO with a Medicare contract. Enrollment in Peak Advantage Summit (PPO) depends on contract renewal. Peak Advantage Summit (PPO) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.