



2027 Summary of Benefits

PeakPlus Rise (PPO D-SNP)

West Virginia:

Berkeley, Cabell, Harrison, Jefferson, Kanawha, Marion, Mercer, Monongalia, Ohio, Wood

H8947.2027.04.0131_C

Premiums and Benefits

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.

Note: PeakPlus Rise (PPO D-SNP) requires that you maintain eligibility for both Medicare and Medicaid, if you lose your Medicaid eligibility, your cost-sharing may be higher.

PeakPlus Rise (PPO D-SNP) (H8947-006-000)	
Monthly Premium, Deductible and Limits	
Premiums How much do I need to pay monthly?	Monthly plan premium: \$0 You must continue to pay your Medicare Part B premium
Deductible 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 What's the limit on how much I will pay for in-network or out-of-network services?	\$9,850 per year for services from in-network providers \$14,800 per year for in and out of network services combined
Hospital	
Inpatient hospital coverage¹ How long will my plan cover? How much do I pay?	In-Network: \$0 per hospital stay Out-of-Network: \$0 or \$1,200 copay per hospital stay Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Outpatient hospital coverage¹ Outpatient surgery Observation services	In-Network: \$0 per stay for covered hospital services \$0 per stay for covered observation services Out-of-Network: \$0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Ambulatory surgery center¹	In-Network: \$0 per visit Out-of-Network: \$0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

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Doctor Visits and Preventive Care

Doctor visits

Primary care

Specialists₁

In-Network: \$0 for PCP visits

Out-of-Network: \$0 or 30% of the total cost

In-Network: \$0 for each specialist visit

Out-of-Network: \$0 or 30% of the total cost

Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

Preventive care

You pay \$0

Emergency and Urgent Care

Emergency care

In-Network: \$0 per visit

Out-of-Network: \$0 or \$115 per visit

Your copay is waived if you are admitted to the hospital within 24 hours.

Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

Urgently needed services

In-Network: \$0 per visit

Out-of-Network: \$0 or \$40 per visit

Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs

Diagnostic services/labs/imaging₁

Diagnostic radiology services (e.g. MRI, CT, PET)

Lab services

Diagnostic tests and procedures

Outpatient X-rays

Therapeutic radiology

In-network:

\$0 for the following services:

- Diagnostic tests and procedures
- Lab Services
- X-rays
- Diagnostic ultrasound
- Mammograms
- Bone density imaging

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- Other diagnostic radiological service (ex. CT or MRI)
- Medicare-covered therapeutic radiological services

Out-of-network: \$0 or 30% of the total cost

Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

Hearing / Dental / Vision

Hearing services

How much do I pay for Hearing Services or Hearing Aids?

In-Network:

- \$0 copay for Medicare-covered exams to diagnose and treat hearing and balance issues
- \$0 copay for routine hearing services

Hearing aids:

- \$0 copay

The plan covers 1 hearing aid per ear every three years

Out-of-Network:

- \$0 or 30% of the total cost for Medicare-covered exams
- \$0 copay for routine hearing services

Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

Dental services

In-Network:

- \$0 copay for Medicare-covered dental benefits
- \$0 copay for routine and comprehensive dental services

Out-of-Network:

- \$0 or 30% of the total cost for Medicare-covered dental benefits
- \$0 copay for routine and comprehensive dental services

The plan covers up to \$2,500 in dental services per year.

Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

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Vision services Diagnostic exam Eyewear after cataract surgery Routine eye exam Routine eyewear	The plan covers up to \$300 for eyeglasses, frames, lenses, or contacts every year in or out of network In-Network: • \$0 copay for Medicare-covered vision services • \$0 copay for one routine eye exams • \$0 copay for: ◦ Eyeglasses per year (lenses and frames) ◦ Contact lenses Out-of-Network: \$0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Mental Health Services	
Inpatient visits	In-Network: \$0 per hospital stay Out-of-Network: \$0 or \$1,200 copay per hospital stay Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Outpatient visits	In-Network: \$0 for Medicare-covered individual or group therapy services Out-of-Network: \$0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Skilled Nursing Facility (SNF)	
Skilled Nursing Facility₁ (SNF)	We cover up to 100 days in a SNF per benefit period In-Network: • \$0 per day for days 1-20 • \$0 per day for days 21-100 Out-of-Network: • \$0 per day for days 1-20 • \$0 or \$221 per day for days 21-100

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Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

Outpatient Rehabilitation Services

Physical Therapy₁

Speech and Language Therapy

Occupational Therapy

In-Network: \$0 for Medicare-covered services

Out-of-Network: \$0 or 30% of the total cost

Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

Medical Transportation

Ambulance₁

In-Network: \$0 for each one-way trip by ground or air

Out-of-Network: \$0 or 30% of the total cost

Prior authorization required for non-emergency services

Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

Medicare Part B Drugs

Medicare Part B Drugs₁

Chemotherapy drugs

Other Part B drugs

Insulin

In-Network:

- \$0 copay

Out-of-Network:

- \$0 or 20% of the total cost

You will not pay more than \$35 for one-month's supply of insulin.

Some rebatable Part B drugs may be subject to a lower coinsurance.

There may be a cost for the administration of a Part B drug in addition to the cost for the drug itself.

Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

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 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

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, even if you haven't paid your deductible.

If you qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay:

Deductible

- \$0

Initial coverage phase

If you receive Extra Help, the amount you pay depends on the level of Extra Help you receive. Please refer to your Low-Income Subsidy (LIS) Rider for your applicable cost-sharing amounts.

- Covered generic drugs (including brand drugs treated as generic): \$0, \$1.65, or \$5.80.
- For all other covered drugs: \$0, \$5.00, or \$14.40.

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Stage 1: Deductible	\$700, except for covered insulin products and most adult Part D vaccines. During the Deductible Stage, you pay: \$0 cost sharing for drugs on Tier 1 and Tier 2. The full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.	
Stage 2: Initial coverage You pay the following costs until your total yearly drug costs reach \$2,400		
Standard Retail	30-day supply	90-day supply
Tier 1: Preferred generic drugs	\$0	\$0
Tier 2: Generic drugs	\$0	\$0
Tier 3: Preferred brand drugs	25%	25%
Tier 4: Non-preferred drugs	25%	25%
Tier 5: Specialty drugs	25%	Not available for Tier 5
Mail Order	30-day supply	90-day supply
Tier 1: Preferred generic drugs	\$0	\$0
Tier 2: Generic drugs	\$0	\$0
Tier 3: Preferred brand drugs	25%	25%
Tier 4: Non-preferred drugs	25%	25%
Tier 5: Specialty drugs	Mail order supply not available for Tier 5	
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$2,400, you pay \$0	

Additional Benefits

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.

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Additional Benefits	
Acupuncture ¹	In-Network: • \$0 copay for Medicare-covered services (chronic low-back pain) • \$0 copay per visit for up to 20 treatments per year (please refer to your <i>Evidence of Coverage</i> for more details) Out-of-Network: \$0 or 30% of the total cost for up to 20 treatments per year Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Chiropractic Care ¹	In-Network: • \$0 copay per Medicare-covered service (Spinal Manipulations) • \$0 copay for each routine visit (10 visits per year, please refer to your <i>Evidence of Coverage</i> for more details) Out-of-Network: • \$0 or 30% of the total cost per Medicare-covered service • \$0 copay for up to 10 routine visits every year Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Wellness Programs	You pay \$0 for fitness center memberships and classes at participating gyms
Over-the-Counter (OTC) Health and Wellness products	\$200 allowance every month for over-the-counter (OTC) health and wellness products, which are available through a mail order catalog service or in a retail setting. Unused allowance may not be carried over from one month to the next. For members who meet the criteria for special supplemental benefits for the chronically ill, your OTC allowance will also include groceries, utilities, internet, cellphone, meals, home and bathroom safety items. For more details see special supplemental benefits for the chronically ill of the Medical Benefits Chart.

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Routine Foot Care₁

In-Network:

- \$0 copay for Medicare-covered podiatry services (medical exams, trimming or debridement of nails and treatment of foot complications for diabetes, vascular disease, neuropathy and foot infections)
- \$0 copay for up to 10 routine foot care visits per year (please refer to your *Evidence of Coverage* for more details)

Out-of-Network:

- \$0 or 30% of the total cost for Medicare-covered podiatry services
- \$0 copay for up to 10 routine foot care visits per year

Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

**Worldwide Coverage for
Emergency Care**

\$0 copay for Emergency care services received outside the U.S.

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 Member Services 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 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, 2028.
- ☐ 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 PeakPlus Rise (PPO D-SNP) 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 Virginia counties of Berkeley, Cabell, Harrison, Jefferson, Kanawha, Marion, Mercer, Monongalia, Ohio, Wood.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. This plan may enroll FBDE and QMB.

CONTACT US

We are available for phone calls 10/1 - 3/31: 8 am - 8 pm EST, 7 days a week and 4/1 - 9/30: 8 am - 8 pm EST, Monday - Friday.

You can call us toll-free at **1-855-962-7325**. TTY users should call **711**.

This is a summary of what we cover. It doesn't list every service that we cover or list every limitation or exclusion. For a full list of covered services, check the Evidence of Coverage (EOC) at medicare.peakhealth.org or call us at the number above.

This document may be available in a non-English language. For additional information call us at the number above.

This document is available in other formats such as braille and large print.

Out-of-network/non-contracted providers are under no obligation to treat PeakPlus Rise (PPO D-SNP) plan members, except in emergency situations. Please call Member Services or see the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

To find out more about the coverage and costs of Original Medicare, look in the 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, seven days a week. TTY users should call **1-877-486-2048**.

PeakPlus Rise (PPO D-SNP) is a PPO D-SNP with a Medicare contract and a contract with the West Virginia State Medicaid program. Enrollment depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State of West Virginia and Medicare. Benefits, features, premiums, and/or copays vary by plan, county, and your level of West Virginia Medicaid. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Peak Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Peak Health provides free aids and services to people with disabilities to communicate effectively with us and free language services to people whose primary language is not English. If you need these services, contact PeakPlus Rise (PPO D-SNP) at 1-855-962-7325.