

# 2022 Summary of Benefits

ALTERWOOD ADVANTAGE   
Quality Care. Better Health.



**Call 1-866-550-1011 (TTY:711)**

**HMO-SNP Plan**



# 2022 Summary of Benefits

## Alterwood Advantage Dual Secure (HMO-SNP)

### H9306, Plan 004

This is a summary of drug and health services covered by the Alterwood Advantage Dual Secure plan from January 1, 2022 – December 31, 2022.

Alterwood Advantage is an HMO and HMO-SNP plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Alterwood Advantage depends on contract renewal.

Our plan(s) may offer supplemental benefits in addition to Part C benefits and Part D benefits. Some of the extra benefits are outlined in this booklet.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage.”

To join Alterwood Advantage Dual Secure, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have Medical Assistance from the State of Maryland, and live in our service area. Our service area includes the following counties in Maryland: Anne Arundel, Baltimore, Caroline, Carroll, Cecil, Charles, Dorchester, Harford, Howard, Kent, Montgomery, Queen Anne’s, Somerset, Talbot, Washington, Wicomico, and Worcester.

To be eligible for Alterwood Advantage Dual Secure, beneficiaries must have a Medicaid level of Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB).

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or 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.

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

For more information, please call us at 1-866-550-1011 (TTY users should call 711), or visit us at [www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com)



## PLAN HIGHLIGHTS\*

### Monthly Premium:

\$0 - \$37

(based on your level of Extra Help)

### Doctor Visits:

\$0 PCP / \$0 Specialist

### Generic Prescriptions:

As low as \$0

### Dental Care:

Preventive, Comprehensive, & Dentures

### Vision Services:

\$0 copay for a routine exam

\$400 allowance towards eyewear  
every 2 years

### Hearing Services:

\$0 copay for a routine exam

Up to \$1,350 allowance every 3 years  
for hearing aids

### Over-the-Counter (OTC) Products and Essential Food Pantry Items:

\$100 quarterly allowance

### Transportation:

\$0 copay for 36 one-way trips per year

### Routine Foot Care (Podiatry Services)

\$0 copay for 6 visits per year

### Routine Chiropractic Services:

\$0 copay for 4 routine visits per year

\$0 copay for 1 chiropractic evaluation per year

## ALTERWOOD ADVANTAGE DUAL SECURE (HMO-SNP)

### Summary of Benefits

BENEFITS	Alterwood Advantage Dual Secure*
<b>Monthly Plan Premium</b>	Part C: \$0 Part D: \$37 <u>Total Premium: \$37</u>
	If you receive "Extra Help" your premium may be reduced.
<b>Deductible</b>	No Deductible
<b>Maximum Out-of-Pocket (MOOP)</b>	\$7,550 annually (this is not a deductible)
<b>Inpatient Hospital Coverage <sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Days 1 - 5: \$0 per day</li> <li>• Days 6 - 90: \$0 per day</li> </ul>
<b>Outpatient Hospital Coverage <sup>1</sup></b>	\$0 copay
<b>Ambulatory Surgical Center <sup>1</sup></b>	\$0 copay
<b>Doctor Visits</b>	<ul style="list-style-type: none"> <li>• Primary care physician visit: \$0 copay</li> <li>• Specialist visit: \$0 copay</li> </ul>
<b>Preventive Care</b>	\$0 copay
<b>Emergency Care</b>	\$0 copay
<b>Urgently Needed Services</b>	\$0 copay
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays <sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Diagnostic radiology services (such as MRIs, CT scans): \$0 copay</li> <li>• Diagnostic test and procedures: \$0 copay</li> <li>• Lab services: \$0 copay</li> <li>• Outpatient x-rays: \$0 copay</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay</li> </ul>
<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>• Medicare-covered exam: \$0 copay</li> <li>• Routine hearing exam (1 per year): \$0 copay</li> <li>• 1 fitting and evaluation with 3 follow up visits within the first year from date of initial fitting: \$0 copay</li> <li>• Our plan pays up to \$1,350 every 3 years for hearing aids</li> </ul>

<sup>1</sup> May require prior authorization

## ALTERWOOD ADVANTAGE DUAL SECURE (HMO-SNP)

### Summary of Benefits

BENEFITS	Alterwood Advantage Dual Secure*
<b>Dental Services</b> <sup>1</sup>	<p>Preventive Dental Services: \$0 copay, \$2,500 annual allowance towards all dental services</p> <ul style="list-style-type: none"> <li>• Oral exam &amp; cleaning: every 6 months</li> <li>• Comprehensive oral exam: every 36 months</li> <li>• Fluoride treatment: every 6 months</li> <li>• Palliative treatment: 3 per 12 months</li> <li>• Bitewing x-ray: once every 12 months</li> <li>• Panoramic x-ray: once every 36 months</li> <li>• Vertical bitewing x-ray: once every 36 months</li> <li>• Intraoral imaging: once every 36 months</li> </ul> <hr/> <p>Comprehensive Dental Services: \$0 copay, \$2,500 annual allowance towards all dental services</p> <ul style="list-style-type: none"> <li>• Restorative services: 1 per tooth once every 24 months</li> <li>• Endodontics: 1 per lifetime, per patient, per tooth</li> <li>• Crowns: once per tooth per 60 months</li> <li>• Simple Extractions</li> <li>• Periodontics: 1 per quadrant of scaling every 36 months</li> <li>• Periodontal maintenance: once every 3 months</li> <li>• Dentures: upper, lower, partial, or any combination once every 60 months</li> <li>• Denture repairs: once every 12 months</li> <li>• Denture relines/rebase: once every 36 months</li> <li>• Denture adjustments: 2 per 12 months</li> </ul>
<b>Vision Services</b>	<ul style="list-style-type: none"> <li>• Medicare-covered exam: \$0 copay</li> <li>• Medicare-covered eyewear after cataract surgery: \$0 copay</li> <li>• Routine eye exam: \$0 copay - Limited to 1 exam per year</li> <li>• \$400 allowance every 2 years towards eyewear, includes contact lenses, eyeglass frames, eyeglass lenses, or any combination</li> </ul>

<sup>1</sup> May require prior authorization

## ALTERWOOD ADVANTAGE DUAL SECURE (HMO-SNP)

### Summary of Benefits

BENEFITS	Alterwood Advantage Dual Secure*
<b>Mental Health Services<sup>1</sup></b>	Inpatient: <ul style="list-style-type: none"> <li>• Days 1 - 5: \$0 per day</li> <li>• Days 6 - 90: \$0 per day</li> </ul>
	Outpatient: <ul style="list-style-type: none"> <li>• Group therapy visit: \$0 copay</li> <li>• Individual therapy visit: \$0 copay</li> </ul>
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Days 1 - 20: \$0 per day</li> <li>• Days 21 - 100: \$0 per day</li> </ul>
<b>Physical Therapy<sup>1</sup></b>	\$0 copay
<b>Ambulance<sup>1</sup></b>	\$0 copay (Prior Authorization on non-emergent rides)
<b>Transportation</b>	\$0 copay for 36 one-way trips per year
<b>Medicare Part B Drugs<sup>1</sup></b>	\$0 copay
PART D COVERAGE	Alterwood Advantage Dual Secure*
<b>Deductible</b>	No Deductible
<b>Initial Coverage Period</b> (30 and 90-day supply available retail or by mail order)	For generic drugs (including brand drugs treated as generic), either: \$0 copay / \$1.35 copay / \$3.95 copay <i>(depending on your level of Extra Help)</i>
	For all other drugs, either: \$0 copay / \$4.00 copay / \$9.85 copay <i>(depending on your level of Extra Help)</i>
<b>Catastrophic Coverage</b>	For generic drugs (including brand drugs treated as generic), you pay the greater of 5% of the cost, or \$3.95
	For all other drugs, you pay the greater of 5% of the cost, or \$9.85

<sup>1</sup> May require prior authorization

## ALTERWOOD ADVANTAGE DUAL SECURE (HMO-SNP)

### Summary of Benefits

ADDITIONAL BENEFITS	Alterwood Advantage Dual Secure*
<b>Outpatient Rehabilitation</b> <sup>1</sup>	<ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions over a period of up to 36 weeks): \$0 copay</li> <li>• Occupational therapy visit: \$0 copay</li> <li>• Speech and language therapy visit: \$0 copay</li> </ul>
<b>Durable Medical Equipment</b> <sup>1</sup>	\$0 copay
<b>Diabetic Supplies, Shoes, or Inserts</b> <sup>1</sup>	<ul style="list-style-type: none"> <li>• Diabetic Supplies: \$0 copay</li> <li>• Diabetic Shoes or Inserts: \$0 copay</li> </ul>
<b>Home Health Care</b> <sup>1</sup>	\$0 copay
<b>Telehealth</b>	\$0 copay for eligible Primary Care Physician, Specialist, Urgent Care, and Mental Health (individual and group) services
<b>Chiropractic Care</b> <sup>1</sup>	<ul style="list-style-type: none"> <li>• Medicare-covered visit: \$0 copay</li> <li>• Routine visit: \$0 copay - Limited to 4 visits per year</li> <li>• Routine chiropractic evaluation: \$0 copay - Limited to 1 visit per year</li> </ul>
<b>Acupuncture</b> <sup>1</sup>	<ul style="list-style-type: none"> <li>• Medicare-covered visit: \$0 copay</li> <li>• Routine visit: Not Covered</li> </ul>
<b>Foot Care (Podiatry Services)</b>	<ul style="list-style-type: none"> <li>• Medicare-covered services: \$0 copay</li> <li>• Routine visit: \$0 copay - Limited to 6 visits per year</li> </ul>
<b>Over-the-Counter (OTC) Products &amp; Essential Food Pantry Items</b>	\$100 quarterly allowance, items ordered through the plan's catalog

<sup>1</sup> May require prior authorization



## ALTERWOOD ADVANTAGE DUAL SECURE (HMO-SNP)

# Statement of Maryland Medical Assistance (Medicaid) Benefits and Cost-Sharing

### Eligibility

Alterwood Advantage Dual Secure is available to beneficiaries with both Medicare Parts A and B and who receive Medical Assistance from the state Medicaid program to cover Medicare cost-sharing.

- Alterwood Advantage Dual Secure members with Full Benefit Dual Eligible (FBDE) and Qualified Medicare Beneficiary (QMB) are covered by the state Medicaid program for their Medicare cost sharing.

### Cost Sharing and Protection for Members

In the Alterwood Advantage Dual Secure plan, the state Medicaid program pays the cost sharing for Medicare covered medical services you receive. You pay no cost sharing for the Medicare covered benefits described in the Covered Medical and Hospital Benefits section of this Summary of Benefits. You will pay small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. These small copayments only apply as long as you are receiving “extra help.” When you receive covered health care services, the network provider should bill Alterwood Advantage Dual Secure first and then Maryland Medical Assistance second. Network providers are not permitted to balance bill you for services that are covered by both Alterwood Advantage Dual Secure and Medicaid.

If you receive care from a non-network provider, the provider may not understand Alterwood Advantage Dual Secure or these billing rules. If you receive a bill from a provider for Medicare covered services, please notify Member Services so we can help you. Please see chapter 7, “Asking us to pay our share of a bill you have received for covered medical services or drugs”, of your Alterwood Advantage Dual Secure Evidence of Coverage for more information.

The benefits described on the next page are covered by Medicaid. You can see what Maryland Department of Health covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Alterwood Advantage Dual Secure will cover the benefits described in the previous sections of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Maryland Department of Health, 1-855-642-8572. Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share.

**ALTERWOOD ADVANTAGE DUAL SECURE (HMO-SNP)****Maryland Medical Assistance (Medicaid) Program Benefits**

<b>BENEFITS</b>	<b>Medicaid</b>	<b>Alterwood Advantage Dual Secure*</b>
<b>Ambulance Services</b>	Emergency Only	Covered
<b>Ambulatory Surgical Center</b>	Covered	Covered
<b>Dental Services</b>	Covered with Limits	Covered
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Covered	Covered
<b>Doctor Visits</b>	Covered	Covered
<b>Home Health Services</b>	Covered	Covered
<b>Hospice Services</b>	Covered	Covered
<b>Inpatient Hospital Coverage</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Mental Health Services</b>	Covered	Covered
<b>Outpatient Hospital Coverage</b>	Covered	Covered
<b>Podiatry Services (Foot Care)</b>	Covered with Limits	Covered
<b>Prescription Drugs</b>	Covered with Limits	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Transportation</b>	Covered with Limits	Covered
<b>Vision Services</b>	Covered	Covered
<b>Telehealth</b>	Covered with Limits	Covered

## 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 1-866-550-1011 (TTY: 711).

### Understanding the Benefits:

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com) or call 1-866-550-1011 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/coinsurance may change on January 1, 2023.
- 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).
- 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.

You can access the Evidence of Coverage (EOC), which provides a full listing of our plan's benefits and services, on our website at [www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com), or by calling the telephone number listed below.

You may view our plan's Provider Directory, Pharmacy Directory, complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com)



**1-866-550-1011 (TTY:711)**

**Hours of Operation:**

**October 1 – March 31**

8 am – 8 pm ET | 7 days a week

**April 1 – September 30**

8 am – 8 pm ET | Monday - Friday

**[www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com)**

\*If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), your copays and coinsurances may increase to 20% of the total cost for your medical benefits, the applicable Medicare Part A cost-shares, and 25% of the total cost of your Part D prescription drugs.