2022 Summary of Benefits

ALTERWOOD ADVANTAGE
Quality Care. Better Health.

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

HMO Plans

H9306_22_1099_01_OE_M CMS ACCEPTED: 8/29/2021

2022 Summary of Benefits

Alterwood Advantage Choice (HMO), Alterwood Advantage Choice Plus (HMO), & Alterwood Advantage Freedom (HMO)

H9306, Plans 001, 002, 003

This is a summary of drug and health services covered by Alterwood Advantage Choice, Alterwood Advantage Choice Plus, and Alterwood Advantage Freedom 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 Choice, Alterwood Advantage Choice Plus, or Alterwood Advantage Freedom, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area for these plans include the following counties in Maryland: Anne Arundel, Baltimore, Baltimore City, Caroline, Carroll, Cecil, Charles, Dorchester, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, Talbot, Washington, Wicomico, and Worcester.

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 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.

PLAN HIGHLIGHTS*

Monthly Premium:
$0 - $125
(based on your level of Extra Help)

Primary Care Physician Visits:
As low as $0

Generic Prescriptions:
As low as $0

Dental Care:
Preventive, Comprehensive, & Dentures

Vision Services:
$0 copay for a routine exam
Allowance towards eyewear

Hearing Services:
$0 copay for a routine exam
$475 - $1,950 copay per hearing aid

Over-the-Counter (OTC) Products and Essential Food Pantry Items:
Quarterly allowance to order items through plan's catalog

Transportation:
$0 copay to plan-approved locations

Routine Foot Care (Podiatry Services)
$0 copay for 4 visits per year

Routine Chiropractic Services:
$0 copay for 4 routine visits per year
$0 copay for 1 chiropractic evaluation per year

*Listed benefits might not be offered on all plans.
Please refer to charts within this document for further detail.

HMO PLANS

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BENEFITS	Alterwood Advantage Choice	Alterwood Advantage Choice Plus	Alterwood Advantage Freedom
Monthly Plan Premium	Part C: $0 Part D: $37 Total Premium: $37	Part C: $55 Part D: $70 Total Premium: $125	$0
	If you receive "Extra Help" or assistance through the Maryland Senior Prescription Drug Assistance Program (SPDAP), your premium may be reduced.		
Medicare Part B Buy-Down	N/A	N/A	$40 per month
Plan Level Deductible	No Deductible	No Deductible	No Deductible
Maximum Out-of-Pocket (MOOP)	$7,550 annually. This is not a deductible.	$7,550 annually. This is not a deductible.	$7,550 annually. This is not a deductible.
Inpatient Hospital Coverage [1]	• Days 1 - 6: $295 per day • Days 7 - 90: $0 per day	$350 copay per stay	• Days 1 - 6: $335 per day • Days 7 - 90: $0 per day
Outpatient Hospital Coverage [1]	$250 copay	$150 copay	$300 copay
Ambulatory Surgical Center [1]	$150 copay	$100 copay	$245 copay
Doctor Visits	• Primary care physician visit: $0 copay • Specialist visit: $35 copay	• Primary care physician visit: $0 copay • Specialist visit: $20 copay	• Primary care physician visit: $15 copay • Specialist visit: $40 copay
Preventive Care	$0 copay	$0 copay	$0 copay
Emergency Care	$90 copay	$90 copay	$90 copay
Urgently Needed Services	$35 copay	$20 copay	$40 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays [1]	• Diagnostic radiology services (such as MRIs, CT scans): $195 copay • Diagnostic test and procedures: $0 copay • Lab services: $0 copay • Outpatient x-rays: $20 copay • Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance	• Diagnostic radiology services (such as MRIs, CT scans): $125 copay • Diagnostic test and procedures: $0 copay • Lab services: $0 copay • Outpatient x-rays: $10 copay • Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance	• Diagnostic radiology services (such as MRIs, CT scans): $250 copay • Diagnostic test and procedures: $0 copay • Lab services: $0 copay • Outpatient x-rays: $20 copay • Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance

[1] May require prior authorization

HMO PLANS

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BENEFITS	Alterwood Advantage Choice	Alterwood Advantage Choice Plus	Alterwood Advantage Freedom
Hearing Services	• Medicare-covered exam: $40 copay • Routine hearing exam: $0 copay - Limited to 1 exam per year • 1 fitting and evaluation with 3 follow up visits within the first year from date of initial fitting: $0 copay • Hearing Aids: $475 - $1,950 copay per hearing aid	• Medicare-covered exam: $40 copay • Routine hearing exam: $0 copay - Limited to 1 exam per year • 1 fitting and evaluation with 3 follow up visits within the first year from date of initial fitting: $0 copay • Hearing Aids: $475 - $1,950 copay per hearing aid	• Medicare-covered exam: $40 copay • Routine hearing exam: $0 copay - Limited to 1 exam per year • 1 fitting and evaluation with 3 follow up visits within the first year from date of initial fitting: $0 copay • Hearing Aids: $475 - $1,950 copay per hearing aid
Dental Services [1]	Preventive Dental Services: $0 copay & $1,000 annual allowance towards all dental services. • Oral exam & cleaning: every 6 months • Comprehensive oral exam: every 36 months • Fluoride treatment: every 6 months • Palliative treatment: 3 per 12 months • Bitewing x-ray: once every 12 months • Panoramic x-ray: once every 36 months • Vertical bitewing x-ray: once every 36 months • Intraoral imaging: once every 36 months	Preventive Dental Services: $0 copay & $2,000 annual allowance towards all dental services. • Oral exam & cleaning: every 6 months • Comprehensive oral exam: every 36 months • Fluoride treatment: every 6 months • Palliative treatment: 3 per 12 months • Bitewing x-ray: once every 12 months • Panoramic x-ray: once every 36 months • Vertical bitewing x-ray: once every 36 months • Intraoral imaging: once every 36 months	Preventive Dental Services: $0 copay & $1,000 annual allowance towards all dental services. • Oral exam & cleaning: every 6 months • Comprehensive oral exam: every 36 months • Fluoride treatment: every 6 months • Palliative treatment: 3 per 12 months • Bitewing x-ray: once every 12 months • Panoramic x-ray: once every 36 months • Vertical bitewing x-ray: once every 36 months • Intraoral imaging: once every 36 months

[1] May require prior authorization

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BENEFITS	Alterwood Advantage Choice	Alterwood Advantage Choice Plus	Alterwood Advantage Freedom
Dental Services [1] (continued)	Comprehensive Dental Services: 20% coinsurance & $1,000 annual allowance towards all dental services. • Restorative services: 1 per tooth once every 24 months • Endodontics: 1 per lifetime, per patient, per tooth • Crowns: once per tooth per 60 months • Simple Extractions • Periodontics: 1 per quadrant of scaling every 36 months • Periodontal maintenance: once every 3 months • Dentures: upper, lower, partial, or any combination once every 60 months • Denture repairs: once every 12 months • Denture relines/rebase: once every 36 months • Denture adjustments: 2 per 12 months	Comprehensive Dental Services: 20% coinsurance & $2,000 annual allowance towards all dental services. • Restorative services: 1 per tooth once every 24 months • Endodontics: 1 per lifetime, per patient, per tooth • Crowns: once per tooth per 60 months • Simple Extractions • Periodontics: 1 per quadrant of scaling every 36 months • Periodontal maintenance: once every 3 months • Dentures: upper, lower, partial, or any combination once every 60 months • Denture repairs: once every 12 months • Denture relines/rebase: once every 36 months • Denture adjustments: 2 per 12 months	Comprehensive Dental Services: 20% coinsurance & $1,000 annual allowance towards all dental services. • Restorative services: 1 per tooth once every 24 months • Endodontics: 1 per lifetime, per patient, per tooth • Crowns: once per tooth per 60 months • Simple Extractions • Periodontics: 1 per quadrant of scaling every 36 months • Periodontal maintenance: once every 3 months • Dentures: upper, lower, partial, or any combination once every 60 months • Denture repairs: once every 12 months • Denture relines/rebase: once every 36 months • Denture adjustments: 2 per 12 months
Vision Services	• Medicare-covered exam: $40 copay • Medicare-covered eye wear after cataract surgery: 20% coinsurance • Routine eye exam: $0 copay - Limited to 1 exam per year • $150 annual allowance towards eyewear, includes contact lenses, eyeglass frames, eyeglass lenses, or any combination	• Medicare-covered exam: $40 copay • Medicare-covered eye wear after cataract surgery: 20% coinsurance • Routine eye exam: $0 copay - Limited to 1 exam per year • $250 allowance every 2 years towards eyewear, includes contact lenses, eyeglass frames, eyeglass lenses, or any combination	• Medicare-covered exam: $40 copay • Medicare-covered eye wear after cataract surgery: 20% coinsurance • Routine eye exam: $0 copay - Limited to 1 exam per year • $150 annual allowance towards eyewear, includes contact lenses, eyeglass frames, eyeglass lenses, or any combination

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BENEFITS	Alterwood Advantage Choice	Alterwood Advantage Choice Plus	Alterwood Advantage Freedom
Mental Health Services[1]	Inpatient: • Days 1 - 6: $310 per day • Days 7 - 90: $0 per day	$350 copay per stay	Inpatient: • Days 1 - 6: $310 per day • Days 7 - 90: $0 per day
	Outpatient: • Group therapy visit: $20 copay • Individual therapy visit: $30 copay	Outpatient: • Group therapy visit: $20 copay • Individual therapy visit: $30 copay	Outpatient: • Group therapy visit: $30 copay • Individual therapy visit: $40 copay
Skilled Nursing Facility (SNF)[1]	• Days 1 - 20: $0 per day • Days 21 - 100: $188 per day	• Days 1 - 20: $0 per day • Days 21 - 100: $188 per day	• Days 1 - 20: $0 per day • Days 21 - 100: $188 per day
Physical Therapy[1]	$35 copay	$25 copay	$40 copay
Ambulance [1]	• Ground: $240 copay • Air: $300 copay	• Ground: $240 copay • Air: $300 copay	• Ground: $235 copay • Air: $300 copay
Transportation	$0 copay for 10 one-way trips	Not Covered	Not Covered
Medicare Part B Drugs [1]	20% coinsurance	20% coinsurance	20% coinsurance

[1] May require prior authorization

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PART D COVERAGE	Alterwood Advantage Choice	Alterwood Advantage Choice Plus	Alterwood Advantage Freedom
Deductible	No Part D Deductible	No Part D Deductible	
Initial Coverage Period	Phase 1: You begin in this stage when you fill your first prescription of the year. During this stage, our plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total $4,430.		
Retail and Mail Order Cost-Shares	• **Tier 1 (Preferred Generics)** 30-day Supply: $3 90-day Supply: $0 • **Tier 2 (Generics)** 30-day Supply: $8 90-day Supply: $8 • **Tier 3 (Preferred Brands)** 30-day Supply: $47 90-day Supply: $94 • **Tier 4 (Non-Preferred Drugs)** 30-day Supply: $100 90-day Supply: $300 • **Tier 5 (Specialty)** 30-day Supply: 33% coinsurance	• **Tier 1 (Preferred Generics)** 30-day Supply: $0 90-day Supply: $0 • **Tier 2 (Generics)** 30-day Supply: $0 90-day Supply: $0 • **Tier 3 (Preferred Brands)** 30-day Supply: $47 90-day Supply: $94 • **Tier 4 (Non-Preferred Drugs)** 30-day Supply: $100 90-day Supply: $300 • **Tier 5 (Specialty)** 30-day Supply: 33% coinsurance	
Long Term Care (LTC) Cost-Shares	• **Tier 1 (Preferred Generics)** 31-day Supply: $3 • **Tier 2 (Generics)** 31-day Supply: $8 • **Tier 3 (Preferred Brands)** 31-day Supply: $47 • **Tier 4 (Non-Preferred Drugs)** 31-day Supply: $100 • **Tier 5 (Specialty)** 31-day Supply: 33% coinsurance	• **Tier 1 (Preferred Generics)** 31-day Supply: $0 • **Tier 2 (Generics)** 31-day Supply: $0 • **Tier 3 (Preferred Brands)** 31-day Supply: $47 • **Tier 4 (Non-Preferred Drugs)** 31-day Supply: $100 • **Tier 5 (Specialty)** 31-day Supply: 33% coinsurance	**Not Covered**
Out-of-Network Cost-Shares *(coverage is limited to certain situations. Contact the plan for details)*	• **Tier 1 (Preferred Generics)** 10-day Supply: $3 • **Tier 2 (Generics)** 10-day Supply: $8 • **Tier 3 (Preferred Brands)** 10-day Supply: $47 • **Tier 4 (Non-Preferred Drugs)** 10-day Supply: $100 • **Tier 5 (Specialty)** 10-day Supply: 33% coinsurance	• **Tier 1 (Preferred Generics)** 10-day Supply: $0 • **Tier 2 (Generics)** 10-day Supply: $0 • **Tier 3 (Preferred Brands)** 10-day Supply: $47 • **Tier 4 (Non-Preferred Drugs)** 10-day Supply: $100 • **Tier 5 (Specialty)** 10-day Supply: 33% coinsurance	

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PART D COVERAGE	Alterwood Advantage Choice	Alterwood Advantage Choice Plus	Alterwood Advantage Freedom
Coverage Gap	Phase 2: During this stage, you pay 25% of the cost for all your drugs. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of $7,050. This amount and the rules for counting costs toward this amount have been set by Medicare.		**Not Covered**
Catastrophic Coverage	Phase 3: Your share of the costs for a coverage drug will be either a copayment or coinsurance, whichever is the larger amount: • -either- the coinsurance of 5% of the total cost • -or- $3.95 for a generic drug or $9.85 for a brand drug		

ADDITIONAL BENEFITS	Alterwood Advantage Choice	Alterwood Advantage Choice Plus	Alterwood Advantage Freedom
Outpatient Rehabilitation [1]	• 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): $50 copay • Occupational therapy visit: $35 copay • Speech and language therapy visit: $35 copay	• 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): $50 copay • Occupational therapy visit: $25 copay • Speech and language therapy visit: $25 copay	• 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): $50 copay • Occupational therapy visit: $40 copay • Speech and language therapy visit: $40 copay
Durable Medical Equipment [1]	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Supplies, Shoes, or Inserts [1]	• Diabetic Supplies: 0% - 20% coinsurance • Diabetic Shoes or Inserts: 20% coinsurance	• Diabetic Supplies: 0% - 20% coinsurance • Diabetic Shoes or Inserts: 20% coinsurance	• Diabetic Supplies: 0% - 20% coinsurance • Diabetic Shoes or Inserts: 20% coinsurance
Home Health Care [1]	$0 copay	$0 copay	$0 copay

[1] May require prior authorization

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ADDITIONAL BENEFITS	Alterwood Advantage Choice	Alterwood Advantage Choice Plus	Alterwood Advantage Freedom
Telehealth	$0 copay for eligible Primary Care Physician, Specialist, Mental Health individual and group, and Urgent Care services	$0 copay for eligible Primary Care Physician, Specialist, Mental Health individual and group, and Urgent Care services	$0 copay for eligible Primary Care Physician, Specialist, Mental Health individual and group, and Urgent Care services
Chiropractic Care [1]	• Medicare-covered visit: $20 copay • Routine visit: $20 copay, limited to 4 visits per year • Routine Chiropractic Evaluation: $0 copay, limited to 1 visit per year	• Medicare-covered visit: $20 copay • Routine visit: $20 copay, limited to 4 visits per year • Routine Chiropractic Evaluation: $0 copay, limited to 1 visit per year	• Medicare-covered visit: $20 copay • Routine visit: $20 copay, limited to 4 visits per year • Routine Chiropractic Evaluation: $0 copay, limited to 1 visit per year
Acupuncture [1]	• Medicare-covered visit: $20 copay • Routine visit: Not Covered	• Medicare-covered visit: $20 copay • Routine visit: Not Covered	• Medicare-covered visit: $20 copay • Routine visit: Not Covered
Foot Care (Podiatry Services)	• Medicare-covered services: $40 copay • Routine visit: $35 copay - limited to 4 visits per year	• Medicare-covered services: $40 copay • Routine visit: $0 copay - limited to 4 visits per year	• Medicare-covered services: $30 copay • Routine visit: Not Covered
Over-the-Counter (OTC) Products & Essential Food Pantry Items	$25 quarterly allowance, items ordered through the plan's catalog	Not Covered	Not Covered
Lifestyle Medication	Not Covered	$10 copay per monthly supply of generic erectile dysfunction medication - limited to 4 pills per month	Not Covered

[1] May require prior authorization

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 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).

ALTERWOOD ADVANTAGE
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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, 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

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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