

2023 Summary of Benefits

ALTERWOOD ADVANTAGE 
Quality Care. Better Health.



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

HMO D-SNP Plan



2023 Summary of Benefits

Alterwood Advantage Dual Secure (HMO D-SNP)

H9306, Plan 004

This is a summary of drug and health services covered by the Alterwood Advantage Dual Secure plan from January 1, 2023 – December 31, 2023.

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.” You can access this document by visiting our website at www.AlterwoodAdvantage.com or by calling the number on the back of this booklet.

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 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, audio, 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. We are available 8am to 8pm ET, 7 days a week, from October 1 to March 31 and 8am to 8pm ET, Monday through Friday, from April 1 to September 30.



PLAN HIGHLIGHTS*

Monthly Premium:

\$0

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

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

\$150 quarterly allowance

Utility Flex Card:

\$50 per month

*This benefit is a part of a special supplemental
program. All members may not qualify.*

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 D-SNP)

Summary of Benefits

BENEFITS	Alterwood Advantage Dual Secure*
Monthly Plan Premium	\$0
Deductible	No Deductible
Maximum Out-of-Pocket (MOOP)	\$8,300 (this is not a deductible)
Inpatient Hospital Coverage ¹	<ul style="list-style-type: none"> Days 1 - 5: \$0 per day Days 6 - 90: \$0 per day
Outpatient Hospital Coverage ¹	\$0 copay
Ambulatory Surgical Center ¹	\$0 copay
Doctor Visits	<ul style="list-style-type: none"> Primary care physician visit: \$0 copay Specialist visit: \$0 copay
Preventive Care	\$0 copay
Emergency Care	\$0 copay
Urgently Needed Services	\$0 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays ¹	<ul style="list-style-type: none"> Diagnostic radiology services (such as MRIs, CT scans): \$0 copay Diagnostic test and procedures: \$0 copay Lab services: \$0 copay Outpatient x-rays: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay
Hearing Services	<ul style="list-style-type: none"> Medicare-covered exam: \$0 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 Our plan pays up to \$1,350 every 3 years for hearing aids

¹ May require prior authorization

ALTERWOOD ADVANTAGE DUAL SECURE (HMO D-SNP)

Summary of Benefits

BENEFITS	Alterwood Advantage Dual Secure*
Dental Services ¹	\$2,500 annual allowance towards all covered dental services
	Preventive Dental Services: \$0 copay for exams, cleanings, fluoride treatment, and x-rays.
	Comprehensive Dental Services: \$0 copay for restorative services, crowns, endodontics, periodontics, extractions, dentures, & other services.
Vision Services	<ul style="list-style-type: none"> Medicare-covered exam: \$0 copay Medicare-covered eyewear after cataract surgery: \$0 copay Routine eye exam: \$0 copay - Limited to 1 exam per year \$400 allowance every 2 years towards eyewear - includes contact lenses, eyeglass frames, eyeglass lenses, or any combination
Mental Health Services ¹	Inpatient: <ul style="list-style-type: none"> Days 1 - 5: \$0 per day Days 6 - 90: \$0 per day
	Outpatient: <ul style="list-style-type: none"> Group therapy visit: \$0 copay Individual therapy visit: \$0 copay
Skilled Nursing Facility (SNF) ¹	<ul style="list-style-type: none"> Days 1 - 20: \$0 per day Days 21 - 100: \$0 per day
Physical Therapy ¹	\$0 copay
Ambulance ¹	\$0 copay (Prior Authorization on non-emergent rides)
Transportation	\$0 copay for 36 one-way trips per year
Medicare Part B Drugs ¹	\$0 copay

¹ May require prior authorization

ALTERWOOD ADVANTAGE DUAL SECURE (HMO D-SNP)

Summary of Benefits

PART D COVERAGE	Alterwood Advantage Dual Secure*
Deductible	No Deductible
Initial Coverage Period (30 and 90-day supply available retail or by mail order)	For generic drugs (including brand drugs treated as generic), either: \$0 copay / \$1.45 copay / \$4.15 copay <i>(depending on your level of Extra Help)</i>
	For all other drugs, either: \$0 copay / \$4.30 copay / \$10.35 copay <i>(depending on your level of Extra Help)</i>
Coverage Gap	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 \$7,400. This amount and the rules for counting costs toward this amount have been set by Medicare. If you receive Extra Help, this stage does not apply to you.
Catastrophic Coverage	For generic drugs (including brand drugs treated as generic), you pay the greater of 5% of the cost, or \$4.15
	For all other drugs, you pay the greater of 5% of the cost, or \$10.35
Insulin	You won’t pay more than \$10.35 for a one-month supply of each insulin product covered by our plan.
Vaccines	Our plan covers most Part D vaccines at no cost to you.

ALTERWOOD ADVANTAGE DUAL SECURE (HMO D-SNP)

Summary of Benefits

ADDITIONAL BENEFITS	Alterwood Advantage Dual Secure*
Outpatient Rehabilitation ¹	<ul style="list-style-type: none">• 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• Occupational therapy visit: \$0 copay• Speech and language therapy visit: \$0 copay
Dialysis Services ¹	\$0 copay
Durable Medical Equipment ¹	\$0 copay
Diabetic Supplies, Shoes, or Inserts ¹	<ul style="list-style-type: none">• Diabetic Supplies: \$0 copay• Diabetic Shoes or Inserts: \$0 copay
Home Health Care ¹	\$0 copay
Telehealth	\$0 copay for eligible Primary Care Physician, Specialist, Urgent Care, and Mental Health (individual and group) services
Chiropractic Care ¹	<ul style="list-style-type: none">• Medicare-covered visit: \$0 copay• Routine visit: \$0 copay - Limited to 4 visits per year• Routine chiropractic evaluation: \$0 copay - Limited to 1 visit per year
Acupuncture ¹	<ul style="list-style-type: none">• Medicare-covered visit: \$0 copay• Routine visit: Not Covered
Foot Care (Podiatry Services)	<ul style="list-style-type: none">• Medicare-covered services: \$0 copay• Routine visit: \$0 copay - Limited to 6 visits per year
Over-the-Counter (OTC) Products & Essential Food Pantry Items	\$150 quarterly allowance, items ordered through the plan's catalog
Utility Flex Card	Eligible members can receive a prepaid flex card with a limit of \$50 per month to help cover utility expenses for their home. Examples of utilities include: gas, electric, and water. <i>This benefit is a part of a special supplemental program. All members may not qualify.</i>
Health & Wellness Program	\$150 annual reimbursement towards the purchase of a fitness tracker, at-home fitness equipment, participation in a fitness class, or gym membership.
Home Delivered Meals	Receive 14 healthy meals delivered to your home after discharge from an inpatient hospital stay or skilled nursing facility stay - Limited to 8 times per year.

¹ May require prior authorization

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

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

- ☐ 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.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 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:

- ☐ 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, 2024.
- ☐ 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, or by calling the telephone number listed below.

You may view our plan's Provider & Pharmacy Directory, complete plan formulary (list of Part D prescription drugs), and any limitations or restrictions on our website at 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

*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. If you have a change in your “extra help” coverage, your monthly premium could increase up to \$39.20.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-675-3944. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-675-3944. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-675-3944。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-675-3944。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-675-3944. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-675-3944. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-675-3944 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-675-3944. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-675-3944 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-675-3944. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-675-3944. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-675-3944 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-675-3944. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-675-3944. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-675-3944. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-675-3944. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-675-3944 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。