

2027 Summary of Benefits

Alterwood Advantage Dual Secure (HMO DSNP)

H9306, Plan 004

This is a summary of drug and health services covered by Alterwood Advantage Dual Secure from January 1, 2027 – December 31, 2027.

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, and live in our service area. Our service area for this plan include the following counties in Maryland: Anne Arundel, Baltimore, Baltimore City, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Harford, Howard, Kent, Montgomery, Prince George’s, 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 or urgent 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.

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 restrictions on our website at www.AlterwoodAdvantage.com

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BENEFITS	Alterwood Advantage Dual Secure* H9306-004
Monthly Plan Premium	\$0
Plan Level Deductible	No Deductible
Maximum Out-of-Pocket (MOOP) (does not include prescription drugs)	\$9,250
Inpatient Hospital Coverage¹	Days 1 - 6: \$0 copay per day Days 7 - 90: \$0 copay per day
Outpatient Hospital Coverage¹	\$0 copay
Ambulatory Surgical Center (ASC) ¹	\$0 copay
Doctor Visits Primary Care Physician (PCP)	\$0 copay
Specialist	\$0 copay

*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. Premium includes Part C and Part D premium combined.

¹ May require prior authorization

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BENEFITS	Alterwood Advantage Dual Secure* H9306-004
Preventive Care	\$0 copay Our plan covers many preventive screenings at no cost (listed below). Any additional preventive services approved by Medicare during the contract year will be covered. • Abdominal aortic aneurysm screening • Alcohol misuse screening & counseling • Annual wellness visit • Bone mass measurement (bone density) • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, FOBT and FIT kit) • Depression screening • Diabetes screenings • HIV screening • Immunizations • Medical nutrition therapy services • Medicare diabetes prevention program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (Counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time)
Emergency Care	\$0 copay
Urgently Needed Services	\$0 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays ¹	• 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

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BENEFITS	Alterwood Advantage Dual Secure* H9306-004
Hearing Services	• 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 • Hearing Aids: Our plan pays up to \$1,350 every 3 years towards hearing aids
Dental Services¹	Medicare-covered: \$0 copay
	\$1,985 combined annual allowance towards preventive and comprehensive 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	• Medicare-covered exam: \$0 copay • Medicare-covered eyewear after cataract surgery: \$0 copay • Routine eye exam: \$0 copay - Limited to 1 exam per year • \$300 allowance every 2 years towards eyewear - includes contact lenses, eyeglass frames, eyeglass lenses, or any combination
Mental Health Services¹	Inpatient: • Days 1 - 6: \$0 copay per day • Days 7 - 90: \$0 copay per day
	Outpatient: • Group therapy visit: \$0 copay • Individual therapy visit: \$0 copay <i>Mental Health Services may also be covered under our Telehealth benefit. Please see the Telehealth benefit for more information.</i>
Skilled Nursing Facility (SNF)¹	Days 1 - 20: \$0 copay per day Days 21 - 100: \$0 copay per day
Physical Therapy¹	\$0 copay
Ambulance¹	• Ground: \$0 copay • Air: \$0 copay
Transportation	\$0 copay for 24 one-way trips per year
Medicare Part B Drugs¹	\$0 copay Insulin: \$0 copay

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PART D	Alterwood Advantage Dual Secure* H9306-004	
Deductible	\$505 on Tiers 3, 4, & 5. If you are eligible for “Extra Help,” you most likely pay \$0.	
Initial Coverage Period	You begin this stage when you fill your first prescription on Tier 1 or Tier 2. If your prescription is on Tiers 3, 4, or 5, you will pay the drug cost up to the \$505 deductible. After you meet your \$505 deductible, you will pay the applicable cost-share(s) below. If you are eligible for “Extra Help,” you most likely pay \$0 for the Part D deductible.	
	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 reach \$2,400.	
Retail Pharmacy & Preferred Mail Order Cost-Shares <i>(You may pay less depending on the level of “Extra Help” you receive.)</i>	Tier 1 (Preferred Generics) 30-day Supply: \$0 copay 100-day Supply: \$0 copay Tier 2 (Generics) 30-day Supply: 25% coinsurance 100-day Supply: 25% coinsurance Tier 3 (Preferred Brands) 30-day Supply: 25% coinsurance 90-day Supply: 25% coinsurance	Tier 4 (Non-Preferred Drugs) 30-day Supply: 25% coinsurance 90-day Supply: 25% coinsurance Tier 5 (Specialty) 30-day Supply: 28% coinsurance 90-day Supply: not covered
Standard Mail Order Cost-Shares <i>(You may pay less depending on the level of “Extra Help” you receive.)</i>	Tier 1 (Preferred Generics) 30-day Supply: \$1 copay 100-day Supply: \$1 copay Tier 2 (Generics) 30-day Supply: 25% coinsurance 100-day Supply: 25% coinsurance Tier 3 (Preferred Brands) 30-day Supply: 25% coinsurance 90-day Supply: 25% coinsurance	Tier 4 (Non-Preferred Drugs) 30-day Supply: 25% coinsurance 90-day Supply: 25% coinsurance Tier 5 (Specialty) 30-day Supply: 28% coinsurance 90-day Supply: not covered
Long Term Care Cost-Shares <i>(You may pay less depending on the level of “Extra Help” you receive.)</i>	Tier 1 (Preferred Generics) 31-day Supply: \$0 copay Tier 2 (Generics) 31-day Supply: 25% coinsurance Tier 3 (Preferred Brands) 31-day Supply: 25% coinsurance	Tier 4 (Non-Preferred Drugs) 31-day Supply: 25% coinsurance Tier 5 (Specialty) 31-day Supply: 28% coinsurance
Catastrophic Coverage	If you reach this stage, you pay nothing for covered Part D drugs.	
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.	
Vaccines	Our plan covers most Part D vaccines at no cost to you.	

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BENEFITS	Alterwood Advantage Dual Secure* H9306-004
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): \$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	- 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, Mental Health individual and group, and Urgent Care services.
Health & Wellness Program	\$200 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 7 healthy meals delivered to your home after discharge from an inpatient hospital stay or skilled nursing facility stay - Limited to 8 times per year.
Chiropractic Care ¹	- 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	Medicare-covered visit: \$0 copay
Foot Care (Podiatry Services)	- Medicare-covered services: \$0 copay - Routine visit: \$0 copay - Limited to 6 visits per year
Flex Card	\$100 monthly allowance
	All members may use their monthly allowance towards the purchase of over-the-counter (OTC) products. Additionally, members with a qualifying chronic condition may also use their monthly allowance towards groceries, utilities, pest control, or housekeeping services. <i>A portion of this benefit is a part of a special supplemental program. All members may not qualify.</i>

¹ May require prior authorization

ALTERWOOD ADVANTAGE DUAL SECURE

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

Medicaid Benefits:

Coverage of benefits depends on your level of Medicaid eligibility. 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. For more information, please call the Maryland Department of Health at 1-877-463-3464.

Cost Sharing and Protection for Alterwood Advantage Dual Secure 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**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
Health and Wellness Program	Not Covered	Covered
Home Delivered Meals	Not 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:

- ☐ 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, 2028.
- ☐ 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.
- ☐ If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.