

2027 Summary of Benefits

Alterwood Advantage Select (HMO)

H9306, Plan 009-002

This is a summary of drug and health services covered by Alterwood Advantage Select 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 Select 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: Baltimore City.

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 Select H9306-009-002
Service Area	Baltimore City
Monthly Plan Premium*	\$0
Plan Level Deductible	No Deductible
Maximum Out-of-Pocket (MOOP) (does not include prescription drugs)	\$7,500
Inpatient Hospital Coverage ¹	Days 1 - 4: \$425 - \$520 copay per day* Days 5 - 90: \$0 copay per day
Outpatient Hospital Coverage ¹	\$400 - \$1,000 copay*
Ambulatory Surgical Center (ASC) ¹	\$50 copay
Doctor Visits Primary Care Physician (PCP)	\$0 copay
Specialist	\$25 copay

*Premium includes Part C and Part D premium combined.

¹ May require prior authorization

*Copay is based on preferred vs non-preferred facilities. Please refer to the plan's website for a full list.

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BENEFITS	Alterwood Advantage Select H9306-009-002
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	\$115 copay
Urgently Needed Services	\$0 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays ¹	• Diagnostic radiology services (such as MRIs, CT scans): \$165 - \$415 copay* • Diagnostic test and procedures: \$15 copay • Lab services: \$0 copay • Outpatient x-rays: \$20 - \$50 copay* • Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance

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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, once per year
Dental Services¹	Medicare-covered: \$40 copay
	\$2,725 combined annual allowance towards preventive and comprehensive services.
	Preventive Dental Services: \$0 copay for exams, cleanings, fluoride treatment, and x-rays.
	Comprehensive Dental Services: 20% coinsurance for restorative services, crowns, endodontics, periodontics, extractions, dentures, & other services.
Vision Services	• Medicare-covered exam: \$40 copay • Medicare-covered eyewear after cataract surgery: 20% coinsurance • Routine eye exam: \$0 copay - Limited to 1 exam per year • \$225 annual allowance towards eyewear - includes contact lenses, eyeglass frames, eyeglass lenses, or any combination
Mental Health Services¹	Inpatient: Days 1 - 4: \$425 copay per day Days 5 - 90: \$0 copay per day
	Outpatient: • Group therapy visit: \$35 copay • Individual therapy visit: \$45 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: \$221 copay per day
Physical Therapy¹	\$50 copay
Ambulance¹	• Ground: \$240 copay • Air: \$300 copay
Transportation	Not Covered
Medicare Part B Drugs¹	0% - 20% coinsurance Insulin: \$35 copay

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PART D	Alterwood Advantage Select H9306-009-002	
Deductible	\$295 on Tiers 3, 4, & 5	
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 \$295 deductible. After you meet your \$295 deductible, you will pay the applicable cost-share(s) below.	
	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 and Preferred Mail Order Cost-Shares	Tier 1 (Preferred Generics) 30-day Supply: \$0 copay 100-day Supply: \$0 copay Tier 2 (Generics) 30-day Supply: \$0 copay 100-day Supply: \$0 copay Tier 3 (Preferred Brands) 30-day Supply: \$47 copay 90-day Supply: \$141 copay	Tier 4 (Non-Preferred Drugs) 30-day Supply: \$100 copay 90-day Supply: \$300 copay Tier 5 (Specialty) 30-day Supply: 30% coinsurance 90-day Supply: not covered
Standard Mail Order Cost-Shares	Tier 1 (Preferred Generics) 30-day Supply: \$0 copay 100-day Supply: \$0 copay Tier 2 (Generics) 30-day Supply: \$1 copay 100-day Supply: \$1 copay Tier 3 (Preferred Brands) 30-day Supply: \$47 copay 90-day Supply: \$141 copay	Tier 4 (Non-Preferred Drugs) 30-day Supply: \$100 copay 90-day Supply: \$300 copay Tier 5 (Specialty) 30-day Supply: 30% coinsurance 90-day Supply: not covered
Long Term Care Cost-Shares	Tier 1 (Preferred Generics) 31-day Supply: \$0 copay Tier 2 (Generics) 31-day Supply: \$0 copay Tier 3 (Preferred Brands) 31-day Supply: \$47 copay	Tier 4 (Non-Preferred Drugs) 31-day Supply: \$100 copay Tier 5 (Specialty) 31-day Supply: 30% 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, even if you haven't paid your deductible.	

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Outpatient Rehabilitation¹	- 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): \$30 copay - Occupational therapy visit: \$35 copay - Speech and language therapy visit: \$50 copay
Dialysis Services¹	20% coinsurance
Durable Medical Equipment¹	20% coinsurance
Diabetic Supplies, Shoes, or Inserts¹	- Diabetic Supplies: 0% - 20% coinsurance - Diabetic Shoes or Inserts: 20% coinsurance
Home Health Care¹	\$0 copay
Telehealth	\$0 copay for eligible Primary Care Physician, Specialist, Mental Health individual and group, and Urgent Care services.
Health & Wellness Program	\$500 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 Care¹	- Medicare-covered visit: \$15 copay - Routine visit: \$15 copay - Limited to 4 visits per year - Routine Chiropractic Evaluation: \$0 copay - Limited to 1 visit per year
Acupuncture¹	Medicare-covered visit: \$20 copay
Foot Care (Podiatry Services)	- Medicare-covered services: \$35 copay - Routine visit: \$35 copay - Limited to 4 visits per year
Over-the-Counter (OTC) Products & Essential Food Pantry Items	\$45 quarterly allowance, items ordered through the plan's catalog

¹ May require prior authorization

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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).
- ☐ 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.