2024 Summary of Benefits

Great Plains Medicare Advantage (HMO I-SNP)
H1787, Plan 001

This is a summary of drug and health services covered by Great Plains Medicare Advantage (HMO I-SNP) January 1, 2024 - December 31, 2024.

Great Plains Medicare Advantage (HMO I-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call (844) 637-4760, TTY should call (888) 279-1549, for more information.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at GreatPlainsMedicareAdvantage.com, or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

• Please call (844) 637-4760, TTY: (888) 279-1549 for more information. For Medicare Part D drug coverage information can call (855) 800-8872, TTY: 711.

• Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

To join Great Plains Medicare Advantage (HMO I-SNP), you must:

• be entitled to Medicare Part A,

• -- *and* -- be enrolled in Medicare Part B,

• -- *and* -- live in our service area,

• -- *and* -- reside in one of our participating basic care or assisted living communities and meet a nursing facility level of care, or nursing facilities for greater than 90 days. The plan's *Provider Directory* has a list of participating assisted living communities or nursing facilities; you can access this list on our website GreatPlainsMedicareAdvantage.com or call Member Services and ask us to send you a list.

Our service area includes these counties in South Dakota: Bon Homme, Charles Mix, Custer, Day, Deuel, Douglas, Hand, Kingsbury, Lincoln, McCook, Meade, Miner, Minnehaha, Pennington, Tripp, Turner, and Union.

Great Plains Medicare Advantage (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at GreatPlainsMedicareAdvantage.com. If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments (copay)/coinsurance may change on January 1 of each year.

Limitations, copays, and restrictions may apply.

You must continue to pay your Medicare Part B premium.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You 2024"** handbook. View it online at https://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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Great Plains Medicare Advantage (HMO I-SNP)	
Monthly Plan Premium	$23.90 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible was $226. This is the 2023 cost-sharing amount and may change in 2024. Great Plains Medicare Advantage (HMO I-SNP) will provide updated rates as soon as they are released. The Part A deductible was $1,600. This is the 2023 cost-sharing amount and may change in 2024. Great Plains Medicare Advantage (HMO I-SNP) will provide updated rates as soon as they are released.
Maximum Out-of-Pocket Amount (Does Not Include Part D Prescription Drugs)	$8,850
Preventive Care	You pay nothing.

Premium and Benefits	Great Plains Medicare Advantage (HMO I-SNP)
Doctor Visits **Primary Care Providers** **Specialists*** **Specialist does not include Foot Care (Podiatrist). See Foot Care (Podiatry) section below.*	• $0 copay • 20% coinsurance
Inpatient Hospital Coverage	You pay the 2024 Original Medicare cost-sharing amounts. These are the 2023 cost-sharing amounts and may change for 2024. • Deductible: $1,600 • Days 1-60: $0 copay • Days 61-90: $400 copay per day • Days 91 and beyond: $800 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) • Each day after lifetime reserve days: All costs *Prior Authorization is required.*
Outpatient Hospital Coverage Outpatient Hospital Services Outpatient Hospital Observation Services	• 20% coinsurance *Prior Authorization is required.* • $100 copay per stay
Mental Health Services Inpatient Visit Outpatient Group Therapy Visit Outpatient Individual Therapy Visit	You pay the 2024 Original Medicare cost-sharing amounts. These are the 20203 cost-sharing amounts and may change for 2024. • Deductible: $1,600 • Days 1-60: $0 copay • Days 61-90: $400 copay per day • Days 91 and beyond: $800 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) • Each day after lifetime reserve days: All costs *Prior Authorization is required.* • 20% coinsurance • 20% coinsurance

Premium and Benefits	Great Plains Medicare Advantage (HMO I-SNP)
Ambulatory Surgical Center (ASC) Services	• 20% coinsurance *Prior Authorization is required for certain surgeries.*
Emergency Care	• $90 copay Copay is waived if you are admitted to a hospital within 3 days.
Urgently Needed Services	• 20% coinsurance, up to a maximum of $55 Coinsurance is waived if you are admitted to a hospital within 3 days.
Ambulance Services	
Ground or Air Ambulance	• 20% coinsurance
Diagnostic Services / Labs / Imaging	
Diagnostic Tests and Procedures	• 20% coinsurance *Prior Authorization is required.*
Lab Services	• $0 copay *No Prior Authorization required for lab services rendered in any place of service, except for Genetic Testing, which does require Authorization.*
Diagnostic and Therapeutic Radiology Services (e.g. MRI, CAT Scan)	• 20% coinsurance *Prior Authorization is required*.
Outpatient X-rays	• 20% coinsurance *Prior Authorization only required for high-end imaging.*
Hearing Services	
Medicare-Covered Hearing Exam	• 20% coinsurance
Supplemental Benefits Routine Hearing Exam, Fitting and Evaluation for Hearing Aids	• $0 copay for 1 routine hearing exam every year, unlimited fitting, and evaluation for hearing aids.
Hearing Aids	• Up to $2,000 in credit for both ears combined every year

Premium and Benefits	Great Plains Medicare Advantage (HMO I-SNP)
Dental Services Medicare-Covered Dental Services	• 20% coinsurance

Supplemental Benefits
Preventive and Comprehensive Dental Services
	• $0 copay for the following Preventive dental services:
	  ○ 2 Oral Exams every year
	  ○ 2 Prophylaxis (Cleanings) every year
	  ○ 1 set of bitewing x-rays annually
	  ○ 1 Panoramic x-ray every 5 years
	• A maximum amount of $2,000 to be divided out between a set of dentures and other Comprehensive dental services every year.
	• $500 per year maximum benefit may be used toward the following Comprehensive dental benefits:
	  ○ Non-routine services,
	  ○ Diagnostic services,
	  ○ Restorative services,
	  ○ Endodontics,
	  ○ Periodontics,
	  ○ Extractions,
	  ○ Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services.
	• $1,500 limit for services related to the provision of dentures, covering one set of dentures every two years.

Premium and Benefits	Great Plains Medicare Advantage (HMO I-SNP)
Vision Care Medicare-Covered Eye Exams *Supplemental Benefits* Routine Eye Exam Eyewear: eyeglasses (lenses and frames), upgrades, contacts	• 20% coinsurance • $0 copay for one routine eye exam every year • $300 limit for eyeglasses (lenses and frames) every year. • Eyeglass lenses (single vision, lined bifocal, lined trifocal and lenticular) are covered in full. $300 frame allowance is provided. • Standard progressives are covered in full. • $100 limit to cover fitting evaluation and 1 pair of contact lenses every year in lieu of eyeglasses (lenses and frames)
Foot Care (Podiatry Services) Foot Exams and Treatment *Supplemental Benefits* Routine Foot Care	• 20% coinsurance for Medicare-Covered services, diabetic foot care. • $0 copay for 6 routine foot care visits per year
Cardiac Rehab **Pulmonary Rehab**	• 20% coinsurance • 20% coinsurance
Occupational Therapy **Physical Therapy** **Speech Therapy**	• 20% coinsurance • 20% coinsurance • 20% coinsurance
Transportation (Additional Routine)	• $0 copay Routine transportation for up to 26 trips per year. A trip is considered one-way transportation by taxi, bus/subway, van, or medical transport to a plan approved health-related location

Premium and Benefits	Great Plains Medicare Advantage (HMO I-SNP)
Skilled Nursing Facility (SNF) Care	You pay the 2024 Original Medicare cost-sharing amounts. These are the 2023 cost-sharing amounts and may change for 2024. • Days 1-20: $0 copay per day • Days 21-100: Up to $ 200 copay per day
Medicare Part B Prescription Drugs	
Chemotherapy Drugs	• 0% to 20% coinsurance *Prior Authorization is required for some medications.*
Other Part B Drugs	• 0% to 20% coinsurance *Prior Authorization is required for some medications.*

Great Plains Medicare Advantage (HMO I-SNP) Outpatient Prescription Drugs		
	Standard Retail Cost-Sharing (30 day supply, 60 day supply, or 90 day supply)	Long-Term Care (LTC) Cost-sharing (31 day supply)
Deductible	$545 for all Part D drugs.	
Cost-sharing for Covered Drugs	25% coinsurance	25% coinsurance
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach $5,030, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacy or mail order) reach $8,000, you pay nothing for covered Part D drugs.	

Cost-sharing may differ based on point-of-service (retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term supply (30-days) or long-term supply (90-days).

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.

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.