

2022 Summary of Benefits

Great Plains Medicare Advantage Gold (HMO I-SNP)

H7511, Plan 002

This is a summary of drug and health services covered by Great Plains Medicare Advantage Gold (HMO I-SNP) January 1, 2022 - December 31, 2022.

Great Plains Medicare Advantage Gold (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 1-844-637-4760, TTY should call 1-888-279-1549, 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](https://www.GreatPlainsMedicareAdvantage.com), or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-844-637-4760, TTY/TDD should call 1-888-279-1549.
- 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 Gold (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 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 Nebraska: Adams, Boone, Buffalo, Butler, Custer, Dakota, Dodge, Douglas, Fillmore, Furnas, Gage, Hall, Harlan, Holt, Howard, Jefferson, Kearney, Knox, Lancaster, Madison, Merrick, Nemaha, Nuckolls, Otoe, Platte, Polk, Sarpy, Saunders, Seward, Sherman, Washington, Webster, and York.

Great Plains Medicare Advantage Gold (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/coinsurance may change on January 1 of each year.

Limitations, copayments, 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 2022”** 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 Gold (HMO I-SNP)
Monthly plan premium	\$50 You must continue to pay your Medicare Part B premium.
Deductible	\$0
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$3,000
Inpatient Hospital coverage	\$185 copayment each day for days 1 to 5 and \$0 copayment each day for days 6 to 90 for Medicare-covered hospital care. \$0 copayment for an additional 60 lifetime reserve days. <i>Prior authorization is required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	\$50 copayment \$50 copay: Outpatient Hospital Services – Surgery <i>Prior authorization is required.</i> \$100 copayment
Doctor Visits Primary Care Providers Specialists	\$0 copayment \$30 copayment
Preventive Care	You pay nothing.
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
Urgently needed services	\$30 copayment Copayment is waived if you are admitted to a hospital within 3 days.
Diagnostic Services/Labs/Imaging Diagnostic tests and procedures Lab services	20% coinsurance <i>Prior authorization is required.</i> \$0 copayment <i>No prior authorization required for lab services rendered in any place of service, except for Genetic Testing, which does require prior authorization</i>

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<p>Diagnostic radiology services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p>	<p>\$50 copayment <i>Prior authorization is required.</i></p> <p>\$10 copayment <i>Authorization only required for high-end imaging.</i></p>
<p>Hearing services</p> <p>Hearing exam <i>Supplemental benefits</i></p> <p>Routine hearing exam, fitting and evaluation for hearing aids</p> <p>Hearing aids</p>	<p>\$30 copayment for Medicare-covered hearing services.</p> <p>\$0 copayment for 1 routine hearing exam, fitting and evaluation for hearing aids every year.</p> <p>Up to a \$2,000 credit for both ears combined every two years for hearing aids.</p>
<p>Dental services</p> <p>Medicare-covered dental</p> <p><i>Supplemental benefits</i></p> <p>Preventive and comprehensive</p>	<p>20% coinsurance for each Medicare-covered service.</p> <p>\$0 copayment for: 2 Oral Exams every year; 2 Prophylaxis (Cleanings) every year; 2 Dental X-rays every year A maximum amount of \$2000 towards comprehensive services to be divided out between a set of dentures and other comprehensive dental services. A \$500 limit per year may be used towards non-routine services, diagnostic services, restorative services, endodontics, periodontics, or extractions. A \$1,500 limit may be used towards services related to the provision of dentures, covering one set of dentures every two years.</p>
<p>Vision care</p> <p>Yearly eye exam for diabetic retinopathy</p> <p><i>Supplemental benefits</i></p> <p>Routine eye exam</p> <p>Eyeglasses, lenses, frames, contacts</p>	<p>\$30 copayment for Medicare-covered services.</p> <p>You pay a \$0 copayment for 1 routine eye exam visit every year. Allowance of up to \$275 every year.</p>
<p>Mental Health Services</p> <p>Inpatient visit</p>	<p>\$185 copayment each day for days 1 to 5 and \$0 copayment each day for days 6 to 90 for Medicare-covered hospital care. \$0 copayment for an additional 60 lifetime reserve days. <i>Prior authorization is required.</i></p>

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Outpatient group therapy visit Outpatient individual therapy visit	\$30 copayment \$30 copayment
Skilled nursing facility (SNF) care	You pay the 2022 Original Medicare cost-sharing amounts. These are the 2021 cost-sharing amounts and may change for 2022. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$185.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. Traditional Medicare benefit period
Physical Therapy	\$0 copayment
Ambulance services Ground Ambulance Air Ambulance	\$150 copayment 20% coinsurance
Transportation (additional routine)	\$0 copayment Routine transportation for up to 24 trips every year. A trip is considered one-way transportation by taxi, bus/subway, van, or medical transport to a plan approved health-related location.
Medicare Part B prescription drugs Chemotherapy drugs Other Part B drugs	20% coinsurance <i>Prior authorization is required for some medications</i> 20% coinsurance <i>Prior authorization is required for some medications.</i>
Ambulatory Surgical Center	\$50 copayment <i>Authorization is required for certain surgeries</i>
Foot Care (podiatry services) Foot exams and treatment <i>Supplemental benefits</i> Routine foot care	0% - 20% coinsurance 20% coinsurance for Medicare-covered diabetic foot care only. \$0 copayment for 6 routine foot care visits per year.
Occupational or Speech Therapy	\$0 copayment

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Outpatient Prescription Drugs		
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)
Deductible	This plan has no deductible for Part D drugs, this payment stage doesn’t apply.	
Tier 1 (Preferred Generic)	\$4 copayment	\$4 copayment
Tier 2 (Generic)	\$10 copayment	\$10 copayment
Tier 3 (Preferred Brand)	\$45 copayment	\$45 copayment
Tier 4 (Non-Preferred Drug)	\$95 copayment	\$95 copayment
Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, 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 your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none">• 5% coinsurance, or• \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other 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 (30-day supply) or long-term (90-day supply).

Pre-Enrollment Checklist

Great Plains Medicare Advantage (HMO I- SNP) Great Plains Medicare Advantage Gold (HMO I-SNP)

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 1-844-637-4760 (TTY 888-279-1549).

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 GreatPlainsMedicareAdvantage.com or call 1-844-637-4760 (TTY 888-279-1549) 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.

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/co-insurance 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).
- ☐ This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- ☐ This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.

Great Plains Medicare Advantage is an HMO I-SNP with a Medicare contract. Enrollment in Great Plains Medicare Advantage depends on contract renewal. Great Plains Medicare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Out-of-network/non-contracted providers are under no obligation to treat Great Plains Medicare Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.