



Advantage U Signature (PPO) Medicare Advantage 2021

Advantage



— Today we will cover:

2

- Medicare 101 – Basics of Medicare
- Medicare Advantage Plans
 - How they work
 - Enrollment and Eligibility
- Medicare Advantage Plan offered by Advantage U
- Advantage U Signature (PPO) Benefit Highlights
 - Premium and MOOP
 - Provider Network
 - Medical Benefit Highlights
 - Pharmacy Benefit Highlights
 - Supplemental Benefits
- Next Steps / How do I enroll?
- Questions

Important Disclaimers

Advantage U Signature (PPO) is a PPO with a Medicare contract. Enrollment in Advantage U Signature (PPO) depends on contract renewal.

This information is not a complete description of benefits. Call 1-855-275-0374 TTY-711 for more information. Our Customer Service hours are 8:00 a.m. to 8:00 p.m., Mountain Time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays

Out-of-network/non contracted providers are under no obligation to treat Advantage U 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.



— Medicare 101

Medicare is a health insurance program for:

People age 65 or older.

People under age 65 with certain disabilities.

People of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has different parts that help cover specific services:

Medicare Part A (Hospital Insurance) - Part A helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits. Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working.

Medicare Part B (Medical Insurance) - Part B helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. Most people pay a monthly premium for Part B.

Medicare Part D (Prescription Drug Coverage) - Medicare prescription drug coverage is available to everyone with Medicare. To get Medicare prescription drug coverage, people must join a plan approved by Medicare that offers Medicare drug coverage. Most people pay a monthly premium for Part D.

Medicare Advantage Plans

- **What are Medicare Advantage Plans?**
 - Medicare Advantage (also known as Part C) is an “all in one” alternative to Original Medicare. These “bundled” plans include Part A, Part B, and usually Part D
 - The plans may have lower out-of- pocket costs than Original Medicare
 - In most cases, you’ll need to use doctors who are in the plan’s network
 - Most plans offer extra benefits that Original Medicare doesn’t cover— like vision, hearing, dental, and more
- **Eligibility** - You can join a Medicare Advantage Plan if:
 - You have Medicare Part A and Part B
 - You live in the plan’s service area
 - You’re a U.S. citizen, U.S. national, or lawfully present in the U.S.

Medicare Advantage Plans

Enrollment - You can only join, switch, or drop a Medicare Advantage Plan during the enrollment periods below:

- **Initial Enrollment Period**—When you first become eligible for Medicare, you can sign up during your Initial Enrollment Period. This is the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.
- **Annual Enrollment Period**—Between October 15—December 7, anyone with Medicare can join, switch, or drop a Medicare Advantage Plan. Your coverage will begin on January 1, as long as the plan gets your request by December 7.
- **Open Enrollment Period** - During this time, if you're in a Medicare Advantage Plan and want to change your health plan, you can switch to a different Medicare Advantage Plan with or without drug coverage

Note: In certain situations (like if you move), you may be able to join, switch, or drop a plan at other times

Medicare Advantage Plan offered by Advantage U

Key Product Attributes

CMS Contract ID: H4304-001	Marketing Name: Advantage U
Plan Name: Advantage U Signature (PPO)	Plan Type: PPO Plan Premium: \$0

Component	Description
Service Area	Weber, Davis, Salt Lake, Tooele, Utah
Provider Network	U of U Health (University of Utah), Steward Health Care System, MountainStar (HCA), Mountain West

Medical Benefits Summary
Maximum Out of Pocket (MOOP) In-network \$6900

Benefit	Copay Amount (In-Network)
PCP Visit	\$0
Specialist Visit	\$30
Inpatient Stay	\$325 (1-4)

Part D Benefits Summary Deductible \$200 applies to 3,4,5

	Copay 30/60/90 (In-Network)		Copay 30/60/90 (In-Network)
Tier 1	\$3/\$6/\$0	Tier 4	\$100/\$200/\$300
Tier 2	\$10/\$20/\$20	Tier 5	29% coinsurance
Tier 3	\$47/\$94/\$141		

Dental – Yes (Preventive and Some Comprehensive), **Vision** - Yes, **Hearing** - Yes, **Fitness** – Yes, **OTC** – Yes **Transportation** - No

Benefit Highlights

Monthly Premium / MOOP / Medical Deductible/Part D Deductible

- The 2021 Monthly Premium for Advantage U Signature PPO is **\$0 a month**, as a member you must continue to pay your Part B premium
- The 2021 Maximum Out of Pocket for Advantage U Signature PPO is:
 - **\$6900 In-network**
 - **\$11,300 Combined In-network and Out of Network**
- The annual Medical deductible is **\$0**
- The annual Part D deductible is **\$200** and only applies to **Tier 3, 4 and 5**

FEATURES	
Annual Medical Deductible	- \$0
Prescription Drug Deductible (individual)	- \$200 applies to Tier 3, 4 and 5
Annual Maximum Out-of-Pocket (individual)	- In network \$6,900
Combined In network and Out of Network	\$11,300

Advantage U Provider Network

9

- Advantage U has a network of doctors, hospitals, and other providers that you may go to. You may go out of the Advantage U's network but your costs may be higher.
- Providers in the Advantage U Network include:

Provider Systems	Provider Clinics
<ul style="list-style-type: none">• U of U Health (University of Utah)• Steward Health Care System• MountainStar (HCA)• Mountain West	<ul style="list-style-type: none">• U Health Clinics• Granger Medical• Ogden Clinic• Revere Health• Tanner• Community Nursing Services• Premier Family Medical• Physician Group of Utah• and many others

Medical Benefit Highlights

10

Inpatient Hospital / Skilled Nursing Facility (SNF)

- The 2021 Inpatient Hospital Stay Acute or Inpatient Hospital Psychiatric copay is
 - **\$325** per day for days **1-4**
 - **\$0** for days 5 and beyond
- The 2021 Skilled Nursing Facility (SNF) copay is:
 - **\$0** per day for days 1-20
 - **\$176** per day for days 21-100
 - **\$0** copay for day 101 and beyond

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Inpatient Hospital Acute*		
Days 1-4	\$325 copay/day	45% coinsurance
Days 5-90	\$0 copay	45% coinsurance
Inpatient Hospital Psychiatric*		
Days 1-4	\$325 copay/day	45% coinsurance
Days 5-90	\$0 copay	45% coinsurance
Skilled Nursing Facility (SNF)*		
Days 1-20	\$0 copay/day	45%
Days 21-100	\$176 copay/day	45%
Days 100-beyond copay	\$0 copay/day	45%

*Authorization Rules Apply

Medical Benefit Highlights

11

Emergency and Urgent Care

- Emergency Care copay is \$90
- Urgently Needed Care
 - Office Visit Copay is \$45
 - Telehealth Visit is \$0 for Telehealth visit through an in-network provider office
- Worldwide Emergency Care and Urgent Care copay is \$90
- Ambulance Services copay is \$300

Medical Benefit Highlights

12

Physician Services

- The 2021 Primary Care Physician Visit copay is **\$0**
- The 2021 Specialist Visit copay is **\$30**
- See table below for copays / coinsurance for in-network and out-of-network

Physician Services:

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Physician Services		
Primary Care Physician Visit	\$0 copay	45%
Physician Specialist Visit	\$30 copay	45%
Chiropractic Services*	\$20 copay	45%
Occupational Therapy*	\$30 copay	45%
Mental Health Specialty*	\$30 copay	45%
Podiatry Services	\$30 copay	45%
Other Health Care Providers*	\$30 copay	45%
Psychiatric Services*	\$30 copay	45%
PT And SP Services*	\$30 copay	45%
Medicare-Covered Preventive Services	\$0	45%
Annual Physical Exam	\$0	45%

*Authorization Rules Apply

Medical Benefit Highlights

Outpatient Hospital Services

- Outpatient Hospital Surgery in-network copay is **\$325**
- Outpatient Hospital Services coinsurance is **20% coinsurance**
- Observation copay is **\$325**
- Ambulatory Surgery Center copay is **\$325**

*Authorization rules apply

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Outpatient Hospital Services		
Outpatient Hospital Surgery*	\$325 copay	45% coinsurance
Outpatient Hospital Services*	20% coinsurance	45% coinsurance
Observation *	\$325 copay	45% coinsurance
Ambulatory Surgery Center *	\$325 copay	45% coinsurance

Medical Benefit Highlights

Outpatient Services

- Outpatient Services copays for in network and out-of-network are provided below.
- For Diabetic Supplies the 2021 coverage is:
 - **\$0 copay for Roche Accu-Chek** diabetic supplies and monitors which must be obtained from an in-network **pharmacy**
 - 20% coinsurance for all other non-Roche Accu-Chek diabetic supplies

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Outpatient Services		
Cardiac and Pulmonary Rehab*	\$5 copay	45% coinsurance
Opioid Treatment Program	\$30	45% coinsurance
Outpatient Substance Abuse*	\$30	45% coinsurance
Durable Medical Equipment (DME)*	20% coinsurance	45% coinsurance
Prosthetics/Medical Supplies*	20%	45% coinsurance
Diabetic Supplies	\$0 (limited to Roche Accu-Chek products from a Pharmacy) 20% coinsurance (all other non Roche Accu-Chek products)	45% coinsurance
Medicare Part B Rx Drugs*	20%	45% coinsurance
Home Health Services*	\$0	45% coinsurance

*Authorization may be required

Medical Benefit Highlights

Outpatient Diagnostic Services / Outpatient Diagnostic and Therapeutic Radiology

- The 2021 X-rays copay is **\$5**
- The following Outpatient Diagnostic Services have a **\$0** copay for 2021
 - Lab Services*
 - Diagnostic Procedures and Tests*
 - Colonoscopy (Diagnostic or Preventive)*
 - Mammogram (Diagnostic or Preventive)*
- CT Scan or other Medicare-covered Radiological diagnostic service copay is **\$150**
- MRI or other Advanced Imaging (i.e. MRA, PET and nuclear test) copay is **\$250**
- Therapeutic Radiology cost is **20% coinsurance**

*Authorization rules apply

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Outpatient Diagnostic Services		
X-rays	\$5 copay	45% coinsurance
Laboratory Services	\$0 copay	45% coinsurance
Other Diagnostic Procedures and Tests *	\$0 copay	45% coinsurance
Colonoscopy (Diagnostic or Preventive)*	\$0 copay	45% coinsurance
Outpatient Diagnostic/Therapeutic Radiology		
Mammogram (Diagnostic or Preventive)*	\$0 copay	45% coinsurance
CT Scan or other Medicare-covered Radiological diagnostic service*	\$150 copay	45% coinsurance
MRI or other Advanced Imaging (i.e. MRA, PET and nuclear test)*	\$250 copay	45% coinsurance
Therapeutic Radiology*	20% coinsurance	45% coinsurance

2021 Part D Overview

16

For 2021, the follow applies to Advantage U Signature (PPO) Part D Coverage

Deductible

For 2021 the Part D Deductible for Advantage U Signature (PPO) is **\$200** and only applies to **Formulary Tiers 3, 4, and 5** drugs – This is the amount you must pay each year for prescriptions drugs medications in these tiers before Advantage U pays its share.

Initial Coverage Limit

During this stage of Part D drug coverage, you will pay a copay or coinsurance for your medications based on the Formulary tier. Advantage U tracks the spending by both you and Advantage U until you have together spent a total of **\$4130 in 2021**.

Coverage Gap

After you've reached the initial coverage limit for the year, you enter the coverage gap. During the gap, you will pay only 25% of the retail cost of your medications. Your gap spending will continue until your total out of pocket drug costs have reached **\$6550 in 2021**.

Catastrophic Phase

After you've reached the end of the coverage gap, you enter catastrophic phase. In this phase, you will pay 5% or \$3.70 for generics and \$9.20 for all other prescriptions. Advantage U and the government pay for the rest – about 95% of the cost. You will remain in this phase until the end of the plan year.

Pharmacy Benefits

17

Part D

Part D Deductible \$200 Applies to Tier 3, 4 and 5

Initial Coverage

- Members of our plan pay the following until total yearly drug costs reach \$4,130.
- Total yearly drug costs are the total drug costs paid by both member and our Part D plan.
- You may get your drugs at network retail pharmacies and mail order pharmacies.

Drug Tier

30 Day Supply Retail

90 Day Supply Retail

90 Day Supply Mail

Tier 1: Preferred Generic 30 Day

\$3 copay

\$0 copay

\$0 copay

Tier 2: Generic 30 Day

\$10 copay

\$20 copay

\$20 copay

Tier 3: Preferred Brand 30 Day

\$47 copay

\$141 copay

\$141 copay

Tier 4: Non-Preferred Drug 30 Day

\$100 copay

\$300 copay

\$300 copay

Tier 5: Specialty Tier

29% coinsurance

Not available

Not available

Coverage Gap

Advantage U Signature (PPO) has a coverage gap (also called the "donut hole"). This means that there's a temporary change in what members will pay for drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130. After a member enters the coverage gap, they pay 25% coinsurance for covered brand name drugs and 25% coinsurance for covered generic drugs until your out-of-pocket costs total \$6,550, which is the end of the coverage gap. Not everyone will enter 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 \$6,550, you pay the greater of:

- 5% coinsurance, or
- \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.

Advantage



Senior Savings Model

- For 2021 CMS allows Medicare Advantage plans to participate in the 2021 Senior Savings Model.
 - CMS's Part D Senior Savings Model is designed to lower prescription drug costs by providing Medicare Advantage members self administered insulins at a stable, affordable, and predictable cost.
 - For 2021, the Advantage U Signature copay for a 30-day supply of covered insulin is **\$35 copay**. This copay stays the same regardless of phase of benefit the member is in during the 2021 plan year.

Supplemental Dental Benefit

19

Advantage U Dental Benefit is offered through **DentaQuest**

Dental (Preventive and Some Comprehensive)

Preventive Services - \$0 Copay (Up to 2 visits per year).

Includes:

- Cleaning
- Oral Exam
- Fluoride Treatment
- Bitewing X-rays (1 every 12 months)

Comprehensive Services - \$0 Copay - \$1000 annual benefit allowance (combined in or out-of-network)*

Limited to the following Dental Services:

- Restorative:** (Limited to Amalgam and resin based composite fillings. Fillings have a frequency limit of 24 months for the same tooth and the same surface to fillings.)
- Extractions** (Once per tooth per lifetime)
- Adjunctive Periodontal Treatment** (Limited to Periodontal scaling and root planing once per quadrant per 36 months.)

*Authorization Rules Apply

Supplemental Vision Benefit

20

Advantage U Vision Benefit is offered through **VSP**

Supplemental Vision Benefit Administered through VSP

(Through a VSP Choice Network provider)

- Routine Eye Exam - \$0 Copay in network / 50% coinsurance out of network
- Eyeglass Frames Allowance **or** Contact Lenses - \$120 Allowance every two years (in network or out-of-network)
- Eyeglass Lenses (single vision, lined bifocal, lined trifocal, and lenticular including standard progressive upgrade) - \$30 copay in network / 50% coinsurance out-of-network

Supplemental Fitness Benefit

21

Advantage U Fitness Benefit is offered through Silver&Fit

Members have the following choices available at no cost:

- Fitness Center Membership: You can visit a participating fitness center or YMCA* near you that takes part in the program
- Home Fitness Kits: You can choose from a variety of Home Fitness Kits. You can receive up to 2 kits each benefit year.

*Non-standard services that call for an added fee are not part of the Silver&Fit program and will not be reimbursed. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

Supplemental Hearing Benefit

22

Advantage U Fitness Benefit is offered through **TruHearing**

The Supplemental Hearing benefit include the following:

- Routine Hearing Exam: \$0 copay 1 exam per year (through a TruHearing in-network provider)
- Hearing Aid: \$699 - \$999 copay
 - Hearing Aid Benefit is limited to up to two TruHearing-branded hearing aids every year (one per ear per year).
 - Benefit is limited to TruHearing's **Advanced** and **Premium** hearing aids only , which come in various styles and colors. Premium hearing aids are available in rechargeable style options.
 - Benefit includes rechargeable hearing aids functionality

Hearing aid purchase includes:

- 3 provider visits within first year of hearing aid purchase
- 45-day trial period
- 3-year extended warranty
- 48 batteries per aid for non-rechargeable models

Important Exclusions:

Benefit does not include or cover any of the following: • Ear molds • Hearing aid accessories • Additional provider visits • Additional batteries, batteries when a rechargeable hearing aid is purchased • Hearing aids that are not TruHearing-branded hearing aids • Costs associated with loss & damage warranty claims
Costs associated with excluded items are the responsibility of the member and not covered by the plan.

Over the Counter (OTC) Benefit

Advantage U OTC Benefit is offered through **Solutran**

- Advantage U Signature members have \$30 allowance a quarter to spend on non-prescription OTC drugs and health-related items used every day. The allowance expires at the end of each quarter.
 - Items include antacids, cough drops, first aid supplies, pain relief, vitamins and more.
 - Members receive products immediately by shopping in an approved store location or can have products delivered to their home when ordered online or over the phone through Solutran.

Limitations:

- Non-eligible items such as cosmetics and food supplements are not permitted
- OTC benefit does not carry over from one quarter to another
- A participating retail location for in store purchases must be used

Next Steps and How Do I Enroll?

24

Advantage U wants you to make an informed decision before choosing Medicare coverage. We encourage you to:

- ✓ Ask questions about anything that is unclear to you, we are here to help
- ✓ Check to see if your provider(s) are in the Advantage U network. Remember, you may see Out-of-Network providers with Advantage U, but they typically have a higher cost
- ✓ Check your current prescriptions drugs against our Advantage U 2021 formulary to understand your out of pocket prescription drug cost
- ✓ Review copays or co-insurance for Medical services that you expect to use or frequently use
- ✓ You can enroll in Advantage U Signature (PPO) by calling Steve Bithell at 801-792-3268 or E-Mail at steve.Bithell@hsc.Utah.edu



Thank U
Questions?