

2022 Summary of Benefits

KeyCare Advantage (HMO I-SNP)

H6959, Plan 001

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

KeyCare 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 1-844-206-1205, TTY should call 711, 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 [KeyCareAdvantage.com](https://www.KeyCareAdvantage.com), or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-844-206-1205, TTY/TDD should call 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 KeyCare 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 nursing facilities for greater than 90 days. The plan's *Provider Directory* has a list of participating nursing facilities. You can access this list on our website [KeyCareAdvantage.com](https://www.KeyCareAdvantage.com) or call Member Services and ask us to send you a list.

Our service area includes these counties in Maryland: Baltimore and Baltimore City.

KeyCare Advantage (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at [KeyCareAdvantage.com](https://www.keycareadvantage.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.

	KeyCare Advantage (HMO I-SNP)
Monthly plan premium	\$37 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible was \$203. This is the 2021 cost sharing amount and may change in 2022. KeyCare Advantage (HMO I-SNP) will provide updated rates as soon as they are released. For the Part A deductible, you pay the 2022 Original Medicare cost-sharing amounts. These are the 2021 cost-sharing amounts and may change for 2022. \$1,484 deductible
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$6,700
Inpatient Hospital coverage	You pay the 2022 Original Medicare cost-sharing amounts. These are the 2021 cost-sharing amounts and may change for 2022. \$1,484 deductible; \$0 copayment each day for days 1-60; \$371 copayment each day for days 61 to 90; \$742 copayment each day for days 91 to 150 (lifetime reserve days). Traditional Medicare benefit period <i>Prior authorization is required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	 20% coinsurance <i>Prior authorization is required.</i> 20% coinsurance <i>Prior authorization is required.</i>
Doctor Visits Primary Care Providers Specialists	 20% coinsurance 20% coinsurance <i>Prior authorization is required.</i>
Preventive Care	You pay nothing.
Emergency care	20% coinsurance up to a maximum of \$90 per visit.
Urgently needed services	20% coinsurance up to a max of \$65 Coinsurance is waived if you are admitted to a hospital within 3 days.

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Diagnostic Services/Labs/Imaging Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g. MRI, CAT Scan) Outpatient X-rays	20% coinsurance <i>No Authorization required when services are rendered in a Nursing Facility or Physician Office.</i> 20% coinsurance <i>No authorization required for lab services rendered in any place of service, except for Genetic Testing, which requires authorization.</i> 20% coinsurance <i>Prior authorization is required.</i> 20% coinsurance <i>X-rays do not require authorization when service rendered in Nursing Facility or physician office. Diagnostic and therapeutic radiological services require authorization in the nursing facility or physician's office.</i>
Hearing services Hearing exam	20% coinsurance of the cost for Medicare-covered hearing services.
Dental services Medicare-covered dental <i>Supplemental benefits</i> Preventive and comprehensive	20% coinsurance for each Medicare-covered service. <i>Authorization is only required for Medicare-covered comprehensive dental services.</i> Annual maximum of \$780 towards preventive or comprehensive dental services.
Vision care Yearly eye exam for diabetic retinopathy <i>Supplemental benefits</i> Routine eye exam Eyeglasses, lenses, frames, contacts	20% coinsurance for Medicare-covered services. You pay a \$0 copayment for 1 routine eye exam visit every year. Allowance of up to \$370 combined credit every year.

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Mental Health Services	
Inpatient visit	<p>You pay the 2022 Original Medicare cost-sharing amounts. These are the 2021 cost-sharing amounts and may change for 2022. \$1,484 deductible; \$0 copayment each day for days 1-60; \$371 copayment each day for days 61 to 90; \$742 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior authorization is required.</i></p>
Outpatient group therapy visit	<p>20% coinsurance <i>Prior authorization is required.</i></p>
Outpatient individual therapy visit	<p>20% coinsurance <i>Prior authorization is required.</i></p>
Skilled nursing facility (SNF) care	<p>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 <i>Authorization is required for services provided by non-capitated providers.</i> No 3-day hospital stay required.</p>
Physical Therapy	<p>20% coinsurance <i>Authorization is required for services provided by non-capitated providers.</i></p>
Ambulance services	
Ground Ambulance	<p>20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i></p>
Air Ambulance	<p>20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i></p>
Non-Emergency Transportation	Not Covered
Medicare Part B prescription drugs	
Chemotherapy drugs	<p>20% coinsurance <i>For chemotherapy, the initial administration only requires authorization.</i></p>

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Other Part B drugs	20% coinsurance <i>Prior authorization is required for some medications.</i>
Ambulatory Surgical Center	20% coinsurance <i>Prior authorization is required.</i>
Foot Care (podiatry services) Foot exams and treatment <i>Supplemental benefits</i> Routine foot care	20% coinsurance for Medicare-covered services. \$0 copayment for 4 routine foot care visits per year.
Occupational or Speech Therapy	20% coinsurance <i>Authorization is required for services provided by non-capitated providers.</i>
Dialysis Service	20% coinsurance <i>Prior authorization is required.</i>

	KeyCare Advantage (HMO I-SNP)	
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	\$480 for all Part D prescription 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 \$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

KeyCare Advantage (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 1-844-206-1205 (TTY 711).

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 [KeyCareAdvantage.com](https://www.KeyCareAdvantage.com) or call 1-844-206-1205 (TTY 711) 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.

KeyCare Advantage is an HMO I-SNP with a Medicare contract. Enrollment in KeyCare Advantage depends on contract renewal. KeyCare 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 KeyCare 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.