

A healthier you. That's what we do.

2021
Summary of
Benefits

Advantage Dual SNP (HMO SNP)

Medicare Advantage Dual Eligible Special Needs Plan

FirstCare[™]
HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

This is a summary of drug and health services covered in the FirstCare Advantage Dual SNP (HMO SNP) plan, offered by FirstCare Health Plans.

Summary of Benefits

January 1, 2021 - December 31, 2021

This booklet gives you 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, refer to the *Evidence of Coverage*, available on our website at [firstcare.com/dualsnp](https://www.firstcare.com/dualsnp) by October 15, 2020.

FirstCare Advantage Dual SNP (HMO SNP) is a health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in FirstCare Advantage Dual SNP (HMO SNP) depends on contract renewal.

Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what FirstCare Advantage Dual SNP covers and what you pay.

- If you want to compare our plan with other Medicare plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” 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.

Things to know about FirstCare Advantage Dual SNP

- You can call us October 1 – March 31, 8 a.m. to 8 p.m., daily; April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday.
- Call toll free at 1-866-229-4969 or TTY 711.
- Our website: [firstcare.com/dualsnp](https://www.firstcare.com/dualsnp).

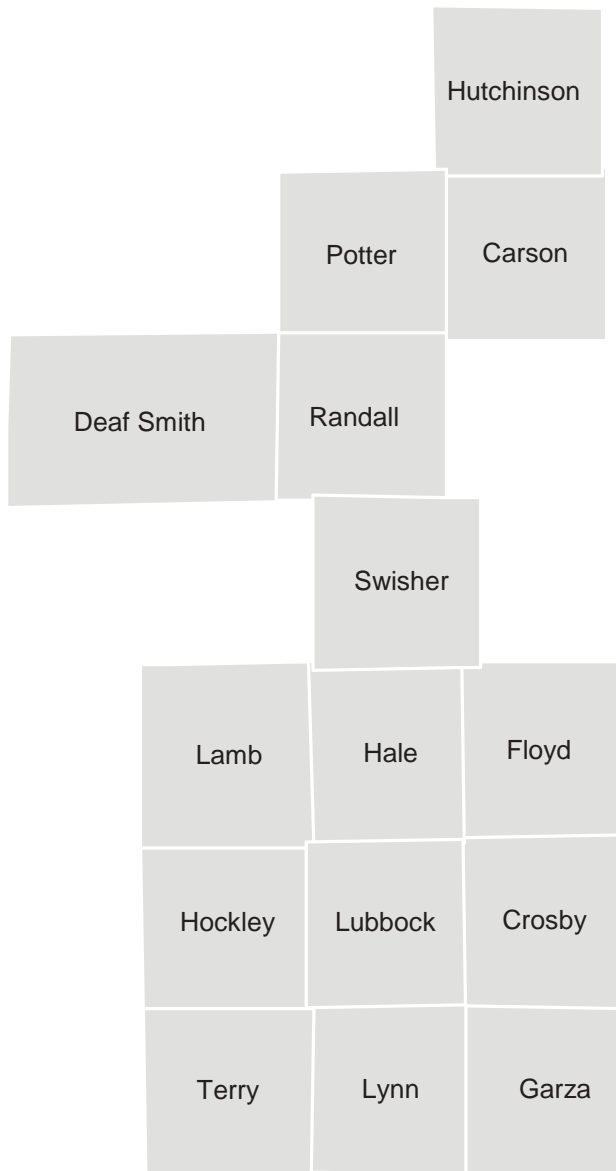
This document is available in other formats such as large print. The document may be available in a non-English language.

Who can join?

To join FirstCare Advantage Dual SNP, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Texas Medicaid program, and live in our service area.

Our service area includes these counties in Texas: Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher, and Terry.

What is the service area for **FirstCare Advantage Dual SNP (HMO SNP)?**



The counties in the service area are listed below:

Carson, Crosby, Deaf Smith, Floyd, Garza, Hale,
Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter,
Randall, Swisher, and Terry

Which doctors, hospitals, and pharmacies can I use?

FirstCare Advantage Dual SNP has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at firstcare.com/dualsnp. You must use network providers and pharmacies for covered services, unless authorized by the Plan.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- Our plan members get all of the benefits covered by Original Medicare.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

FirstCare Advantage Dual SNP covers Medicare Part B and Part D drugs. Certain limitations may apply.

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, at firstcare.com/dualsnp.

| Premiums and Benefits | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|---|--|
| Monthly Plan Premium | <p>\$0 - \$22.50 per month.</p> <p>Low-income subsidy recipients generally do not have a premium.</p> | <p>\$0 - \$22.50 per month.</p> <p>Low-income subsidy recipients generally do not have a premium.</p> |
| Deductible | <p>This plan has deductibles for some hospital and medical services. You pay \$0.</p> <p>\$0 for in-network services.</p> <p>\$0 - \$92 per year for Part D prescription drugs depending on your level of low-income subsidy.</p> <p>Low-income subsidy recipients generally do not have a Part D deductible.</p> | <p>This plan has deductibles for some hospital and medical services. You pay \$0.</p> <p>Medicare defined inpatient service deductible per year for in-network services, depending on your level of Medicaid eligibility.</p> <p>\$0 to \$92 per year for Part D prescription drugs depending on your level of low-income subsidy.</p> <p>Low-income subsidy recipients generally do not have a Part D deductible.</p> |
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs) | <p>\$6,700.</p> <p>Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> | <p>\$6,700.</p> <p>Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> |
| Inpatient Hospital | <p>\$0 copay for each Medicare-covered hospital stay.</p> | <p>Medicare-defined cost sharing for each Medicare-covered hospital stay.</p> |
| Outpatient Hospital Ambulatory Surgery Center Outpatient Hospital Services | <p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p> | <p>You pay 20% coinsurance.</p> <p>You pay 20% coinsurance.</p> |

| Premiums and Benefits | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|--|--|
| Doctor Visits Primary Care Providers Specialist | You pay \$0 copay per visit. You pay \$0 copay per visit. | You pay \$0 copay per visit. You pay 20% coinsurance per visit. |
| Preventive Care | You pay \$0 copay. | You pay \$0 copay. |
| Emergency Care | You pay \$0 copay per visit. | You pay 20% coinsurance up to \$90 copay per visit. |
| Urgently Needed Services | You pay \$0 copay per visit. | You pay 20% coinsurance up to \$65 copay per visit. |
| Diagnostic Services/Labs/Imaging Diagnostic Tests and Procedures Lab Services Diagnostic Radiology Services (e.g. MRI, CAT Scan) Outpatient X-rays | You pay \$0 copay. You pay \$0 copay. You pay \$0 copay. You pay \$0 copay. | You pay 20% coinsurance. You pay 20% coinsurance. You pay 20% coinsurance. You pay 20% coinsurance. |
| Hearing Services Medicare-covered Hearing Exam Routine Hearing Exam Hearing Aids | You pay \$0 copay for Medicare-covered hearing exam. \$0 copay. \$600 allowance toward the purchase of hearing aids every two years. | You pay 20% coinsurance for Medicare-covered hearing exam. \$0 copay. \$600 allowance toward the purchase of hearing aids every two years. |
| Dental Services | \$0 copay Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth). | 20% coinsurance Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth). |

| Premiums and Benefits | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|---|---|
| Vision Services Eyewear Routine Eye Exam Medicare-Covered Eye Exam | \$75 allowance toward the purchase of eyewear every year. You pay \$0 copay for one routine eye exam per year. You pay \$0 copay for Medicare-covered eye exam. | \$75 allowance toward the purchase of eyewear every year. You pay \$0 copay for one routine eye exam per year. You pay 20% coinsurance for Medicare-covered eye exam. |
| Mental Health Services Inpatient Visit Outpatient Individual or Group Therapy Visit | You pay \$0 copay. You pay \$0 copay. | You pay Medicare-defined cost sharing. You pay 20% coinsurance. |
| Skilled Nursing Facility (SNF) Care | You pay \$0 copay. | You pay Days 1 - 20: \$0 copay per day. Days 21 - 100: \$176 copay per day. |
| Physical Therapy Occupational therapy visit Physical therapy and speech and language therapy visit | You pay \$0 copay. You pay \$0 copay. | You pay 20% coinsurance. You pay 20% coinsurance. |
| Ambulance Services Ground Ambulance Air Ambulance | You pay \$0 copay. You pay \$0 copay. | You pay 20% coinsurance. You pay 20% coinsurance. |

| Premiums and Benefits | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|--|--|
| Transportation (additional routine) | You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way. | You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way. |
| Medicare Part B Prescription Drugs | | |
| Chemotherapy Drugs | You pay \$0 copay. | You pay 20% coinsurance. |
| Other Part B Drugs | You pay \$0 copay. | You pay 20% coinsurance. |
| Home Health Care | You pay \$0 copay. | You pay \$0 copay. |
| Foot Care (Podiatry Services) | | |
| Medicare-covered foot exams and treatment | You pay \$0 copay for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. | You pay 20% coinsurance for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. |
| Telehealth Services – Primary Care Visit | You pay \$0 copay. | You pay \$0 copay. |
| Opioid Treatment Service | You pay \$0. | You pay 20% coinsurance. |

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

Referrals and Authorizations

Referrals from your primary provider for services are not required; however, many services require prior authorization. For complete details, refer to the *Evidence of Coverage*, available on our website at firstcare.com/dualsnp by October 15, 2020.

| Outpatient Prescription Drugs | | |
|---|---|---|
| Deductible | <p>You pay \$0 - \$92 depending on your low-income subsidy. If your deductible is \$0: This payment stage does not apply to you. If you do not receive Extra Help, your deductible is \$445. You pay the full cost for all of your drugs until you have paid \$445.</p> | |
| Initial Coverage (after you pay your deductible, if applicable) | <p>You stay in this stage until your yearly drug costs total \$4,130. Total yearly drug costs are the total drug costs paid by both you and your Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30 or 90 day supply).</p> | |
| | Standard Retail 30-Day Supply | Mail Order 90-Day Supply |
| Generic - including brand drugs treated as generic | <p>You pay: \$0 copay or \$1.30 copay or \$3.70 copay or 15% coinsurance.</p> <p>Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.</p> | <p>You pay: \$0 copay or \$1.30 copay or \$3.70 copay or 15% coinsurance.</p> <p>Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.</p> |
| All Other Drugs | <p>You pay: \$0 copay or \$4 copay or \$9.20 copay or 15% coinsurance.</p> <p>Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.</p> | <p>You pay: \$0 copay or \$4 copay or \$9.20 copay or 15% coinsurance.</p> <p>Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.</p> |
| Cost sharing | <p>Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. Look at the separate insert, the “LIS Rider,” for your deductible amount.</p> | |

Information on Your Prescription Benefit

We encourage you to let us know right away, if after becoming a member you have questions, concerns, or problems related to your prescription benefits. For assistance, call our Customer Service Department at 1-866-229-4969, October 1 – March 31, 8 a.m. to 8 p.m., daily; April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday.

Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online.

Covered Medical and Hospital Benefits

Below is a comparison between Medicaid benefits and FirstCare Advantage Dual SNP (HMO SNP) benefits.

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|--|---|--|---|
| Ambulance Services (Medically necessary ambulance services) | Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services. | \$0 copay. | 20% coinsurance. |
| Assistive Communication Devices (Also known as Augmentative Communication Device (ACD) System) | For Members who meet the criteria, Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services. | Not covered. | Not covered. |
| Bone Mass Measurement (For people with Medicare who are at risk) | Bone density screening is a benefit of Texas Medicaid. For Members who meet the criteria, Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services. | \$0 copay. | \$0 copay. |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|--|---|---|
| Cardiac Rehabilitation | <p>Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Cardiac (heart) rehab services: \$0 copay.</p> <p>Occupational therapy visit: \$0 copay.</p> <p>Physical therapy and speech and language therapy visit: \$0 copay.</p> | <p>Cardiac (heart) rehab services: 20% coinsurance.</p> <p>Occupational therapy visit: 20% coinsurance.</p> <p>Physical therapy and speech and language therapy visit: 20% coinsurance.</p> |
| Chiropractic Services | <p>Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid.</p> <p>Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Manipulation of the spine to correct a subluxation: \$0 copay.</p> | <p>Manipulation of the spine to correct a subluxation: 20% coinsurance.</p> |
| Colorectal Screening Exams (For people aged 50 and older) | <p>Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>\$0 copay.</p> | <p>\$0 copay.</p> |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|--|--|--|
| <p>Dental Services (For people who are 20 years of age or younger; or 21 years of age or older in an ICF-MR)</p> | <p>For Members who meet the criteria, Medicaid pays for this service if it Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>\$0 copay.</p> <p>One routine visit per year, including an oral exam, cleaning, fluoride treatment, and dental X-rays).</p> | <p>\$0 copay.</p> <p>One routine visit per year, including an oral exam, cleaning, fluoride treatment, and dental X-rays).</p> |
| <p>Diabetes Supplies (Includes coverage for test strips, lancets, and screening tests)</p> | <p>Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Diabetes monitoring supplies: \$0 copay.</p> <p>Diabetes self-management training: \$0 copay.</p> <p>Therapeutic shoes or inserts: \$0 copay.</p> | <p>Diabetes monitoring supplies: 20% coinsurance.</p> <p>Diabetes self-management training: \$0 copay.</p> <p>Therapeutic shoes or inserts: 20% coinsurance.</p> |
| <p>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p> | <p>Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Diagnostic tests and procedures: \$0 copay.</p> <p>Lab services: \$0 copay.</p> <p>Outpatient X-rays: \$0 copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay.</p> | <p>Diagnostic tests and procedures: 20% coinsurance.</p> <p>Lab services: 20% coinsurance.</p> <p>Outpatient X-rays: 20% coinsurance.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance.</p> |
| <p>Doctor and Hospital Choice</p> | <p>Members should follow Medicare guidelines related to hospital and doctor choice.</p> | <p>You must use in-network providers.</p> | <p>You must use in-network providers.</p> |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|--|--|---|
| Doctor Office Visits | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Primary care physician visit: \$0 copay.</p> <p>Specialist visit: \$0 copay.</p> | <p>Primary care physician visit: \$0 copay.</p> <p>Specialist visit: 20% coinsurance.</p> |
| Durable Medical Equipment (Includes wheelchairs, oxygen) | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | \$0 copay. | 20% coinsurance. |
| Emergency Care (Any emergency room visit if the member reasonably believes he or she needs emergency care) | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>\$0 copay.</p> <p>Copayment is waived if you are admitted to a hospital within 3 days for the same condition.</p> | <p>20% coinsurance up to \$90.</p> <p>Copayment is waived if you are admitted to a hospital within 3 days for the same condition.</p> |
| End-Stage Renal Disease (ESRD) | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | \$0 copay. | 20% coinsurance |
| Health/Wellness Education (Nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam) | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | \$0 copay. | \$0 copay. |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|--|---|---|
| Hearing Services | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Exam to diagnose and treat hearing and balance issues: \$0 copay.</p> <p>\$0 copay for routine hearing exam.</p> <p>\$600 allowance toward the purchase of hearing aids every two years.</p> | <p>Exam to diagnose and treat hearing and balance issues: 20% coinsurance.</p> <p>\$0 copay for routine hearing exam.</p> <p>\$600 allowance toward the purchase of hearing aids every two years.</p> |
| Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services) | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | \$0 copay. | \$0 copay. |
| Hospice | <p>Medicaid pays for this service for certain Waiver Members if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> <p>Note: When adult clients elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.</p> | <p>Hospice care from a Medicare-certified hospice: \$0 copay.</p> <p>You may have to pay part of the cost for drugs and respite care.</p> | <p>Hospice care from a Medicare-certified hospice: \$0 copay.</p> <p>You may have to pay part of the cost for drugs and respite care.</p> |
| Immunizations | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> | <p>For Flu, Pneumonia and Hepatitis B vaccines: \$0 copay.</p> | <p>For Flu, Pneumonia and Hepatitis B vaccines: \$0 copay.</p> |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|-------------------------------------|---|---|---|
| Immunizations (continued) | \$0 copay for Medicaid-covered services. | | |
| Inpatient Hospital Care | <p>Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, copayments and deductibles for Medicare-covered services. Members should follow Medicare guidelines related to hospital choice.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>The copays for hospital benefits are based on Medicare-defined cost sharing benefit periods. A benefit period begins the day you are admitted as an inpatient and ends when you have not received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There are no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” We cover these “extra” days. If your hospital stay is longer than 90 days, you can use these extra days. However, once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> | <p>The copays for hospital benefits are based on Medicare-defined cost sharing and benefit periods. A benefit period begins the day you are admitted as an inpatient and ends when you have not received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There are no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” We cover these “extra” days. If your hospital stay is longer than 90 days, you can use these extra days. However, once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|--|---|---|--|
| <p>Inpatient Mental Health Care</p> | <p>Inpatient psychiatric hospital stays are covered for children and adults 65 years of age and older. Inpatient hospital stays for acute psychiatric treatment are a covered benefit for adults 21 through 64 years of age, although Medicaid MCOs may choose to cover stays at psychiatric facilities in lieu of acute care hospitals. Medicaid pays coinsurance, copayments and deductibles for Medicare-covered services. Members should follow Medicare guidelines related to hospital choice.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Inpatient visit: The copays for hospital and skilled nursing facility (SNF) benefits are based on Medicare-defined cost sharing and benefit periods. A benefit period begins the day you are admitted as an inpatient and ends when you have not received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There is no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” We cover these “extra” days. If your hospital stay is longer than 90 days, you can use these extra days. However, once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> | <p>Inpatient visit: 20% coinsurance for hospital and skilled nursing facility (SNF) benefits are based on Medicare-defined cost sharing and benefit periods. A benefit period begins the day you are admitted as an inpatient and ends when you have not received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There is no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” We cover these “extra” days. If your hospital stay is longer than 90 days, you can use these extra days. However, once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|--|--|--|--|
| Inpatient Mental Health Care (continued) | | Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. | Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. |
| Mammograms (Annual screening) | Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services. | \$0 copay. | \$0 copay. |
| Monthly Premium | Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility. | \$0 per month, depending on your level of low-income subsidy. You must continue to pay your Medicare Part B premium— unless paid by a third party, such as Medicaid. | \$0 - \$22.50 per month, depending on your level of low-income subsidy. You must continue to pay your Medicare Part B premium— unless paid by a third party, such as Medicaid. |
| Orthotic and Prosthetic Devices | For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Medicaid pays for breast prostheses for Members of all ages Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services. | Prosthetic devices: \$0 copay. Related durable medical equipment supplies: \$0 copay. | Prosthetic devices: 20% coinsurance. Related durable medical equipment supplies: 20% coinsurance. |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|--|---|---|
| Outpatient Mental Health Care | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Outpatient group therapy visit: \$0 copay.</p> <p>Outpatient individual therapy visit: \$0 copay.</p> | <p>Outpatient group therapy visit: 20% coinsurance.</p> <p>Outpatient individual therapy visit: 20% coinsurance.</p> |
| Outpatient Rehabilitation Services | <p>For Members birth through age 20, Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Cardiac (heart) rehab services: \$0 copay.</p> <p>Occupational therapy visit: \$0 copay.</p> <p>Physical therapy and speech and language therapy visit: \$0 copay.</p> | <p>Cardiac (heart) rehab services: 20% coinsurance.</p> <p>Occupational therapy visit: 20% coinsurance.</p> <p>Physical therapy and speech and language therapy visit: 20% coinsurance.</p> |
| Outpatient Services/ Surgery | <p>Medicaid pays for certain surgical services if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Ambulatory surgical center: \$0 copay.</p> <p>Outpatient hospital: \$0 copay.</p> | <p>Ambulatory surgical center: 20% coinsurance.</p> <p>Outpatient hospital: 20% coinsurance.</p> |
| Outpatient Substance Use Disorder (Assessment, ambulatory treatment/detox, and Medication Assistance Therapy (MAT)) | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Group therapy visit: \$0 copay.</p> <p>Individual therapy visit: \$0 copay.</p> | <p>Group therapy visit: 20% coinsurance.</p> <p>Individual therapy visit: 20% coinsurance.</p> |
| Pap Smears and Pelvic Exams (For women) | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> | <p>\$0 copay.</p> | <p>\$0 copay.</p> |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|--|--|---|---|
| Pap Smears and Pelvic Exams (continued) | \$0 copay for Medicaid-covered services. | | |
| Podiatry Services (Foot care) | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</p> <p>\$0 copay.</p> | <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</p> <p>20% coinsurance.</p> |
| Prescription Drugs | <p>\$0 copayment for Medicaid covered prescription drugs not covered by Medicare Part D.</p> <p>Note: Medicaid will not cover any Medicare Part D drug.</p> | <p>For Part B drugs such as chemotherapy drugs: \$0 copay.</p> <p>Other Part B drugs: \$0 copay.</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.30 copay; or • \$3.70 copay; or • 15% coinsurance. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$4 copay; or • \$9.20 copay; or • 15% coinsurance. | <p>For Part B drugs such as chemotherapy drugs: 20% coinsurance.</p> <p>Other Part B drugs: 20% coinsurance.</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.30 copay; or • \$3.70 copay; or • 15% coinsurance. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$4 copay; or • \$9.20 copay; or • 15% coinsurance. |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|--|--|--|
| Prescription Drugs (continued) | | <p>NOTE: Some drugs may have limitations, such as step therapy, quantity level limits, or prior authorization requirements. Please consult our Formulary for details.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing for all drugs.</p> | <p>NOTE: Some drugs may have limitations, such as step therapy, quantity level limits, or prior authorization requirements. Please consult our Formulary for details.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing for all drugs.</p> |
| Prostate Cancer Screening Exams | <p>Medicaid managed care pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>\$0 copay.</p> | <p>\$0 copay.</p> |
| Skilled Nursing Facility (SNF) (In a Medicare-certified Skilled Nursing Facility) | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>\$0 copay.</p> <p>Our plan covers up to 100 days in a SNF.</p> | <p>Days 1-20: \$0 copay. Days 21-100: \$176 copay. Our plan covers up to 100 days in a SNF.</p> |

| Benefit Category | Texas Medicaid | FirstCare Advantage Dual SNP Premier (HMO SNP) | FirstCare Advantage Dual SNP Select (HMO SNP) |
|---|---|--|--|
| Telemedicine Services | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>Certain types of telemedicine visits are covered.</p> | <p>Certain types of telemedicine visits are covered.</p> |
| Transportation (Routine) | <p>The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.</p> | <p>You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.</p> |
| Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area) | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> | <p>\$0 copay.</p> | <p>20% coinsurance up to \$65</p> |
| Vision Services | <p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> <p>Note: Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.</p> | <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay.</p> <p>Routine eye exam (up to 1 every year): \$0 copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay.</p> <p>Our plan pays up to \$75 every year for eyewear.</p> | <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 20% coinsurance.</p> <p>Routine eye exam (up to 1 every year): \$0 copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: 20% coinsurance.</p> <p>Our plan pays up to \$75 every year for eyewear.</p> |

Home and Community Based Waiver Services

Those who meet Qualified Medicare Beneficiary (QMB) requirements, and also meet the financial criteria for full Medicaid coverage, may be eligible to receive all Medicaid services not covered by Medicare, including Medicaid waiver services. Waiver services are limited to individuals who meet additional Medicaid waiver eligibility criteria.

| Home and Community-Based Waiver Services | |
|--|---|
| Community Based Alternatives (CBA) Waiver | For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS) at 1-855-937-2372 (TTY: 711) or https://hhs.texas.gov/services/aging . Texas Health and Human Services Commission Mail Code W358 P.O. Box 149030 Austin, Texas 78714-9030 |
| Community Living Assistance and Support Services (CLASS) Waiver | For information on waiver services and eligibility for this waiver, contact DADS. |
| Consolidated Waiver Program (CWP) (Bexar County/San Antonio only) | For information on waiver services and eligibility for this waiver, contact DADS. |
| Deaf Blind with Multiple Disabilities Waiver (DB-MD) | For information on waiver services and eligibility for this waiver, contact DADS. |
| Home and Community Services (HCS) Waiver | For information on waiver services and eligibility for this waiver, contact DADS. |
| Medically Dependent Children Program (MDCP) | For information on waiver services and eligibility for this waiver, contact DADS. |
| STAR+PLUS Program (Operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver) | For information on waiver services and eligibility for this waiver, contact DADS. |
| Texas Home Living Waiver (TxHmL) | For information on waiver services and eligibility for this waiver, contact DADS. |

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 1-866-229-4969 (TTY: 711) October 1 – March 31, 8 a.m. to 8 p.m., daily; April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday.

Understand 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 firstcare.com/dualsnp or call 1-866-229-4969 (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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understand Important Rules

- You must continue to pay your Medicare Part B premium unless otherwise paid by a third party, such as Medicaid. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2021.
- 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 a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

2020 Star Ratings

FirstCare Advantage - H5742

2020 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2020, FirstCare Advantage received the following Overall Star Rating from Medicare.

Plan too new to be measured

We received the following Summary Star Rating for FirstCare Advantage's health/drug plan services:

Health Plan Services: Plan too new to be measured

Drug Plan Services: Plan too new to be measured

The number of stars shows how well our plan performs.

| | |
|-------|-------------------------|
| ★★★★★ | 5 stars - excellent |
| ★★★★ | 4 stars - above average |
| ★★★ | 3 stars - average |
| ★★ | 2 stars - below average |
| ★ | 1 star - poor |

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 866-229-4969 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Current members please call 866-229-4969 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

FirstCare Advantage Dual SNP (HMO SNP) is a Health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in FirstCare Advantage Dual SNP (HMO SNP) depends on contract renewal.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-229-4969 (TTY: 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-229-4969 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-229-4969 (TTY: 711).

FirstCare Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstCare Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. FirstCare Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

FirstCare Advantage Dual SNP (HMO SNP) is a health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in FirstCare Advantage Dual SNP (HMO SNP) depends on contract renewal.

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

You must continue to pay your Medicare Part B premium unless otherwise paid by a third party.