



A healthier you. That's what we do.

2021
Enrollment
Guide

Advantage Dual SNP (HMO SNP)

Medicare Advantage Dual Eligible Special Needs Plan

FirstCareTM
★
HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

H5742_21WTXPEK-R_M

Contact information



Customer Service

1.866.229.4969

TTY: 711

October 1 – March 31

8 AM – 8 PM CT

7 days a week

April 1 – September 30

8 AM – 8 PM CT

Monday – Friday



Fax Completed

Enrollment Applications

1.512.257.6027



Mail Completed

Enrollment Applications

FirstCare Advantage

Dual SNP

Attention:

Enrollment Department

12940 N. Hwy 183

Austin, TX 78750



FirstCare.com/DualSNP

Inside this guide

Introduction/Enrollment Information

2021 Summary of Benefits

Scope of Appointment Form

Enrollment Application

Medicare Star Rating

Business Reply Mail Envelope

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.

A healthier you. That's what we do.

FirstCare Health Plans was founded in Amarillo in 1985 and has specialized in Texas health insurance plans for over 30 years. We are owned by Texas-based Scott and White Health Plan—part of Baylor Scott & White Health—and are trusted by more than 140,000 members in West Texas.

How the Dual SNP plan works

FirstCare Advantage Dual SNP is a specialized Medicare Advantage Plan (a Medicare “Special Needs Plan”), which means the benefits are designed for people with special healthcare needs. FirstCare Advantage Dual SNP is designed specifically for “dual eligibles” who have Medicare and are entitled to assistance from Medicaid.

With FirstCare Advantage Dual SNP, you will be covered by both Medicare and Medicaid or Medicare Savers Program:

- Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with end-stage renal disease (kidney failure).
- Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources.

Because you get assistance from Medicaid with your Medicare Part A and B cost-sharing (deductibles, copayments, and coinsurance), you may pay nothing for your Medicare healthcare services. Medicaid may also provide other benefits by covering healthcare services such as long-term support services and home- and community-based waiver services that are not usually covered under Medicare. You will also receive “Extra Help” to pay for the costs of your Medicare prescription drugs.

Do you have to receive care from a network provider?

Yes. As a member of our plan, you must choose a network primary care physician (PCP) to provide and oversee your healthcare. Your PCP can assist you with access to specialists, review your medications, and consult with you on treatment options. There are no referrals required. Your PCP will help to coordinate needed services such as lab work, radiology, and durable medical equipment/prosthetics, particularly if services are needed out-of-network and an authorization would be required.

Except for urgent and emergency care, you must get your care and services from a network provider. In most cases, care you receive from an out-of-network provider (a provider who is not part of our plan's network) will not be covered.

How do you find a PCP or network provider?

You can choose a PCP by reviewing the list of network providers in the provider and pharmacy directories. If you don't have a copy of the provider and pharmacy directories, you can request a copy from FirstCare Customer Service. You can also see the directories at **FirstCare.com/DualSNP**. You can list the PCP on your initial enrollment request form (application) or contact FirstCare Customer Service at **1.866.229.4969** to designate a physician or obtain further assistance.



Can you visit a doctor online or by phone?

Yes. We've teamed up with MDLIVE to allow you to visit a doctor, counselor or psychiatrist, using your telephone, smartphone, tablet or desktop computer. Instead of getting in the car and going to the doctor's office, you can stay home and visit the doctor at your convenience. This telehealth service is provided for \$0 copay as a member of the FirstCare Advantage Dual SNP plan.

Medicare's "Extra Help" program

There is Extra Help available for people with limited income and resources to pay for prescription drugs. To get this help you must live in the United States, meet the income and resource requirements, and be enrolled in Medicare.

If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. To find out if you qualify, contact one of these agencies:

Medicare:

1.800.633.4227

TTY: 1.877.486.2048

24 hours a day

7 days a week

Social Security:

1.800.772.1213

TTY: 1.800.325.0778

7 AM – 7 PM

Monday – Friday

Your State Medicaid Office

YourTexasBenefits.com

877.541.7905

Your local Area Agency on Aging

To locate the agency nearest you:

1.800.677.1116

Applying for Medicaid benefits

To be eligible to enroll in FirstCare Advantage Dual SNP, you must also have Medicaid. If you don't already have Medicaid and want to print a Medicaid application from your computer or have one mailed to you:

- Go to **YourTexasBenefits.com**. Click on "Get a Paper Form" at the bottom of the page. Click "Download" to print or click "Send by Mail" for forms you want mailed to you.
- Or, call toll-free 211 or **1.877.541.7905**. After you pick a language, press 2. Staff can help you 8 AM – 6 PM CT, Monday – Friday.



FirstCare Advantage Dual SNP – Effective January 1, 2021

Medical Plan Benefits	Premier		Select	
Monthly Premium (You must continue to pay your Medicare Part B premium—unless paid for by a third party, such as Medicaid. The amount of Extra Help you get to help pay your Medicare prescription drug plan costs will determine your monthly plan premium; most dual-eligible beneficiaries do not owe a premium.)	Level of Extra Help	Monthly Premium	Level of Extra Help	Monthly Premium
	100%	\$0	100%	\$0
	75%	\$5.60	75%	\$5.60
	50%	\$11.30	50%	\$11.30
	25%	\$16.90	25%	\$16.90
Deductible	\$0		\$0	
Out-of-Pocket Maximum (annually; does not include prescription drugs)	\$6,700		\$6,700	
Inpatient Hospital	\$0 copay		Medicare-defined cost sharing	
Outpatient Surgery (facility)	\$0 copay		Medicare-defined cost sharing	
Primary Care Physician (PCP) Office Visit	\$0 copay		\$0 copay	
Telehealth Visit (PCP)	\$0 copay		\$0 copay	
Specialty Care Physician (SCP) Office Visit	\$0 copay		20% coinsurance	
Preventive Care	\$0 copay		\$0 copay	
Emergency (U.S. only; copay waived if admitted within 24 hours)	\$0 copay		20% up to \$90	
Urgently Needed Services (U.S. only)	\$0 copay		20% up to \$65	
Diagnostic Tests, X-rays, Lab Services	\$0 copay		20% coinsurance	
Hearing Services	\$0 copay		20% coinsurance	
Inpatient Mental Health	\$0 copay		20% coinsurance	
Outpatient Mental Healthcare (per visit; group or individual therapy)	\$0 copay		20% coinsurance	
Outpatient Substance Use Disorder (per visit; group or individual therapy)	\$0 copay		20% coinsurance	
Skilled Nursing Facility (SNF)/Home Healthcare/Hospice	\$0 copay		Days 1-20: \$0 Days 21-100: \$176	
Physical/Occupational/Speech Therapy (per visit)	\$0 copay		20% coinsurance	
Ambulance (U.S. only)	\$0 copay		20% coinsurance	
Durable Medical Equipment /Orthotic and Prosthetic Devices	\$0 copay		20% coinsurance	
Diabetic Supplies (test strips, lancets)	\$0 copay		20% coinsurance	

For additional details on any of the benefits mentioned in these pages, please see the Summary of Benefits included in this book and the Evidence of Coverage available at [FirstCare.com/DualSNP](https://www.FirstCare.com/DualSNP).



Extra benefits

Original Medicare benefits may not be enough to meet your healthcare needs. FirstCare Advantage Dual SNP not only gives you all the benefits of Original Medicare, like access to doctors and hospitals, but it also includes many extra benefits to help reduce your out-of-pocket expenses.

Extra Benefits	Premier	Select
Routine Eye Exam (one per year)	\$0 copay	\$0 copay
Eyewear (annual allowance toward purchase of non-Medicare-covered eyewear including contacts, glasses, lenses, and frames)	\$75 annual allowance toward purchase	\$75 annual allowance toward purchase
Hearing Aids (every two years)	\$600 allowance toward purchase	\$600 allowance toward purchase
Dental Services (one routine visit per year, including an oral exam, cleaning, fluoride treatment, and dental X-rays)	\$0 copay	\$0 copay
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$0 copay	\$0 copay
Routine Transportation (up to 24 one-way trips per year, or 12 round trips up to 50 miles each way)	\$0 copay	\$0 copay
In-Home Support Services (up to 5 four-hour shifts of assistance in performing activities of daily living (ADLs) yearly)	\$0 copay	\$0 copay

How to choose the right plan

If you have the following types of Medicaid, you qualify for the **Premier** plan:

Qualified Medicare Beneficiary, Qualified Medicare Beneficiary+, or Specified Low-Income Medicare Beneficiary+

If you have the following types of Medicaid or Medicare Savers Program, you qualify for the **Select** plan:

Specified Low-Income Medicare Beneficiary, Qualified Individual, Qualified Disabled & Working Individual, or Community Attendant Services

Talk to a licensed insurance agent for more information.



Affordable prescriptions

Prescription drug benefits are included with the FirstCare Advantage Dual SNP plan. When you need to fill a prescription, simply present your member ID card at a network pharmacy for a 30-day supply. You will need to pay the pharmacy your share of the cost when you pick up your prescription.

Prescription Benefits	Premier		Select	
Initial Coverage Amount	\$4,130		\$4,130	
Deductible	\$0 or \$92, depending on your level of Low-Income Subsidy		\$0 or \$92, depending on your level of Low-Income Subsidy	
Copays vary based on your level of Extra Help	Generic (including brand drugs treated as generic)	All Other Drugs	Generic (including brand drugs treated as generic)	All Other Drugs
Low-Income Subsidy 1	\$3.70 copay	\$9.20 copay	\$3.70 copay	\$9.20 copay
Low-Income Subsidy 2	\$1.30 copay	\$4 copay	\$1.30 copay	\$4 copay
Low-Income Subsidy 3	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Low-Income Subsidy 4	15% coinsurance	15% coinsurance	15% coinsurance	15% coinsurance
Total Out-of-Pocket you pay before Catastrophic Coverage	\$6,550		\$6,550	
Catastrophic Coverage Amounts - You Pay	The greater of 5% or \$3.70 for generic drugs (including brand drugs treated as generic) or \$9.20 for all other drugs			

For certain kinds of drugs, you can use the plan's network mail-order services. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Our plan's mail-order service requires you to order at least a 30-day supply of the drug and no more than a 90-day supply.

Your drugs need to be on the plan's "Drug List" (Formulary) to be covered by the health plan. To find out if a specific drug is on the Drug List, visit the plan's website [FirstCare.com/DualSNP](https://www.firstcare.com/DualSNP). The Drug List on the website is always the most current. You may also call FirstCare Customer Service to find out if a particular drug is on the plan's Drug List or to ask for a copy of the list. For your health and safety, Medicare Dual SNP plans may have additional requirements or limits on prescription drug coverage, including:

- **Prior authorization:** FirstCare Advantage Dual SNP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the health plan before you fill your prescriptions.
- **Quantity limits:** Some drugs have limits on how much you can get at a time.

Programs for qualified members

FirstCare Advantage Dual SNP offers many no-cost programs to make our care and services even better. These include:

- **Case management:** In an effort to keep you as healthy as possible, case managers assist in coordinating services for members who have chronic diseases and/or conditions. They help direct you through the healthcare system and assist with referrals and authorizations to help meet your care needs.
- **Disease management:** This voluntary program provides education and support to members who have certain chronic conditions, such as diabetes, congestive heart failure and many others.
- **Medication therapy management:** This program connects you to a pharmacist who will help you manage your medicines.
- **Utilization management:** This program helps control costs and ensures the medical need for medicines, surgeries, and hospital stays.
- **Health and wellness education programs:** These are programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special dietary needs. Programs designed to enrich your health and lifestyle include weight management, fitness, and stress management.
- **Nurse line:** This free phone service allows you to talk with a nurse about your health concerns. A nurse answers the call 24 hours a day, 7 days a week.

We are local and ready to help

At FirstCare Advantage Dual SNP, we care about you, no matter your age or your health. We want you to get the care you need and be satisfied with your care experience, whether from a network provider, Customer Service, or your local case manager.

We continually look for ways to improve our members' care experience and work closely with members and doctors to:

- Improve the quality of care
- Reduce wait times
- Simplify appointment-making
- Make sure you get vaccines and preventive care
- Encourage conversations between you and your doctor
- And more

How to enroll

Make sure you qualify

You are eligible for membership in FirstCare Advantage Dual SNP as long as:

- You have both Medicare Part A and Medicare Part B.
- You live in our geographic service area, which includes the following Texas counties: Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher, and Terry.
- You are a United States citizen or are lawfully present in the United States.
- You are eligible for both Medicare and Medicaid or Medicare Savers Program.



Enroll by phone.

1.866.229.4969/TTY: 711



Or, complete and submit an enrollment form.

(included within this guide)

Complete all pages of the form. Be sure to sign and date the enrollment form. Your signature on the form indicates that you have read and understand the enrollment process. We cannot process your enrollment form without your signature.



Mail each page of the completed and signed enrollment form to:

FirstCare Advantage Dual SNP
Attention: Enrollment Department
12940 N. Hwy 183
Austin, TX 78750



Or, send us a fax. 1.512.257.6027

We will process your application and then send you a welcome kit with information on how to access your Evidence of Coverage document. Your FirstCare Advantage Dual SNP member ID card will be sent in a separate envelope.

Questions about enrollment? 1.866.229.4969/TTY: 711



A healthier you. That's what we do.

2021
Summary of
Benefits

Advantage Dual SNP (HMO SNP)

Medicare Advantage Dual Eligible Special Needs Plan

FirstCareTM
★
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 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.

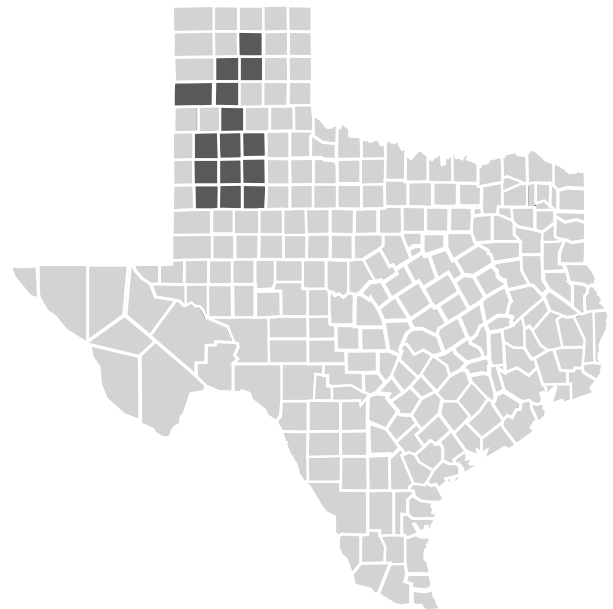
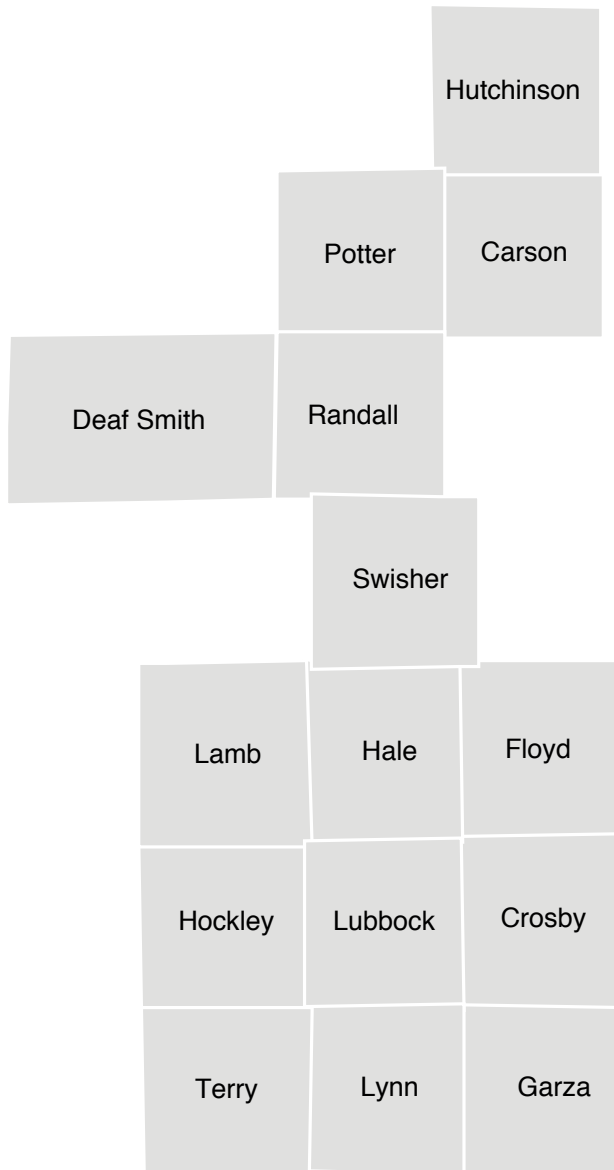
This document is available in other formats such as large print. The document may be available in a non-English language.

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	\$0 copay for each Medicare-covered hospital stay.	Medicare-defined cost sharing for each Medicare-covered hospital stay.
Outpatient Hospital		
Ambulatory Surgery Center	You pay \$0 copay.	You pay 20% coinsurance.
Outpatient Hospital Services	You pay \$0 copay.	You pay 20% coinsurance.

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

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP Premier (HMO SNP)	FirstCare Advantage Dual SNP Select (HMO SNP)
Doctor Office Visits	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Primary care physician visit: \$0 copay. Specialist visit: \$0 copay.	Primary care physician visit: \$0 copay. Specialist visit: 20% coinsurance.
Durable Medical Equipment (Includes wheelchairs, oxygen)	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.
Emergency Care (Any emergency room visit if the member reasonably believes he or she needs emergency care)	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. Copayment is waived if you are admitted to a hospital within 3 days for the same condition.	20% coinsurance up to \$90. Copayment is waived if you are admitted to a hospital within 3 days for the same condition.
End-Stage Renal Disease (ESRD)	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
Health/Wellness Education (Nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam)	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)
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)
Inpatient Mental Health Care	<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:</p> <p>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:</p> <p>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	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Outpatient group therapy visit: \$0 copay. Outpatient individual therapy visit: \$0 copay.	Outpatient group therapy visit: 20% coinsurance. Outpatient individual therapy visit: 20% coinsurance.
Outpatient Rehabilitation Services	For Members birth through age 20, Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Cardiac (heart) rehab services: \$0 copay. Occupational therapy visit: \$0 copay. Physical therapy and speech and language therapy visit: \$0 copay.	Cardiac (heart) rehab services: 20% coinsurance. Occupational therapy visit: 20% coinsurance. Physical therapy and speech and language therapy visit: 20% coinsurance.
Outpatient Services/ Surgery	Medicaid pays for certain surgical services if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Ambulatory surgical center: \$0 copay. Outpatient hospital: \$0 copay.	Ambulatory surgical center: 20% coinsurance. Outpatient hospital: 20% coinsurance.
Outpatient Substance Use Disorder (Assessment, ambulatory treatment/detox, and Medication Assistance Therapy (MAT))	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Group therapy visit: \$0 copay. Individual therapy visit: \$0 copay.	Group therapy visit: 20% coinsurance. Individual therapy visit: 20% coinsurance.
Pap Smears and Pelvic Exams (For women)	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.	\$0 copay.	\$0 copay.

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)	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$0 copay.	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 20% coinsurance.
Prescription Drugs	\$0 copayment for Medicaid covered prescription drugs not covered by Medicare Part D. Note: Medicaid will not cover any Medicare Part D drug.	For Part B drugs such as chemotherapy drugs: \$0 copay. Other Part B drugs: \$0 copay. Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.30 copay; or • \$3.70 copay; or • 15% coinsurance. For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$4 copay; or • \$9.20 copay; or • 15% coinsurance. 	For Part B drugs such as chemotherapy drugs: 20% coinsurance. Other Part B drugs: 20% coinsurance. Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.30 copay; or • \$3.70 copay; or • 15% coinsurance. For all other drugs, either: <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>	\$0 copay.	\$0 copay.
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.</p> <p>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>	Certain types of telemedicine visits are covered.	Certain types of telemedicine visits are covered.
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>	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.
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>	\$0 copay.	20% coinsurance up to \$65
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 Wavier)	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.

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.

Scope of Sales Appointment Confirmation Form

To be completed by person with Medicare.

Please initial the box beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)

☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

☐ **Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans**

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.

Medicare Preferred Provider Organization (PPO) Plan — A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Private Fee-For-Service (PFFS) Plan — A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment and terms and conditions.

Medicare Special Needs Plan (SNP) — A special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — A type of health plan. In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

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.



By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT: 1) affect your current/future Medicare enrollment status; 2) obligate you to enroll; and 3) nor will it automatically enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary Signature: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____
Address: _____ Phone number: _____
Relationship to Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Date of Appointment:	Product Type(s) Discussed:
Agent's Signature:	
[Plan Use Only:]	

This information is available for free in other languages. Please contact our Customer Experience number at 1-866-229-4969 for additional information.

Esta información es disponible en otras lenguas. Por favor llame al servicios de cliente al 1-866-229-4969 para más información.



Advantage Dual SNP (HMO SNP)

INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE DUAL SNP PLAN

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans. Visit [Medicare.gov](https://www.medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:
FirstCare Health Plans
Attention: Enrollment Department
12940 N. Hwy 183
Austin, TX 78750

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call FirstCare Health Plans at 1-866-229-4969. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a FirstCare Health Plans al 1-866-229-4969/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

☐ FirstCare Advantage Dual SNP Premier **\$0-22.50**

☐ FirstCare Advantage Dual SNP Select **\$0-22.50**

FIRST Name:

LAST Name:

Optional: Middle Initial:

Birth Date: (MM/DD/YYYY)
(_ / _ / _ _)

Sex:
☐ Male ☐ Female

Phone Number:
(_)

Permanent residence street address (Don't enter a PO Box):

City:

Optional: County:

State:

ZIP Code:

Mailing address, if different from your permanent address (PO Box allowed)

Street Address:

City:

State:

ZIP Code:

Your Medicare information:

Medicare Number:

_ _ _ - _ _ - _ _ _

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to FirstCare HealthPlans Advantage DSNP? ☐Yes ☐No

Name of other coverage:

Member number for this coverage:

Group number for this coverage:

Are you enrolled in your State Medicaid program? ☐Yes ☐No

If "yes," please provide your Medicaid number: _____

To qualify for FirstCare Advantage Dual SNP, you must have both Medicare and Medicaid or Medicare Saver's Program.

We are required to confirm your Medicare Advantage eligibility and Medicaid eligibility before we can process your enrollment into our D-SNP Plan. Only individuals entitled to both Medicare (title XVIII) and medical assistance from a state plan under Medicaid (title XIX) can be enrolled in a D-SNP plan. Acceptable proof of Medicaid eligibility can be a current Medicaid card, a letter from the state agency that confirms entitlement to Medical Assistance, or verification through a systems query to a State eligibility data system.

Name: _____ Date: _____

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in FirstCare Advantage Dual SNP.
- By joining this Medicare Advantage Plan, I acknowledge that FirstCare Advantage Dual SNP will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my FirstCare Advantage Dual SNP coverage begins, I must get all of my medical and prescription drug benefits from FirstCare Advantage Dual SNP. Benefits and services provided by FirstCare Advantage Dual SNP and contained in my FirstCare Advantage Dual SNP "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor FirstCare Advantage Dual SNP will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's date:

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

Name: _____ Date: _____

Section 2 - All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ Spanish

Select one if you want us to send you information in an accessible format.

☐ Large print

Please contact FirstCare Health Plans at 1-866-229-4969 if you need information in an accessible format other than what's listed above. Our office hours are October 1 - March 31, 8 AM to 8 PM, daily; April 1 - September 30, 8 AM to 8 PM, Monday through Friday. TTY users should call 711.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

Paying your plan premiums (if applicable)

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe)

☐ By mail; get a monthly bill.

☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account holder name: _____

Bank routing number: _____ Bank account number: _____

Account type: ☐ Checking ☐ Savings

You can also choose to pay your premium by having it automatically taken out of your

☐ Social Security or ☐ Railroad Retirement Board (RRB) benefit each month.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay FirstCare Health Plans the Part D-IRMAA.

Office Use Only:

Agent Name: _____ NPN: _____

Agent Signature: _____ Date: _____

Enrollment Period: ☐ IEP ☐ AEP ☐ SEP (type): _____ ☐ Not Eligible

Effective Date of Coverage: _____

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)_____.
- ☐ I recently was released from incarceration. I was released on (insert date)_____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date)_____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date)_____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums)) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)_____.
- ☐ I recently left a PACE program on (insert date)_____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.
- ☐ I am leaving employer or union coverage on (insert date)_____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)_____.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact FirstCare Health Plans at 1-866-229-4969 (TTY users should call 711) to see if you are eligible to enroll. We are open October 1 – March 31, 8 AM to 8 PM, daily; April 1 – September 30, 8 AM to 8 PM, Monday through Friday.

2021 Star Ratings

FirstCare Advantage - H5742

2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. 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 Ratings that focus 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 2021, FirstCare Advantage received the following Overall Star Rating from Medicare.

Plan too new to be measured

We received the following Summary Star Ratings 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

*Some plans do not have enough data to rate performance.

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.

Our mission as part of the Baylor Scott & White Health family.

Founded as a Christian ministry of healing more than 100 years ago, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

Learn more today!

FirstCare.com/DualSNP



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.

Other pharmacies, physicians and providers are available in our network.