



2020 Summary of Benefits

FirstCare

Advantage Dual SNP (HMO SNP)

FirstCare[™]
★
HEALTH PLANS

A healthier you. That's what we do.

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, 2020 - December 31, 2020

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, 2019.

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 is dependent 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.

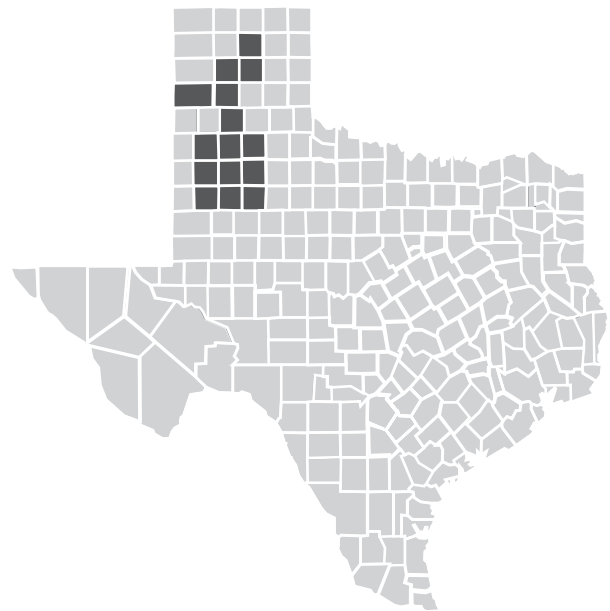
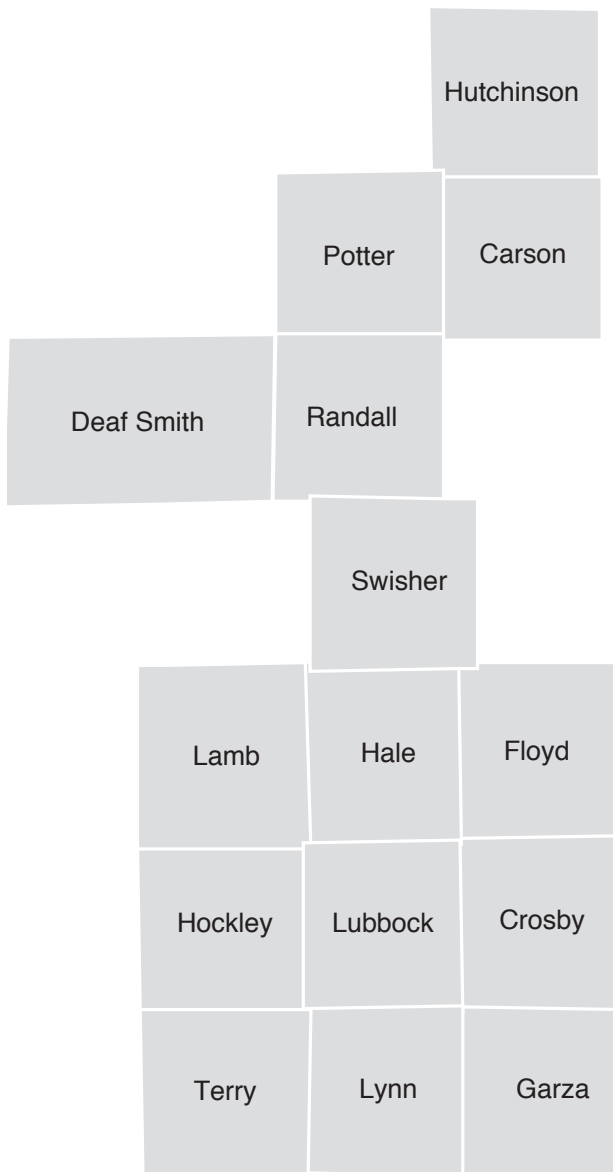
This document is available in other formats such as large print. The document may be available in a non-English language.

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, not have End-Stage Renal Disease (ESRD) 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 (HMO SNP)
Monthly Plan Premium	<p>\$0 – \$20.80 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 or inpatient service deductible per year for in-network services, depending on your level of Medicaid eligibility.</p> <p>\$0 to \$89 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>
Inpatient Hospital Coverage	<p>\$0 copay for each Medicare-covered hospital stay.</p>
Outpatient Hospital Coverage Ambulatory Surgery Center Outpatient Hospital Services	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p>
Doctor Visits Primary Care Providers Specialists	<p>You pay \$0 copay per visit.</p> <p>You pay \$0 copay per visit.</p>
Preventive Care	<p>You pay \$0 copay.</p>

Premiums and Benefits	FirstCare Advantage Dual SNP (HMO SNP)
Emergency Care	You pay \$0 copay per visit.
Urgently Needed Services	You pay \$0 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.
Hearing Services Medicare-covered Hearing Exam Routine Hearing Exam Hearing Aids	You pay \$0 copay for Medicare-covered hearing exam. Not covered. Not covered.
Dental Services	You pay \$0 copay. Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).
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.

Premiums and Benefits	FirstCare Advantage Dual SNP (HMO SNP)
<p>Mental Health Services</p> <p>Inpatient Visit</p> <p>Outpatient Individual or Group Therapy Visit</p>	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p>
<p>Skilled Nursing Facility (SNF) Care</p>	<p>You pay \$0 copay.</p>
<p>Physical Therapy</p> <p>Occupational therapy visit</p> <p>Physical therapy and speech and language therapy visit</p>	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p>
<p>Ambulance Services</p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p>

Premiums and Benefits	FirstCare Advantage Dual SNP (HMO SNP)
Transportation (additional routine)	Not covered.
Medicare Part B Prescription Drugs Chemotherapy Drugs Other Part B Drugs	You pay \$0 copay. You pay \$0 copay.
Home Health Care	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.
Telehealth Services – Primary Care Visit	You pay \$0 copay.
Opioid Treatment Service	You pay \$0 copay.

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, 2019.

Outpatient Prescription Drugs		
Deductible	You pay \$0 or \$89 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 \$435. You pay the full cost for all of your drugs until you have paid \$435.	
Initial Coverage (after you pay your deductible, if applicable)	You stay in this stage until your yearly drug costs total \$4,020. 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).	
	Standard Retail 30-Day Supply	Mail Order 90-Day Supply
Generic – including brand drugs treated as generic	You pay: \$0 copay or \$1.30 copay or \$3.60 copay or 15% coinsurance. Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.	You pay: \$0 copay or \$1.30 copay or \$3.60 copay or 15% coinsurance. Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.
All Other Drugs	You pay: \$0 copay or \$3.90 copay or \$8.95 copay or 15% coinsurance. Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.	You pay: \$0 copay or \$3.90 copay or \$8.95 copay or 15% coinsurance. Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.
Cost sharing	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.	

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 (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.
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.
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.
Cardiac Rehabilitation	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.
Chiropractic Services	Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid.	Manipulation of the spine to correct a subluxation: \$0 copay.

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Chiropractic Services (continued)	Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	
Colorectal Screening Exams (For people aged 50 and older)	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.
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 Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	\$0 copay. Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).
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.
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.
Doctor and Hospital Choice	Members should follow Medicare guidelines related to hospital and doctor choice.	You must use in-network providers.

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (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>
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.
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>
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.
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.
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>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
<p>Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care 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>\$0 copay.</p>
<p>Hospice</p>	<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>Immunizations</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>For Flu, Pneumonia and Hepatitis B vaccines: \$0 copay.</p>
<p>Inpatient Hospital Care</p>	<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 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>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
<p>Inpatient Hospital Care (continued)</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 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:</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on 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>Our plan covers up to 190 days in a lifetime for inpatient mental</p>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Inpatient Mental Health Care (continued)		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)	<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.
Monthly Premium	<p>Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.</p>	<p>\$0 - \$20.80 per month, depending on your level of low income subsidy.</p> <p>You must continue to pay your Medicare Part B premium— unless paid by a third party, such as Medicaid.</p>
Orthotic and Prosthetic Devices	<p>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.</p> <p>Medicaid pays for breast prostheses for Members of all ages Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Prosthetic devices: \$0 copay.</p> <p>Related durable medical equipment supplies: \$0 copay.</p>
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>
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>Cardiac (heart) rehab services: \$0 copay.</p> <p>Occupational therapy visit: \$0 copay.</p>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Outpatient Rehabilitation Services (continued)	\$0 copay for Medicaid-covered services.	Physical therapy and speech and language therapy visit: \$0 copay.
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 surgery center: \$0 copay. Outpatient hospital: \$0 copay.
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.
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 for Medicaid-covered services.	\$0 copay.
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.
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:

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
<p>Prescription Drugs (continued)</p>		<p>For generic drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.30 copay; or • \$3.60 copay; or • 15% coinsurance. <p>For all other drugs:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.90 copay; or • \$8.95 copay; or • 15% coinsurance. <p>NOTE: Some drugs may have limitations, such as step therapy, quantity level limits, or prior authorization requirements. 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>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p> <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and mail order) reach \$6,350, you pay nothing for all drugs.</p>
<p>Prostate Cancer Screening Exams</p>	<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.</p>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Prostate Cancer Screening Exams (continued)	\$0 copay for Medicaid-covered services.	
Skilled Nursing Facility (SNF) (In a Medicare-certified Skilled Nursing Facility)	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. Our plan covers up to 100 days in a SNF.
Telemedicine 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.	Certain types of telemedicine visits are covered.
Transportation (Routine)	The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare. \$0 copay for Medicaid-covered services.	Not covered.
Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area)	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.
Vision 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. Note: Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay. Routine eye exam (up to 1 every year): \$0 copay. Eyeglasses or contact lenses after cataract surgery: \$0 copay. Our plan pays up to \$75 every year for eyewear.

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. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2020.
- 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.

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-884-4901 (TTY: 711).

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-884-4901 (TTY: 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-884-4901 (TTY: 711).

Chinese:

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-884-4901 (TTY: 711)。

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-884-4901 (TTY: 711) 번으로 전화해 주십시오.

Arabic:

يرجى الانتباه: إذا كنت تتكلم اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك مجاناً. اتصل بالرقم 1-800-884-4901 (رقم الهاتف المخصص للصم وضعاف السمع: 711).

Urdu:

کریں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-884-4901 (TTY: 711)۔

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-884-4901 (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-884-4901 (ATS : 711).

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-884-4901 (TTY: 711) पर कॉल करें।

Persian:

فراهم می باشد. با 1-800-884-4901 (TTY: 711) تماس بگیرید. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-884-4901 (TTY: 711).

Gujarati:

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-884-4901 (TTY: 711).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-884-4901 (телетайп: 711).

Japanese:

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-884-4901 (TTY: 711) まで、お電話にてご連絡ください。

Laotian:

ປຶດຊາບ: ຖ້າ ງ່ອ ້ ງ ທ ່ າ ນ ເ ວ ້ າ ພ າ ສ າ ລ າ ວ, ກ າ ນ ບ ່ ວ ້ ກ າ ນ ຊ ່ ວ ຍ ເ ຫ ່ ອ ດ ້ າ ນ ພ າ ສ າ, ໂ ດ ຍ ບ ່ ັ ນ ່ ສ ້ ບ ື ອ ່ າ, ແ ມ ່ ນ ມ ່ ພ ່ ອ ມ ່ ໃ ຫ ່ ທ ່ າ ນ. ໂ ທ ອ ສ 1-800-884-4901 (TTY: 711).

Southwest Life & Health Insurance Company is a wholly owned subsidiary of SHA, LLC d/b/a FirstCare Health Plans (a wholly owned subsidiary of Scott and White Health Plan). PPO plans are offered by Southwest Life & Health Insurance Company. HMO, Medicaid and Medicare plans are offered by SHA, LLC.



Nondiscrimination Notice

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-884-4901 (TTY: 711).

SHA, LLC d/b/a FirstCare Health Plans and Southwest Life & Health Insurance Company comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstCare Health Plans and Southwest Life & Health Insurance Company do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

FirstCare Health Plans and Southwest Life & Health Insurance Company:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print and accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Compliance Officer at 1-214-820-8888 or send an email to SWHPComplianceDepartment@BSWHealth.org.

If you believe that FirstCare Health Plans and Southwest Life & Health Insurance Company have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or <https://app.mycompliancereport.com/report.aspx?cid=swhp>.

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509E, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

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FC_NondiscriminationNotice08/2019

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.

2020 Summary of Benefits

FirstCare

Advantage Dual SNP (HMO SNP)



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.

FirstCare Advantage Dual SNP has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until December 31, 2021 based on a review of FirstCare Advantage Dual SNP Model of Care.

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