

# SUMMARY OF BENEFITS

# 2020 Devoted Health HMO Plan

**Devoted Health Greater Houston (HMO) Plan**  
Waller, Fort Bend, Montgomery, Harris Counties

## Devoted Health Greater Houston (HMO)

# Summary of Benefits

The Summary of Benefits tells you more about our Devoted Health Greater Houston (HMO) plan, like some of your costs and some of the services we pay for. Devoted Health offers Medicare Advantage HMO plans with a Medicare contract. Enrollment in the Plan depends on contract renewal.

It might seem long, but it doesn't get into every last detail on what's covered and what's not. If you need to dig into the nitty gritty, you can check out the plan's **Evidence of Coverage**. Just give us a call at 1-800-385-0916 (TTY 711) and ask for one. You can also find it online at [www.devoted.com](http://www.devoted.com).

This Summary of Benefits is for plans that run from January 1, 2020 to December 31, 2020.

To join Devoted Health Greater Houston (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area for this plan includes these counties: Waller, Fort Bend, Montgomery, Harris. We offer additional plans in other counties.

### Need Help?

Call 1-800-385-0916 (TTY 711)

We're here 8am to 8pm, Monday to Friday (from October 1 to March 31, 8am to 8pm, 7 days a week). You can also visit us online at [www.devoted.com](http://www.devoted.com).

### How can I find out what prescription drugs Devoted covers?

To get the most up-to-date information on the prescription drugs we cover, go to [www.devoted.com](http://www.devoted.com) to look through our searchable drug list. Or, you can call us and we'll mail you a copy of our formulary.

### How can I find out if my doctors and pharmacies are in Devoted's network?

To get the most up-to-date list of doctors and pharmacies in our network, go to [www.devoted.com](http://www.devoted.com). Or, give us a call. We can mail you a directory or look something up for you.

### How can I learn more about Original Medicare?

If you're wondering about the coverage and costs of Original Medicare, check the latest Medicare & You handbook. If you don't have one, you can:

Visit [medicare.gov](http://medicare.gov) and search for Medicare & You Handbook.

Ask Medicare for a copy by calling 1-800-MEDICARE (1-800-633-4227) any day, any time. TTY users can dial 1-877-486-2048.

# 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 Member Services at 1-800-385-0916 (TTY 711).

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [www.devoted.com](http://www.devoted.com) or call 1-800-385-0916 (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 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).

# Monthly Premium, Deductible and Limits

<b>Monthly Premium</b>	\$0 You must continue to pay your part B premium.
<b>Medical Deductible</b>	This plan does not have a deductible.
<b>Pharmacy (Part D) Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-pocket Responsibility</b>	\$3,400 This is the most you will pay for copays, coinsurance and other costs for medical services and Part B-covered medication for the plan year. What you pay out-of-pocket for Part D prescription drugs does not apply to this amount.

# Covered Medical and Hospital Benefits

<b>Inpatient Hospital Coverage</b>	\$225 copay per stay
Prior authorization may be required.	

## **Outpatient Hospital Coverage**

Prior authorization may be required.

### **Outpatient Surgery at an Ambulatory Surgery Center (ASC)**

\$50 copay

### **Outpatient Surgery in an Outpatient Hospital setting**

\$100 copay

### **Outpatient Hospital Services**

\$100 copay

### **Observation Stays**

\$225 copay

## **Doctor Visits**

A referral from your PCP may be required to see a specialist.

### **Primary Care Provider**

\$0 copay

### **Specialist**

\$15 copay

## Preventive Care

Our plan covers many preventive services at no cost when you see an in-network provider, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement (bone density)
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy, Cologuard)
- Depression screening
- Diabetes screening
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines covered under the medical benefit, including flu shots, hepatitis B shots, pneumococcal shots
- “Welcome to Medicare” preventive visit (one time)
- Annual wellness visit
- Lung cancer screening
- Routine physical exam
- Diabetes self-management training
- Glaucoma tests
- Hepatitis C screening tests

Any additional preventive services approved by Medicare during the contract year will be covered.

## Emergency Care

\$120 copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the emergency care.

**Urgently Needed Services** \$40 copay

Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical care.

## Outpatient Care and Services

### Diagnostic Services, Labs and Imaging

Prior authorization may be required.

**Advanced Imaging Services (Diagnostic Radiology)**  
\$0 copay in an office or free-standing location  
\$50 copay at an outpatient hospital setting

**Lab Services**  
\$0 copay

**Diagnostic Tests and Procedures**  
\$0 copay in an office or free-standing location  
\$25 copay at an outpatient hospital setting

**Outpatient X-rays & Ultrasounds**  
\$0 copay in an office or free-standing location  
\$25 copay at an outpatient hospital setting

**Radiation Therapy**  
10% coinsurance

## Hearing Services

### Hearing Care

**Medicare-covered Hearing Care**  
\$15 copay

**Routine Hearing Exams**  
\$0 copay — 1 visit per year

**Hearing Aid Fitting and Evaluation**  
\$0 copay — 1 visit per year

### Hearing Aids

\$1,200 benefit — \$600 max per ear per year

# Dental Services

## Medicare-covered Dental Services

\$15 copay

Prior authorization may be required.

## Preventive Dental Services

### Periodic Oral Exams

\$0 copay

### Comprehensive Oral Evaluation

\$0 copay

### Cleanings

\$0 copay

### X-rays (bitewing, intraoral, and panoramic)

\$0 copay

## Comprehensive Dental Services

Devoted Health will pay as much as \$1,500 per year for comprehensive dental services. Certain limitations apply. See the plan's Evidence of Coverage (EOC) for details. Prior authorization may be required.

### Fillings

\$0 copay

### Root Planing & Scaling

\$0 copay

### Simple Extractions

\$0 copay

### Palliative (Emergency) Treatment

\$0 copay

### Dentures

\$0 copay

### Crowns

50% coinsurance

### Root Canals

50% coinsurance

### Adjunctive Services

\$0 copay

## Vision Services

### Medicare-covered Vision Care

\$15 copay

Prior authorization and referral may be required.

### Routine Vision

#### Diabetic Eye Exam

\$0 copay

#### Glaucoma Screening

\$0 copay

#### Routine Eye Exam

\$0 copay — 1 visit per year

**Eyewear**

Up to \$200 each year for eyeglasses or contacts  
Fitting for contact lenses covered at no additional cost.

## Additional Outpatient Care and Services

**Mental Health Services**

Prior authorization may be required for inpatient stays.

**Inpatient mental health care**

\$350 copay per stay

**Outpatient mental health care**

\$15 copay

**Skilled Nursing Facility (SNF)**

Prior authorization may be required. No prior hospital stay required.

**Days 1 - 20**

\$0 copay

**Days 21 - 40**

\$178 copay per day

**Days 41 - 100**

\$0 copay

**Physical Therapy**

Prior authorization may be required.

\$0 copay in an office or free-standing location

\$30 copay at an outpatient hospital setting

**Ambulance**

\$250 copay

Prior authorization may be required for non-emergency care.

**Transportation**

\$0 copay — 30 one-way rides per year

# Prescription Drug Benefits

## Medicare Part B Drugs

Prior authorization may be required.

## Chemotherapy Drugs

20% coinsurance

## Generic Medications Used in a Nebulizer

\$0 copay

## Other Part B Drugs

20% coinsurance

## Prescription Drugs

## Pharmacy (Part D) Deductible

This plan does not have a deductible.

## Initial Coverage Stage

You pay copays or coinsurance until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug cost paid by both you and Devoted Health.

## 30-Day Supply Network Retail Pharmacy

Cost sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.

## Tier 1: Preferred Generic

\$0 per prescription

## Tier 2: Generic

\$0 per prescription

## Tier 3: Preferred Brand

\$40 per prescription

## Tier 4: Non-Preferred Drugs

\$80 per prescription

## Tier 5: Specialty

33% of the total cost

## **90-Day Supply Network Mail Order**

Cost sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.

**Tier 1: Preferred Generic**  
\$0 per prescription

**Tier 2: Generic**  
\$0 per prescription

**Tier 3: Preferred Brand**  
\$80 per prescription

**Tier 4: Non-Preferred Drugs**  
\$160 per prescription

**Tier 5: Specialty**  
Not available through mail

## **Erectile Dysfunction Drugs (ED)**

Sildenafil (generic Viagra) is covered as a Tier 2 medication. You are covered for up to 6 pills per month (a maximum of 72 pills per year.)

## **Additional Prescription Drug Information**

If you receive Extra Help from Medicare, your costs for prescription drugs may be lower than the cost-shares in this booklet. You pay whichever is less.

Medicare beneficiaries who receive assistance from Medicaid or the state-sponsored Qualified Medicare Beneficiary program may pay nothing for Medicare-covered services. You must meet certain income and resource conditions to be eligible.

If you reside in a long term care facility, you pay the same as at a standard retail pharmacy.

## **Coverage Gap or "Donut Hole"**

Most Medicare drug plans have a Coverage Gap or "donut hole." This means that there is a temporary change in what you will pay for your drugs. The Coverage Gap begins after the total yearly drug costs (including what Devoted Health has paid and what you have paid) reaches \$4,020. Please note that not everyone will enter the Coverage Gap. For the 2020 plan year, while in the coverage gap, you will still pay \$0 for drugs in tiers 1 - 2, and 25% of the total cost for drugs in higher tiers until you reach \$6,350 total out-of-pocket.

## Catastrophic Coverage

### Yearly Out-of-pocket Drug Costs

After you reach \$6,350 yearly out-of-pocket drug costs, you pay the greater of:

5% of the cost

— or —

**Generic Drugs or Drugs that are Treated as Generic**

\$3.60

**Covered Brand Drugs**

\$8.95

Devoted Health pays the rest of the cost.

## Additional Benefits

### Dialysis

20% coinsurance

Prior authorization may be required.

### Foot Care (Podiatry Services)

**Specialist**

\$15 copay

**Routine Foot Care**

\$15 copay — 6 visits per year

### Home Health Care

\$0 copay

Prior authorization may be required.

Home Health Care is limited to Medicare-covered services.

Infusions performed in the home will be covered at no cost to you.

## **Durable Medical Equipment (DME)**

Prior authorization may be required. Equipment is covered only from certain brands and manufacturers. Please contact us for details.

## **Basic Medicare-covered DME products**

20% coinsurance

## **Advanced Medicare-covered DME products (listed below)**

20% coinsurance

- Medicare-covered ventilator
- Bone growth stimulator
- Portable oxygen concentrator
- Bariatric equipment
- Specialty beds
- Custom or specialty wheelchairs and scooters
- Seat Lifts
- Specialty brand items
- High-frequency chest compression vests
- Pain infusion pump

## **Diabetic Monitoring Supplies**

Prior authorization may be required.

We cover products made by these manufacturers of blood glucose monitors and test strips:

- Abbott
- Ascenia/Bayer
- J&J Lifescan
- Roche

We cover the following Continuous Glucose Monitor (CGM):

- Freestyle Libre CGM

## **Supplies to monitor your blood glucose**

\$0 copay

**Rehabilitation Services**

Prior authorization may be required.

**Cardiac and Pulmonary Rehabilitation**

\$15 copay

**Physical, Occupational and Speech Therapy**

\$0 copay in an office or free-standing location

\$30 copay at an outpatient hospital setting

**Substance Use Services**

\$15 copay

## More Benefits With Your Plan

**Over-the-counter Items (OTC)**

\$50 per month

Eligible items are listed in the OTC catalog. Items not listed in the OTC catalog are not covered under the OTC benefit.

**Fitness**

**SilverSneakers:** Devoted Health covers the full cost of this benefit.

**Devoted Health Wellness Bucks:** Devoted Health will reimburse you up to \$150 per year for participation or purchase of one or more of the following:

1. Purchase of an Apple Watch® which tracks number of steps and heart rate
2. Participation in instructional fitness classes such as Yoga, Pilates, Zumba, Tai Chi, Crossfit, aerobics/group fitness classes, strength training, spin classes, personal training (taught by a certified instructor), etc.
3. Program fees for weight loss programs such as Jenny Craig, Weight Watchers, or hospital-based weight loss programs.

**Acupuncture**

\$0 copay — up to 12 visits per year

You must use an in-network provider

**Meals****After an Inpatient or Skilled Nursing Facility Stay**

\$0 copay

Post-discharge benefit may be used up to 4 times per calendar year.

**After a New Chronic Condition**

\$0 copay

**Bathroom Safety  
Equipment**

20% coinsurance

**Personal Emergency  
Response Device (PERS)**

\$0 copay

**Wigs for Hair Loss Related  
to Chemotherapy**

Devoted Health will reimburse you up to \$500 each plan year for the purchase of wigs for hair loss related to chemotherapy.

You need a referral to receive covered services from providers. Certain procedures, services and drugs may need advance approval from Devoted Health. This is called “prior authorization” or “pre-authorization.” Please contact your PCP or refer to the Evidence of Coverage for services that require a prior authorization from Devoted Health.

This information is not a complete description of benefits. Call 1-800-385-0916 (TTY 711) for more information. Devoted Health is a HMO plan with a Medicare contract. Enrollment in Devoted Health depends on contract renewal.

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