

2024 Lewis County Medicare Advantage Plan



Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$0	\$0
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$0	\$0
Specialist Office Visit	\$0	\$0
Virtual Office Visit	\$0	\$0
- with Providers: AmWell, Doctor on Demand, or Teladoc	\$0	
Telemedicine	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
Inpatient Services		
Inpatient Hospital Stay	\$0 Per Admit	\$0 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days	
Skilled Nursing Facility Care	\$0 Per Day	\$0 Per Day
Day Range 1	Days 1 - 20	Days 1 - 20
	\$0 Per Day	\$0 Per Day
Day Range 2	Days 21 - 100	Days 21 - 100
Inpatient Mental Health Lifetime Maximum	Unlimited	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$0 Per Admit	\$0 Per Admit
Outpatient Services		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$0	\$0
Outpatient Mental Health/Substance Abuse - Group Visit	\$0	\$0
Partial Hospitalization (Mental Health Day Treatment) per day	\$0	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0	\$0
Occupational Therapy	\$0	\$0
Physical Therapy and Speech/Language Therapy	\$0	\$0
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$0	\$0
Intensive Cardiac Rehabilitation	\$0	\$0
Pulmonary Rehabilitation	\$0	\$0
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$0	\$0
Kidney Dialysis	\$0	\$0
Medicare Covered Services		
Chiropractic Visit	\$0	\$0
Podiatry Visit	\$0	\$0
Eye Exam	\$0	\$0
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$0	\$0
Dental Services	\$0	\$0
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	\$0	\$0
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$0	\$0
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$0	\$0
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes

Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Part B Drugs And Blood		
Part B Drugs	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$0	\$0
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	\$0	\$0
Therapeutic Radiology Service	\$0	\$0
Preventive Services (Medicare-Covered)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0

Medical Coverage

Additional Benefits/Non-Medicare Covered Services	In Network Services	Out of Network Services
Routine Podiatry		
Routine Podiatry	\$0	\$0
Routine Podiatry - Number of visits per year	6 Visits	
Routine Chiropractic		
Routine Chiropractic	\$0	\$0
Routine Chiropractic - Number of Visits	12 Visits	
Routine Chiropractic - Benefit Period	1 Year	
Routine Acupuncture		
Routine Acupuncture	\$0	\$0
Routine Acupuncture - Number of visits per year	12 Visit	
Routine Vision		
Routine Eye Exam Refraction - every 12 months	\$0	\$0
Vision Hardware - Allowance for Eyeglasses	\$70	
- OR - Contact Lenses (in lieu of Eyeglasses)	\$105	
Vision Hardware - Benefit Period	Every 24 Months	
Routine Hearing		
Routine Hearing Exam for Hearing Aids	\$0	\$0
Routine Hearing Exam - Number of Visits	1 Visit	
Routine Hearing Exam - Benefit Period	1 Year	
Routine Hearing Aid - Allowance Per Ear or Combined	Combined	N/A
Routine Hearing Aid - Number of Devices	Unlimited	N/A
Routine Hearing Aid - Benefit Period	3 Years	N/A
Routine Hearing Aid - Device Allowance	\$500	N/A
Wellness/Clinical Programs		
UHC Healthy At Home - Post-Discharge Program, following each discharge:	Included	
- 12 non-emergency medical rides		
- 28 home delivered meals		
- 6 hours in-home personal care		
Fitness Program	Included	
Case and Disease Management, including:	Included	
- High Risk Members		
- Heart Failure		
- Respiratory Illness		
- Kidney Disease		
- Diabetes		
- Behavioral Health		
- Nurse Support - 24/7		
Preferred Diabetic Supply Program	Included	
UHC Hearing Aid Discount Program	Included	
- Note: Available services and offerings may be limited in the U.S. Territories		
HouseCalls Program	Included	
Member Rewards Program	Included	
- Reward cards for completing certain health care activities		

Outpatient Prescription Drug Coverage

Benefit Name	In Network Services
Part D Gap Coverage	
Part D Gap Coverage	Full Coverage
Custom OOP, ICL, Catastrophic	
Initial Coverage Limit	\$5,030
True Out of Pocket Threshold (TrOOP)	\$8,000
Catastrophic Coverage over TrOOP	CMS Standard
	Member pays greater of:
Copay for generics	\$0
Copay for all other drugs	\$0
- OR - Coinsurance	0%
Day Supply Information	
Note: 90 day retail supply is available for 2x copay amount	
Part D Retail Copay	
Tier 1: Preferred Generic (All covered generic drugs)	\$0
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands)	\$5
Tier 3: Non-Preferred Drug (Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.)	\$20
Tier 4: Specialty Tier (Unique and/or very high-cost brand)	\$20
Part D Mail Order Copay	
Tier 1: Preferred Generic (All covered generic drugs)	\$0
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands)	\$5
Tier 3: Non-Preferred Drug (Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.)	\$20
Tier 4: Specialty Tier (Unique and/or very high-cost brand)	\$20