



FIRSTCAROLINACARE INSURANCE COMPANY

## **FirstMedicare Direct SmartHMO (HMO)**

### **2022 Summary of Benefits**

**January 1, 2022 – December 31, 2022**

**Call toll-free 1-877-749-3356 daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.**

**TTY 711**

**[www.FirstMedicare.com](http://www.FirstMedicare.com)**

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This booklet gives you a summary of what our plan covers and what you pay. It doesn't list every service we cover or every limitation or exclusion. For a complete list of covered services, call us and ask for the Evidence of Coverage.

### **Options for Getting Medicare Benefits**

- Original Medicare (fee-for-service), which is run by the federal government
- Medicare Advantage through a private company, like FirstCarolinaCare

### **Tips for Comparing Medicare Options**

This booklet allows you to compare costs and benefits for our plan

- If you want to compare our plan with other Medicare Advantage plans, ask other plans for their Summary of Benefits booklets or use the Medicare Plan Finder at [medicare.gov](https://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare and You* handbook. You can find it at [medicare.gov](https://www.medicare.gov). You can also 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.

### **Booklet Sections**

- Things to Know
- Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Additional Covered Benefits
- About Us

This document is available in other formats, such as Braille and large print. For more information, call 1-844-499-5630 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

## **THINGS TO KNOW**

### **Hours of Operation**

Call daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

### **Contact Info**

- If you're a current member: 1-844-499-5630 (TTY 711)
- If you're not yet a member: 1-877-749-3356 (TTY 711)
- [www.FirstMedicare.com](https://www.FirstMedicare.com)

**Eligibility**

To join any of our Medicare Advantage plans, you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area.

Our service area includes this county in North Carolina: Wake.

**Doctors, Hospitals and Pharmacies**

Our plan has a large network of doctors, hospitals, pharmacies, and other providers to choose from.

With our HMO plans, you must have an in-network primary care provider (PCP) to oversee your care, refer you to the specialists and use in-network providers, unless it's for emergency or urgent care. With such a broad network, chances are, you can keep seeing the doctors you already know and trust.

You must use network pharmacies to fill your prescriptions in most cases.

You can see our provider directory and pharmacy directory at our website ([www.FirstMedicare.com](http://www.FirstMedicare.com)). You can call us, and we will send you a copy.

**What We Cover**

Like all Medicare Advantage plans, we cover everything Original Medicare covers, but we also cover more.

For some benefits, you may pay less in our plan than you would in Original Medicare, and for some, you may pay more. This booklet outlines many of our extra benefits and perks that Original Medicare doesn't cover.

We cover the prescriptions drugs listed in our formulary at [www.FirstMedicare.com](http://www.FirstMedicare.com). You can read it online or call us for a copy.

**Determining Drug Costs**

Each of the drugs we cover is grouped into one of five tiers. The amount you pay depends on the drug's tier and what stage of the benefit you've reached (Initial Coverage, Coverage Gap or Catastrophic Coverage). You can find out what tier your drug is on in our formulary at [www.FirstMedicare.com](http://www.FirstMedicare.com), and we discuss the benefit stages later in this booklet.

## **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 1-877-749-3356.

### **Understanding the Benefits**

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [FirstMedicare.com](https://www.FirstMedicare.com) or call 1-877-749-3356 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.

### **Understanding Important Rules**

- ☐ In addition to your monthly plan premium, 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, 2023.
- ☐ 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 ON HOW MUCH YOU PAY**

**Premium Each Month**  
You must continue to pay your Medicare Part B premium.

**\$0**

*This plan includes prescription drug coverage. For information on non-Rx plans, contact your broker or FirstMedicare Direct.*

**Medical Deductible****\$0****Prescription Drugs Deductible****\$0****Maximum Out-of-Pocket Each Year**

The most you pay for copays, coinsurance and other costs for medical services for the year. You still need to pay your monthly premiums.

In-network providers

**\$2,900****COVERED MEDICAL AND HOSPITAL BENEFITS****Inpatient Hospital Care**

Our plan covers an unlimited number of days for an inpatient hospital stay. (may require prior authorization and/or referral)

In-network:

- **\$150 copay per day for days 1 through 5**
- **\$0 copay per day for days 6 through 90**
- **\$0 copay per day for days 91 through 100**

**Outpatient Hospital Care** (may require prior authorization)

In-network:

**\$150 copay****DOCTOR VISITS****Primary Care Physician Office Visits**

In-network:

**\$0 copay**

**Specialist Office Visits** (may require prior authorization and/or referral)

 In-network: **\$35 copay**
**Preventive Care**

Our plan covers many preventive services, including but not limited to:

• Abdominal aortic aneurysm screening • Annual “Wellness” visit • Barium enemas (may require prior authorization) • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots • Medical nutrition therapy • Obesity screening and therapy • Prostate cancer screenings (PSA) • Screening and counseling to reduce alcohol misuse • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time)

 In-network: **\$0 copay**
**EMERGENCY SERVICES**
**Emergency Care**

If you are admitted within 24 hours to the hospital, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.

 In- and Out-of-network: **\$80 copay**
**Urgent Care Services**

 In- and Out-of-network: **\$0 copay**
**Worldwide Emergency**

 (outside the U.S. and its territories  
\$25,000 lifetime limit for worldwide  
urgent or emergency coverage  
outside of the United States)

**\$80 copay for Emergency**
**\$80 copay for Urgent**
**DIAGNOSTIC SERVICES**

Costs for these services may vary based on place of service and may require prior authorization.

## FirstMedicare Direct SmarHMO (HMO)

### Diagnostic Tests, Procedures and Lab Services (may require prior authorization and/or referral)

In-network: **\$0-\$95 copay**

### Diagnostic Radiology (such as MRIs, CT scans) (may require prior authorization and/or referral)

In-network: **\$40 - \$295 copay**

### Outpatient X-rays (such as x-rays and ultrasounds) (may require prior authorization and/or referral)

In-network: **\$0-\$95 copay**

## HEARING, DENTAL AND VISION

### Diagnostic Hearing Exam (may require prior authorization) (Exam to diagnose and treat hearing and balance issues)

In-network: **\$0-\$45 copay**

### Medicare-covered Comprehensive Dental Services

- Extractions of teeth to prepare jaw for radiation treatment of neoplastic disease • Non-covered procedures or services (e.g. tooth removal) if performed by a dentist incident to and as an integral part of an otherwise Medicare-covered procedure • Dental exams prior to kidney transplantation (may require prior authorization and/or referral)

In-network: **\$0 copay**

### Non-Medicare-covered Dental Services

Including, but not limited to: oral exam, cleaning, X-rays, fluoride treatment, fillings, dentures, denture adjustments and repairs, crowns, treatment for gum disease, bridge work, root canals, and extractions. (may require prior authorization and/or referral)

In-network: **\$0-\$425 copay**

### Medicare-covered Vision Services (may require prior authorization) Exam to diagnose and treat diseases and conditions of the eye.

In-network: **\$0-\$45 copay**

### Eyewear After Cataract Surgery (may require prior authorization)

## FirstMedicare Direct SmarHMO (HMO)

One pair of eyeglasses or contact lenses after each cataract surgery.

In-network: **\$0 copay**

### **Eyewear** (non-Medicare covered)

Get access to vision services beyond what Original Medicare covers, including a routine vision exam with an in-network provider. Plus, get a \$75 allowance for eyewear every two years.

### **Glaucoma Screening**

In-network: **\$0 copay**

### **Routine Eye Exam** (1 exam per plan year) (may require prior authorization)

In-network: **\$0 copay**

## **MENTAL HEALTH CARE**

### **Outpatient Individual Mental Health Therapy Visit** (may require prior authorization and/or referral)

In-network: **\$40 copay**

### **Outpatient Group Mental Health Therapy Visit** (may require prior authorization and/or referral)

In-network: **\$40 copay**

### **Inpatient Mental Health Visit**

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 also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. (may require prior authorization and/or referral)

In-network: **• \$295 copay per day for days 1 through 5**  
**• \$0 copay per day for days 6 through 90**

## **SKILLED NURSING FACILITIES**

### **Skilled Nursing Facility (SNF)**



## FirstMedicare Direct SmarHMO (HMO)

Our plan covers up to 100 days in an SNF. (may require prior authorization and/or referral)

In-network:	<ul style="list-style-type: none"> <li>• <b>\$0 copay per day for days 1 through 20</b></li> <li>• <b>\$100 copay per day for days 21 through 100</b></li> </ul>
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### PHYSICAL THERAPY

**Outpatient Physical Therapy**  
(may require prior authorization)

In-network:	<b>\$10-\$40 copay</b>
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### TRANSPORTATION SERVICES (may require prior authorization)

#### Ambulance

Authorization for non-emergency transportation by ambulance is required.

In- and out-of-network emergent:	<b>\$100 copay for ground transportation, \$400 copay for air transportation</b>
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Out-of-network non-emergent:	<b>\$100 copay for ground transportation, \$400 copay for air transportation</b>
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<b>Transportation</b> (within the U.S. and it's territories)	<b>24 one-way health-related trips with a 20-mile radius from your permanent residence to a plan approved location.</b>
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### MEDICARE PART B DRUGS

**Medicare Part B Drugs such as Chemotherapy Drugs**  
(may require prior authorization and/or referral)

In-network:	<b>20% of the cost</b>
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**Other Medicare Part B Drugs**  
(may require prior authorization and/or referral)

In-network:	<b>20% of the cost</b>
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## PART D PRESCRIPTION DRUGS

You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Once you have reached this amount, you will move to the next stage (the Coverage Gap Stage).

Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30 day or 90 day supply. You may get your drugs at network retail pharmacies and mail-order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

### Initial Coverage for Standard Retail Cost-Sharing

Tier 1 - Preferred Generic		
30-day supply:		<b>\$0 copay</b>
90-day supply:		<b>\$0 copay</b>
Tier 2 - Generic		
30-day supply:		<b>\$10 copay</b>
90-day supply:		<b>\$30 copay</b>
Tier 3 - Preferred Brand		
30-day supply:		<b>\$47 copay</b>
90-day supply:		<b>\$141 copay</b>
Tier 4 - Non-Preferred Drug		
30-day supply:		<b>\$100 copay</b>
90-day supply:		<b>\$300 copay</b>
Tier 5 - Specialty Tier		
30-day supply:		<b>33% of the cost</b>
90-day supply:		<b>33% of the cost</b>

## Initial Coverage for Standard Mail-Order Cost-Sharing

Tier 1 - Preferred Generic		
30-day supply:		<b>\$0 copay</b>
90-day supply:		<b>\$0 copay</b>
Tier 2 - Generic		
30-day supply:		<b>\$10 copay</b>
90-day supply:		<b>\$30 copay</b>
Tier 3 - Preferred Brand		
30-day supply:		<b>\$47 copay</b>
90-day supply:		<b>\$141 copay</b>
Tier 4 - Non-Preferred Drug		
30-day supply:		<b>\$100 copay</b>
90-day supply:		<b>\$300 copay</b>
Tier 5 - Specialty Tier		
30-day supply:		<b>33% of the cost</b>
90-day supply:		<b>33% of the cost</b>

## Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.

After you enter the coverage gap, for Tier 1, you continue to pay your copay; for Tiers 2-5 you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap.

Not everyone will enter the coverage gap.

## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: 5% of the cost, or \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.

## ADDITIONAL BENEFITS

### Chemotherapy

For Part B chemotherapy drugs. (may require prior authorization)

In-network:	<b>20% of the cost</b>
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### Chiropractic Care

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). (may require prior authorization and/or referral)

In-network:	<b>\$10 copay</b>
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### Durable Medical Equipment

Wheelchairs, oxygen, etc. (may require prior authorization)

In-network:	<b>20% of the cost</b>
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### Diabetes Monitoring Supplies

Manufacturer (Abbott Laboratories) limitations apply only to Blood Glucose Meters and Strips, and these items have a member

## FirstMedicare Direct SmarHMO (HMO)

coinsurance of 0% in-network.

In-network: **0%-20% of the cost, depending on the supplier**

### Diabetes Self-Management Training

In-network: **\$0 copay**

### Medicare-Covered Foot Care (Podiatry Services) (may require prior authorization and/or referral)

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Routine Foot Care visits limited to six visits per year.

In-network: **\$35 copay**

Routine Foot Care: **\$10 copay**

### Home Health Care (may require prior authorization and/or referral)

In-network: **\$0 copay**

### Hospice

\$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare. Please contact us for more details.

In-network: **\$0 copay**

### Outpatient Cardiac Rehabilitation Service (may require prior authorization and/or referral)

For a maximum of two one-hour sessions per day for up to 36 sessions up to 36 weeks.

In-network: **\$10 copay**

### Outpatient Occupational Therapy Visit (may require prior authorization and/or referral)

In-network: **\$10-\$40 copay**

### Outpatient Speech and Language Therapy Visit (may require prior authorization and/or referral)

	FirstMedicare Direct SmarHMO (HMO)
In-network:	<b>\$10-\$40 copay</b>
<b>Outpatient Substance Abuse Group Therapy Visit</b> (may require prior authorization and/or referral)	
In-network:	<b>\$40-\$95 copay</b>
<b>Outpatient Substance Abuse Individual Therapy Visit</b> (may require prior authorization and/or referral)	
In-network:	<b>\$40-\$95 copay</b>
<b>Outpatient Surgery at an Ambulatory Surgical Center</b> (may require prior authorization and/or referral)	
In-network:	<b>\$100 copay</b>
<b>Outpatient Surgery at an Outpatient Hospital</b> (may require prior authorization and/or referral)	
In-network:	<b>\$150 copay</b>
<b>Over-the-Counter Items</b> Our plan covers a quarterly Over-the-Counter (OTC) benefit with a maximum plan benefit of \$75 every three months, which allows you to purchase OTC products from a Catalog with hundreds of products to choose from.	
In-network:	<b>\$0 copay.</b>
<b>Prosthetic Devices and Related Medical Supplies</b> Braces, Artificial Limbs, etc. (may require prior authorization)	
In-network:	<b>20% of the cost</b>
<b>Renal Dialysis</b> (may require prior authorization and/or referral)	
In-network:	<b>\$30 copay</b>
<b>Therapeutic Shoes or Inserts for Diabetics</b> (may require prior authorization and/or referral)	

## FirstMedicare Direct SmarHMO (HMO)

In-network: **20% of the cost**

### WELLNESS PROGRAMS

#### **Fitness Benefit**

Gym membership is offered with a Plan contracted gym.

Out-of-network/non-contracted providers are under no obligation to treat FirstMedicare Direct 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.

Other Pharmacies/Physicians/Providers are available in our network.

FirstCarolinaCare Insurance Company's plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstCarolinaCare plan depends on contract renewal.

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

## ABOUT US

FirstCarolinaCare Insurance Company has served North Carolina for over 20 years. We delight in working for our more than 21,000 members, serving Commercial and Medicare Advantage member needs.

### True Service with a Local Touch

When you call, you speak with one of our helpful representatives, and when you visit our offices, you meet with folks who live right here in our community. They know our plans inside and out and can help you with the following:

- Answering questions
- Lead you to information available online at [\*\*FirstMedicare.com\*\*](https://www.firstmedicare.com)
- Arranging for someone to meet with you
- Guide you through the enrollment process and options

Our representatives are available weekdays from 8:30 a.m. to 5:00 p.m.

### Some of Our Many Extra Perks and Programs

- Fitness benefit with a Plan contracted gym
- Care coordination to help you deal with chronic conditions
- Health coaching to help you set and reach your health goals

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