



SPRING / 2026

Do more with Medicare

Enrollment Packet 2026
Medicare Advantage

Nebraska Region



[MyAdvocateMA.com](https://www.MyAdvocateMA.com)


MEDICARE ADVANTAGE

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MyAdvocate Medicare Advantage

SILVER (HMO-POS)

A new Medicare Advantage option with plans from a local insurance provider you can trust.

Welcome

Thank you for your interest in our Medicare Advantage plans. This enrollment kit includes everything you need to feel confident enrolling in a new plan or switching coverage. As you have questions along the way, we're here to help. **(888) 960-5788 (TTY: 711)** to speak with a licensed agent from 8 a.m. to 8 p.m. local time, Monday through Friday.

Here for you

We know that one plan doesn't fit everyone's needs. That's why our experienced advisors and licensed agents are ready to walk you through your options so you can choose the plan that's right for you.

Coverage that fits your needs

MyAdvocate Medicare Advantage gives you a Medicare Advantage option with plans that go beyond Original Medicare. With Medicare Parts A and B, prescription drug coverage and extra supplemental benefits, one complete plan cares for the whole you.



One complete plan

MyAdvocate Medicare Advantage gives you extra features and benefits that Original Medicare doesn't cover, from vision to hearing, dental and more.

Benefits Comparison Checklist



Original Medicare

Medicare Part A



Medicare Part B



\$0 premiums



\$0 primary care copays



\$0 Medical deductibles



Prescription drug coverage



Dental coverage



Vision and hearing benefits



Fitness incentives



MyAdvocate Medicare Advantage

helps streamline your care by putting your doctor in the driver's seat to determine the best treatment plan for your needs.

All-in-one care and coverage

With MyAdvocate Medicare Advantage, you get the benefits of Original Medicare plus more in one complete plan.



Over-the-counter benefits

Our plans come with over-the-counter benefits each quarter for products such as aspirin and cold and flu medicine. Use your OTC allowance on your Healthy Benefits+ flex card to purchase or order the OTC products you need, saving you time and money. Redeem your allowance at in-network retailers in NE, including Walgreens and Walmart. You can also purchase items from home using a catalog or through the Healthy Benefits+ member portal.



Hearing benefits

With TruHearing®, you have a covered annual hearing aid exam through the TruHearing® network. Use your tiered hearing aids benefits to access 6 major brands.



Vision benefits

VSP® Vision Care provides you with a covered annual routine exam and an allowance for eyewear or contacts each year through a VSP Advantage Network Provider.



Health navigator services

A health navigator acts as your personal health assistant. Our team is here to answer questions and connect you to the right resources when you need them. They can help you find a doctor, schedule your appointments, and even provide trusted partners to accompany you to appointments. Health navigator services are confidential and provided at no additional cost.



Dental coverage

Maintain your oral health with an allowance for preventive and comprehensive dental services.



Optum One Pass

The Optum One Pass fitness benefit empowers you to prioritize your fitness with flexible options, digital tools and resources designed for your unique preferences and needs. Work out at a fitness center near you with access to more than 18,000 core fitness locations across the nation. Digital fitness solutions. Access more than 15,000 on-demand and livestreamed fitness classes, including customized content for people with disabilities. Holistic health resources for physical, mental and social well-being.

- Complimentary personalized online brain training program for improved cognitive health
- Ability to stream fitness classes and online workout videos through Smart TVs
- Complimentary access to 90,000+ virtual and in-person social activities and events.
- Home kits for strength training, yoga and dance for seniors who prefer working out at home
- Digital Fitness Solutions
 - Access almost 25,000 on-demand and livestreamed fitness classes, including customized content for people with disabilities.
 - Holistic health resources for physical, mental and social well-being.



Connected coverage and care

As a MyAdvocate Medicare Advantage member, you receive more than just coverage – you also receive access to high-quality health care through MyAdvocate Medicare Advantage. By bringing coverage and care together, we're removing obstacles, simplifying prior authorization processing, and providing personalized care and assistance at every step of your journey.

How we support your whole-person health:

- Behavioral and mental support
- Care management
- Nutrition consultations
- Pharmacy assistance
- Preventive screenings
- Wellness visits

Pharmacy coverage

All MyAdvocate Medicare Advantage plans include prescription drug coverage (Part D). We are committed to helping you keep your prescription drug costs manageable. All of our drug plans waive the deductible for Tier 1, 2 and 6. Additionally, select medications used to treat chronic conditions such as high blood pressure, high cholesterol and diabetes are included in Tier 6 at a \$0 copay, no deductible.

Our formulary is a comprehensive list of drugs chosen by MyAdvocate Medicare Advantage pharmacists based on their effectiveness, safety, ease of use and cost. Some drugs may have certain requirements such as prior authorization, quantity limits or step therapy. You can visit our online formulary listing at MyAdvocateMA.com or call and request a printed version be sent to you to determine which tier your prescriptions are in and to see if any of the requirements apply.

Our pharmacy network is made up of over 60,000 local, regional, and national pharmacies.

You can have your prescription drugs mailed by using the OptumRX member portal. For more information, visit MyAdvocateMA.com.





Provider Network

MyAdvocate Medicare Advantage offers Medicare Advantage HMO-POS plans with a network of doctors and other health care providers and hospitals ready to see you as needed. You will pay less if you use doctors, hospitals and other health care providers who are in-network. You will pay more if you use doctors, hospitals and providers outside of the network. Referrals are not required to see a specialist.

Search our provider directory by visiting MyAdvocateMA.com.

The Basics of Medicare



When am I eligible?

Original Medicare includes Part A and Part B. You are eligible for both if you are 65 or older, have certain disabilities or have end-stage renal disease (permanent kidney failure requiring dialysis or transplant).

Do I have to apply for Part A and Part B?

If you apply to receive Social Security benefits, you will be automatically enrolled in Medicare. If you have not applied for Social Security yet, you can contact the Social Security Administration to enroll in Medicare benefits. You can do this starting three months before your 65th birthday.

Does Original Medicare cover everything?

Original Medicare does not cover everything. As a result, most people choose to purchase additional coverage, such as a supplement or Medicare Advantage plan, to help cover out-of-pocket costs. Some of these plans also include prescription drug coverage, which is not included in Original Medicare. Medicare Advantage plans are unique because they allow people to receive their Medicare benefits through a private insurance company. Medicare Advantage plans are also able to provide additional supplemental benefits that Original Medicare does not pay for, such as vision, hearing and dental.

When can I enroll?

You can enroll in a Medicare Advantage plan during certain times of the year or when certain situations apply. These include:

Initial Enrollment Period (IEP)

This is the seven-month window around your 65th birthday. It begins three months before you turn 65, the month of your birthday and the three months that follow. The IEP also includes the 25th month you have collected disability benefits.

Annual Election Period (AEP)

Every year from Oct. 15 to Dec. 7 you can join, switch or drop your plan. This is a common time of year to pick a new Medicare Advantage Plan or prescription drug plan for the upcoming calendar year.

Special Enrollment Period (SEP)

If certain life events occur, you can make changes to your Medicare Advantage prescription drug coverage during a special enrollment period. These special situations include:

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- If you lose your employer coverage
- If you move to a new service area
- If you receive an Extra Help subsidy for your prescription drugs



Medicare Advantage Open Enrollment Period (MA OEP)

Each year from Jan. 1 through March 31, those who already have a Medicare Advantage plan can switch to another MA plan or to Original Medicare.

MyAdvocate Medicare Advantage – Nebraska

2026 MA-PD Plans		MyAdvocate Medicare Advantage GOLD (HMO-POS) H0816 001		MyAdvocate Medicare Advantage SILVER (HMO-POS) H0816 002	
		Nebraska - Buffalo, Butler, Cass, Fillmore, Gage, Hall, Hamilton, Howard, Jefferson, Johnson, Lancaster, Merrick, Nemaha, Otoe, Pawnee, Polk, Saline, Saunders, Seward, York			
		In-Network	Out-of-Network	In-Network	Out-of-Networks
Monthly Premium		\$69		\$0	
Maximum Annual Out-of-Pocket		\$3,500 In network, \$6,200 out of network or combined		\$4,500 In network, \$7,500 out of network or combined	
Medical Benefits					
Office Visit	Primary Care	\$0	\$25	\$0	\$25
	Specialist	\$35	\$50	\$35	\$50
	Urgent Care	\$35	\$35	\$45	\$45
Preventive Care	Preventive Services	\$0	\$0	\$0	\$0
Hospital Care	Inpatient Hospital	Days 1-4: \$390 /day Days 5-90: \$0/day	Days 1-6: \$450 /day Days 6-90 \$0/day	Days 1-5: \$375/day Days 6-90: \$0/day	Days 1-6: \$450 /day Days 7-90 \$0/day
	Outpatient Hospital	\$350	20% Coinsurance	\$375	20% Coinsurance
	Outpatient Hospital Observation Services	\$350	\$450	\$375	\$450
	Outpatient Labs	\$0	\$20	\$0	\$20
Emergency Care	Emergency Room Visit	\$120	\$120	\$130	\$130
Skilled Nursing Care	Skilled Nursing Facility*	\$0/Day for Days 1-20 & \$196/Day for Days 21-100	FFS Medicare	\$0/Day for Days 1-20 & \$203/Day for Days 21-100	FFS Medicare
Supplemental Benefits	Dental	\$1,250 max dental coverage In or OON, balance billing possible OON 100% coverage for preventive services 50% coinsurance for restorative care		\$1,000 max dental coverage In or OON, balance billing possible OON 100% coverage for preventive services 50% coinsurance for restorative care	
	Hearing	\$0 Annual Exam Hearing aids covered with a 4 tier copay structure ranging from \$295-\$1495	NA	\$0 Annual Exam Hearing aids covered with a 4 tier copay structure ranging from \$295-\$1495	NA
	Vision	\$0 Annual Exam; \$300 Eyewear Allowance	NA	\$0 Annual Exam; \$300 Eyewear Allowance	NA
	Fitness	\$0 Cost Gym Membership	NA	\$0 Cost Gym Membership	NA
Healthy Benefits Card	Over-the-Counter Allowance	\$95 Quarterly	NA	\$75 Quarterly	NA
Travel	Worldwide Coverage	\$250 Reimbursable Annually		\$250 Reimbursable Annually	
Part B Drugs	Part B Drug Coverage*	20% Coinsurance (FFS Medicare)		20% Coinsurance (FFS Medicare)	
Prescription Drugs					
Prescription Drug Deductible (34/68/102)		\$250		\$400	
Tier 1 - Preferred Generic Drugs (deductible waived)		\$0 Copay		\$0 Copay	
Tier 2 - Generic Drugs (deductible waived)		\$14 Copay		\$14 Copay	
Tier 3 - Preferred Brand Drugs		\$47 Copay		\$47 Copay	
Tier 4 - Non-Preferred Drugs		50% Coinsurance		50% Coinsurance	
Tier 5 - Specialty Drugs		30% Coinsurance		28% Coinsurance	
Tier 6 - Select Care Drugs (deductible waived)		\$0 Copay		\$0 Copay	

*2026 Medicare Rate And Is Subject To Change.

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MyAdvocate Medicare Advantage SILVER (HMO-POS)

H0816-002

SUMMARY OF BENEFITS

January 1, 2026 - December 31, 2026

This booklet is a summary health and prescription drug services covered by MyAdvocate Medicare Advantage SILVER (HMO-POS).

It is an overview of what we cover and what you pay. The benefit information provided does not list every service that we cover or list every limitation or exclusion. The complete list of services we cover is found in the *Evidence of Coverage*. You can access it online at www.MyAdvocateMA.com. If you would like a printed copy mailed to you, please call Member Services.

To join MyAdvocate Medicare Advantage SILVER (HMO-POS) you must:

- be entitled to Medicare Part A,
- *and* be enrolled in Medicare Part B,
- *and* live in our service area.

The MyAdvocate Medicare Advantage service area includes these Nebraska counties:

Buffalo	Gage	Jefferson	Nemaha	Saline
Butler	Hall	Johnson	Otoe	Saunders
Cass	Hamilton	Lancaster	Pawnee	Seward
Fillmore	Howard	Merrick	Polk	York

Providers & Pharmacies

MyAdvocate Medicare Advantage has a network of doctors, hospitals, pharmacies, and other providers.

For your medical care you can use both in-network and out-of-network providers, however, you may pay less for your covered services if you use an in-network provider. With the exception of emergency situations, out-of-network providers are not required to accept you as a patient. You can see our plan's provider directory at our website www.MyAdvocateMA.com.

You must generally use an in-network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's pharmacy directory at our website www.MyAdvocateMA.com/pharmacy-and-drug-coverage.com.

You can see our complete formulary (list of Part D prescription drugs) and any restrictions on our website at www.MyAdvocateMA.com/pharmacy-and-drug-coverage.com.

If you would like a paper copy of the provider directory, pharmacy directory, or formulary, contact our Member Services Department. The pharmacy network, and/or provider network may change at any time. You will receive notice of changes when necessary.

Contact Information

For more information, contact our Member Services Department:

- Call us: 1-888-298-4650 (TTY users call 711).

We are open 7 days a week, 8 a.m. to 8 p.m., Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-Sept. 30. If you call after business hours, you may leave a message that includes your name, phone number and the time you called, and a representative will return your call no later than one business day after you leave a message. Member Services also has free language interpreter services available for non-English speakers.

- Medicare Part D drug coverage information, call 1-888-298-4560. (TTY users call 711).
- Email us: MemberServices@MyAdvocateMA.com
- Visit us: www.MyAdvocateMA.com

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in languages other than English and other formats such as Braille and large print. For additional information, call Member Services.

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
+ Your provider must obtain prior authorization from our plan. If you use an out-of-network provider, you are responsible for prior authorization.		
Monthly Plan Premium	\$0 You must continue to pay the Medicare Part B premium.	
Deductible		
Medical	\$0	\$0
Part D Prescription Drugs	\$0 per year for Tier 1, Tier 2, Tier 6	In general, Part D drug coverage is not available out of network. See Chapter 5, Section 2.4 in the Evidence of Coverage.
Part D Deductible	\$400 per year for Tier 3, Tier 4, Tier 5	
Maximum Out-of-Pocket Amount	\$4,500 yearly limit for in-network Medicare-covered services	\$7,500 combined in-network/out-of-network Medicare-covered services
<p><i>Does not include amounts you pay for Part D prescription drugs and/or non-Medicare covered benefits</i></p> <p>If you reach the limit on out-of-pocket costs, you keep getting Medicare-covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your Medicare Part B premium, your plan premium and any cost sharing for your Part D prescription drugs.</p>		
Inpatient Hospital Coverage+	Days 1-5: \$375 copay per day Days 6-90: \$0 copay per day	Days 1-6: \$450 copay per day Days 7-90: \$0 copay per day

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
Outpatient Hospital Services+	\$375 copay per visit	20% coinsurance per visit
Outpatient Hospital Observation Services+	\$375 copay per stay	\$450 copay per stay
Ambulatory Surgical Center (ASC) Services+	\$300 copay per visit	20% coinsurance per visit
Doctor Visits Primary Care Providers	\$0 copay per visit	\$25 copay per visit
Specialists	\$35 copay per visit	\$50 copay per visit
Preventive Care Such as immunizations, wellness visits, and diabetic screenings. See your Evidence of Coverage for a full list of covered services.	\$0 copay per visit for Medicare Covered Preventive care	\$0 copay per visit for Medicare Covered Preventive care
Emergency Care <i>ER cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.</i>	\$130 copay per visit	\$130 copay per visit
Urgently Needed Services <i>Urgently needed care services cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.</i>	\$45 copay per visit	\$45 copay per visit
Diagnostic Services / Labs / Imaging+ Lab services+	\$0 copay per lab visit	\$20 copay per lab visit
Diagnostic tests and procedures+	\$35 copay per visit	\$45 copay per visit

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
Diagnostic radiology services (e.g. MRI, CAT Scan) +	<p>\$200 copay per day for each type:</p> <ul style="list-style-type: none"> • MRI scans • MRA scans • CT scans • PET scans • Echocardiograms • Nuclear medicine cardiac stress tests <p>• You pay a \$35 copay per day for imaging services not listed above.</p>	<p>\$250 copay per day for each type:</p> <ul style="list-style-type: none"> • MRI scans • MRA scans • CT scans • PET scans • Echocardiograms • Nuclear medicine cardiac stress tests <p>• You pay a \$55 copay per day for imaging services not listed above.</p>
Therapeutic radiology services+	20% coinsurance per visit	20% coinsurance per visit
Outpatient X-rays	\$25 copay per visit	\$50 copay per visit

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Hearing Services Medicare covered hearing exam</p> <p>Non-Medicare covered benefits:</p> <p>Routine Hearing Exam – 1 exam every year</p> <p>Hearing Aids You must see a TruHearing provider to use this benefit.</p> <p>Up to two hearing aids from the applicable TruHearing catalog every year (limit 1 hearing aid per year).</p> <p>Hearing aid purchase includes:</p> <ul style="list-style-type: none"> • First year of follow-up provider visits • 60-day trial period • 3-year extended warranty • 80 batteries per aid for non-rechargeable models 	<p>\$0 copay per visit</p> <p>\$0 copay per visit</p> <p>You pay \$0 copay for fitting and evaluations within the first 12 months of the purchase of hearing aids.</p> <p>You pay a \$295 copayment per aid for Basic Aids</p> <p>You pay a \$695 copayment per aid for Standard Aids</p> <p>You pay a \$1,095 copayment per aid for Advanced Aids</p> <p>You pay a \$1,495 copayment per aid for Premium Aids</p> <p>Note: Cost-sharing for hearing aids is not included in the annual maximum out-of-pocket amount.</p>	<p>20% coinsurance per visit</p> <p>There is no coverage out-of-network. You pay 100% of the cost and amounts are not included in the maximum out-of-pocket amount.</p> <p>There is no coverage out-of-network. You pay 100% of the cost and amounts are not included in the maximum out-of-pocket amount.</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Dental Services Medicare covered dental services</p> <p>Non-Medicare covered benefits: \$1,000 is the combined maximum amount your plan will cover every year for in- and out-of-network non-Medicare covered dental services.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • 2 oral exams every year • 3 cleanings every year • 1 bitewing x-ray per year (except in years with full mouth x-ray); 1 full mouth x-ray every 5 years. 	<p>20% coinsurance per visit</p> <p>\$0 copay for preventive dental services</p>	<p>20% coinsurance per visit</p> <p>\$0 copay for preventive dental services</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • Restorative • Endodontics • Periodontics (periodontal cleanings included in preventive; limits apply) • Prosthodontics, removable • Implant services • Prosthodontics, fixed • Oral and Maxillofacial Surgery • Adjunctive General Services <p>IMPORTANT: If you receive services from a dentist that DOES NOT participate in Delta Dental’s Medicare Advantage Network, YOU WILL BE RESPONSIBLE for the difference between Delta Dental’s payment and the amount charged by the Nonparticipating dentist.</p> <p>Frequency limits and exclusions apply – refer to Delta Dental Medicare Advantage Certificate for details.</p>	<p>50% coinsurance for comprehensive dental services</p> <p>Note: Cost-sharing for non-Medicare covered dental services are not included in the annual maximum out-of-pocket amount.</p>	<p>50% coinsurance for comprehensive dental services</p> <p>Services received from dentists who do NOT participate in the Delta Dental Medicare Advantage Network will result in your out-of-pocket costs being higher.</p> <p>Note: Cost-sharing for non-Medicare covered dental services are not included in the annual maximum out-of-pocket amount.</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Vision Care Medicare covered eye exams</p> <p>Non-Medicare covered benefits: You must see a VSP provider to use these benefits.</p> <p>Routine Eye Exam: 1 per year</p> <p>Refraction and diagnostic eye exam services: 1 exam every year</p> <p>Eyeglass lenses: single vision, lined bifocal, lined trifocal and lenticular: 1 pair every year</p> <p>\$300 annual hardware allowance towards:</p> <ul style="list-style-type: none"> • Eyeglass frames • Contact lenses (in lieu of eyeglasses) 	<p>\$0 copay per visit</p> <p>\$0 copay per covered annual visit</p> <p>\$0 copay per covered annual visit</p> <p>\$0 copay eyeglass lenses</p> <p>VSP provides an annual hardware allowance of \$300 at in-network providers. You pay amounts over \$300, and the amounts do not apply to your maximum out-of-pocket amount.</p>	<p>20% coinsurance</p> <p>There is no coverage out-of-network. You pay 100% of the cost and amounts are not included in the maximum out-of-pocket amount.</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
Mental Health Services Inpatient Psychiatric+	Days 1-5: \$375 copay per day Days 6-90: \$0 copay per day	Days 1-6: \$450 copay per day Days 7-90: \$0 copay per day
Outpatient individual/group therapy visits (non-psychiatrist).	\$35 copay per visit	\$45 copay per visit
Outpatient individual/group therapy visits with a psychiatrist.	\$35 copay per visit	\$45 copay per visit
Ambulance Services Ground ambulance+ Air ambulance+	\$300 copay per trip \$300 copay per trip <i>You must obtain prior authorization from MyAdvocate Medicare Advantage for any non-emergency transportation.</i>	\$300 copay per trip \$300 copay per trip <i>You must obtain prior authorization from MyAdvocate Medicare Advantage for any non-emergency transportation.</i>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Skilled Nursing Facility (SNF) Care+ Coverage limited to 100 days per benefit period.</p>	<p>An inpatient hospital stay is not required prior to admission.</p> <p>Days 1-20: \$0 copay for each benefit period. Days 21-100: \$203 copay per day of each benefit period. Days 101 and beyond: You pay 100% of the cost.</p>	<p>An inpatient hospital stay is not required prior to admission.</p> <p>You pay the 2026 Medicare-defined cost-sharing amounts.</p> <p>These are the 2025 cost-sharing amounts and may change for 2026.</p> <p>Days 1-20: \$0 copay for each benefit period. Days 21-100: \$209.50 copay per day of each benefit period. Days 101 and beyond: You pay 100% of the cost.</p> <p>MyAdvocate Medicare Advantage will provide updated rates at www.MyAdvocateMA.com as soon as they are available.</p>
<p>Physical Therapy & Speech Therapy+</p>	<p>\$35 copay per visit</p>	<p>\$45 copay per visit</p>
<p>Occupational Therapy+</p>	<p>\$35 copay per visit</p>	<p>\$50 copay per visit</p>
<p>Transportation</p>	<p>Not covered</p>	<p>Not covered</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Worldwide Emergent/Urgent Coverage We will cover up to \$250 annually for world-wide services that include:</p> <ul style="list-style-type: none"> • Emergency care • Urgently needed care • Emergency/urgently needed transportation services 	<p>\$0 for world-wide emergency and urgently needed care until the maximum annual reimbursement of \$250 has been reached.</p> <p>Once the \$250 annual maximum reimbursement is reached, you pay 100% of the costs over \$250 each year. Amounts you pay are not included in the annual maximum out-of-pocket amount.</p>	<p>\$0 for world-wide emergency and urgently needed care until the maximum annual reimbursement of \$250 has been reached.</p> <p>Once the \$250 annual maximum reimbursement is reached, you pay 100% of the costs over \$250 each year. Amounts you pay are not included in the annual maximum out-of-pocket amount.</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Medicare Part B Prescription Drugs+ *</p> <p>Insulin</p> <p>Part B covered drugs and biologicals, including chemotherapy drugs+</p> <p>Medicare identifies Part B “rebatable” drugs that have a price increasing at a rate higher than the rate of inflation. Your cost for Part B rebatable drugs is limited to the cost under Original Medicare and will be no more than 20% coinsurance. However, your cost could change each quarter and will be between \$0 and 20%. Medicare will notify MyAdvocate Health of your cost for these drugs on a quarterly basis.</p> <p><i>*Select Part B drugs are subject to step therapy restrictions.</i></p>	<p>Up to 20% coinsurance, limited to \$35 copay for a one-month supply.</p> <p>Up to 20% coinsurance</p> <p><i>Prior authorization is required for some medications.</i></p>	

Benefits and Premiums	You Pay	
+Supplemental Benefits	In-network costs	Out-of-network costs
<p>Fitness Program: Fitness – One Pass®The One Pass program is a fitness benefit that includes access to an expansive network of fitness locations near you and nationwide, exercise equipment and other gym amenities including group exercise classes led by certified instructors.*</p> <ul style="list-style-type: none"> • Online resources include on-demand and live-streaming fitness classes as well as individual exercises. • An online platform with activities and training exercises that help improve attention, brain speed, memory and cognitive resilience. • Online listings of groups, clubs and social events where you can meet people with similar interests. <p>Members get their One Pass code and find locations and classes at www.YourOnePass.com or contact MyAdvocate Medicare Advantage Member Services for more information.</p> <p>You may pay extra fees for fitness center services and</p>	<p>\$0 copay per month</p>	<p>There is no coverage out-of-network. You pay 100% of the cost and amounts are not included in the annual maximum out-of-pocket amount.</p>

Benefits and Premiums	You Pay	
+Supplemental Benefits	In-network costs	Out-of-network costs
<p>classes that are not included in your membership.</p> <p>All other fitness programs are not covered.</p>		
<p>*One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. The One Pass program and amenities vary by plan, area, and location. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. One Pass is not responsible for the services or information provided by third parties. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them.</p>		
<p>Over the Counter (OTC) Benefit</p> <p>OTC items are drugs and health-related products that do not require a prescription.</p> <p>Covered benefits include but are not limited to: antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items.</p> <p>Members can choose from thousands of eligible OTC products available online and in-store from plan authorized vendors.</p>	<p>Your Healthy Benefits+ Flex Card will provide you a quarterly OTC allowance up to \$75 maximum plan coverage amount every 3 months for OTC items.</p> <p>You pay 100% for costs over the \$75 per quarter and the amounts do not apply to your maximum out-of-pocket.</p> <p>Unused OTC Allowance dollars do not roll over to the next quarter or the next calendar year.</p>	<p>The OTC benefit is not available out of network.</p>

Outpatient Prescription Drugs	
Deductible	<p>\$0 per year for Tier 1 Preferred Generic, Tier 2 Generic, Tier 6 Select Care Drugs</p> <p>\$400 per year for Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier</p>
Initial Coverage	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <ul style="list-style-type: none"> • This plan requires prior authorization and has quantity limit restrictions for certain drugs. Please refer to the formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website. • Cost sharing may differ based on whether the prescription is a short-term supply (34-day supply) or long-term supply (102-day supply). • You can choose from a variety of pharmacies to fill your prescriptions for covered Part D drugs. You may search for network providers and pharmacies on our website at www.MyAdvocateMA.com/pharmacy-and-drug-coverage, or call us and we will send you a copy of the provider and pharmacy directories

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

Tier	Standard retail cost sharing (up to a 34-day supply)	Mail-order cost sharing (up to a 34-day supply)	Long-term care (LTC) cost sharing (up to a 34-day supply)	Out-of-network cost sharing (Coverage is limited to certain situations; see Chapter 5 for details.) (up to a 34-day supply)
Cost-Sharing Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cost-Sharing Tier 2 (Generic)	\$14 copay	\$14 copay	\$14 copay	\$14 copay
Cost-Sharing Tier 3* (Preferred Brand)	\$47 copay*	\$47 copay*	\$47 copay*	\$47 copay*
Cost-Sharing Tier 4* (Non-Preferred Drug)	50% coinsurance*	50% coinsurance*	50% coinsurance*	50% coinsurance*
Cost-Sharing Tier 5 (Specialty Tier)	28% coinsurance	28% coinsurance	28% coinsurance	28% coinsurance
Cost-Sharing Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay	\$0 copay

* You pay no more than \$35 for a one-month supply of each covered insulin product in Tier 3 and 4, even if you haven't paid your deductible.

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

Tier	Standard retail cost sharing (in-network) (102-day supply)	Mail-order cost sharing (102-day supply)
Cost-Sharing Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Cost-Sharing Tier 2 (Generic)	\$42 copay	\$42 copay
Cost-Sharing Tier 3* (Preferred Brand)	\$141 copay*	\$141 copay*
Cost-Sharing Tier 4* (Non-Preferred Drug)	50% coinsurance*	50% coinsurance*
Cost-Sharing Tier 5 (Specialty Tier)	Not available	Not available
Cost-Sharing Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay

* You pay no more than \$70 for up to a 2-month supply or \$105 for up to a 3-month supply of each covered insulin product in tier 3 or 4, even if you haven't paid your deductible.



MyAdvocate Medicare Advantage GOLD (HMO-POS)

H0816-001

SUMMARY OF BENEFITS

January 1, 2026 - December 31, 2026

This booklet is a summary of health and prescription drug services covered by MyAdvocate Medicare Advantage GOLD (HMO-POS).

It is an overview of what we cover and what you pay. The benefit information provided does not list every service that we cover or list every limitation or exclusion. The complete list of services we cover is found in the *Evidence of Coverage*. You can access it online at www.MyAdvocateMA.com. If you would like a printed copy mailed to you, please call Member Services.

To join MyAdvocate Medicare Advantage GOLD (HMO-POS) you must:

- be entitled to Medicare Part A,
- *and* be enrolled in Medicare Part B,
- *and* live in our service area.

The MyAdvocate Medicare Advantage service area includes these Nebraska counties:

Buffalo	Gage	Jefferson	Nemaha	Saline
Butler	Hall	Johnson	Otoe	Saunders
Cass	Hamilton	Lancaster	Pawnee	Seward
Fillmore	Howard	Merrick	Polk	York

Providers & Pharmacies

MyAdvocate Medicare Advantage has a network of doctors, hospitals, pharmacies, and other providers.

For your medical care you can use both in-network and out-of-network providers, however, you may pay less for your covered services if you use an in-network provider. With the exception of emergency situations, out-of-network providers are not required to accept you as a patient. You can see our plan's provider directory at our website www.MyAdvocateMA.com.

You must generally use an in-network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's pharmacy directory at our website www.MyAdvocateMA.com/pharmacy-and-drug-coverage.com.

You can see our complete formulary (list of Part D prescription drugs) and any restrictions on our website at www.MyAdvocateMA.com/pharmacy-and-drug-coverage.com.

If you would like a paper copy of the provider directory, pharmacy directory, or formulary, contact our Member Services Department. The pharmacy network, and/or provider network may change at any time. You will receive notice of changes when necessary.

Contact Information

For more information, contact our Member Services Department:

- Call us: 1-888-298-4650 (TTY users call 711).

We are open 7 days a week, 8 a.m. to 8 p.m., Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-Sept. 30. If you call after business hours, you may leave a message that includes your name, phone number and the time you called, and a representative will return your call no later than one business day after you leave a message. Member Services also has free language interpreter services available for non-English speakers.

- Medicare Part D drug coverage information, call 1-888-298-4560. (TTY users call 711).
- Email us: MemberServices@MyAdvocateMA.com
- Visit us: www.MyAdvocateMA.com

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in languages other than English and other formats such as Braille and large print. For additional information, call Member Services.

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
+ Your provider must obtain prior authorization from our plan. If you use an out-of-network provider, you are responsible for prior authorization.		
Monthly Plan Premium	\$69 You must continue to pay the Medicare Part B premium.	
Deductible		
Medical	\$0	\$0
Part D Prescription Drugs	\$0 per year for Tier 1, Tier 2, Tier 6	In general, Part D drug coverage is not available out of network. See Chapter 5, Section 2.4 in the Evidence of Coverage
Part D Deductible	\$250 per year for Tier 3, Tier 4, Tier 5	
Maximum Out-of-Pocket Amount	\$3,500 yearly limit for in-network Medicare-covered services	\$6,200 combined in-network/out-of-network Medicare-covered services
<p><i>Does not include amounts you pay for Part D prescription drugs and/or non-Medicare covered benefits.</i></p> <p>If you reach the maximum out-of-pocket, you keep getting Medicare-covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your Medicare Part B premium, your plan premium and any cost sharing for your Part D prescription drugs.</p>		
Inpatient Hospital Coverage+	Days 1-4: \$390 copay per day Days 5-90: \$0 copay per day	Days 1-6: \$450 copay per day Days 7-90: \$0 copay per day

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
Outpatient Hospital Services+	\$350 copay per visit	20% coinsurance per visit
Outpatient Hospital Observation Services+	\$350 copay per stay	\$450 copay per stay
Ambulatory Surgical Center (ASC) Services+	\$275 copay per visit	20% coinsurance per visit
Doctor Visits Primary care providers Specialists	\$0 copay per visit \$35 copay per visit	\$25 copay per visit \$50 copay per visit
Preventive Care Such as immunizations, wellness visits, and diabetic screenings. See your Evidence of Coverage for a full list of covered services.	\$0 copay per visit for Medicare Covered Preventive care	\$0 copay per visit for Medicare Covered Preventive care
Emergency Care <i>ER cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.</i>	\$120 copay per visit	\$120 copay per visit
Urgently Needed Services <i>Urgently needed care services cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.</i>	\$35 copay per visit	\$35 copay per visit
Diagnostic Services / Labs / Imaging+ Lab services+ Diagnostic tests and procedures+	\$0 copay per lab visit \$25 copay per visit	\$20 copay per lab visit \$45 copay per visit

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
Diagnostic radiology services (e.g. MRI, CAT Scan) +	<p>\$175 copay per day for each type:</p> <ul style="list-style-type: none"> • MRI scans • MRA scans • CT scans • PET scans • Echocardiograms • Nuclear medicine cardiac stress tests <p>• You pay a \$25 copay per day for imaging services not listed above.</p>	<p>\$225 copay per day for each type:</p> <ul style="list-style-type: none"> • MRI scans • MRA scans • CT scans • PET scans • Echocardiograms • Nuclear medicine cardiac stress tests <p>• You pay a \$55 copay per day for imaging services not listed above.</p>
Therapeutic radiology services+	20% coinsurance per visit	20% coinsurance per visit
Outpatient X-rays	\$20 copay per visit	\$50 copay per visit

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Hearing Services Medicare covered hearing exam</p> <p>Non-Medicare covered benefits:</p> <p>Routine Hearing Exam – 1 exam every year</p> <p>Hearing Aids: You must see a TruHearing provider to use this benefit.</p> <p>Up to two hearing aids from the applicable TruHearing catalog every year (limit 1 hearing aid per year).</p> <p>Hearing aid purchase includes:</p> <ul style="list-style-type: none"> • First year of follow-up provider visits • 60-day trial period • 3-year extended warranty • 80 batteries per aid for non-rechargeable models 	<p>\$0 copay per visit</p> <p>\$0 copay per visit</p> <p>You pay \$0 copay for fitting and evaluations within the first 12 months of the purchase of hearing aids.</p> <p>You pay a \$295 copayment per aid for Basic Aids</p> <p>You pay a \$695 copayment per aid for Standard Aids</p> <p>You pay a \$1,095 copayment per aid for Advanced Aids</p> <p>You pay a \$1,495 copayment per aid for Premium Aids</p> <p>Note: Cost-sharing for hearing aids is not included in the annual maximum out-of-pocket amount.</p>	<p>20% coinsurance per visit per visit</p> <p>There is no coverage out-of-network. You pay 100% of the cost and amounts are not included in the maximum out-of-pocket amount.</p> <p>There is no coverage out-of-network. You pay 100% of the cost and amounts are not included in the maximum out-of-pocket amount.</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • Restorative • Endodontics • Periodontics (periodontal cleanings included in preventive; limits apply) • Prosthodontics, removable • Implant services • Prosthodontics, fixed • Oral and Maxillofacial Surgery • Adjunctive General Services <p>IMPORTANT: If you receive services from a dentist that DOES NOT participate in Delta Dental’s Medicare Advantage Network, YOU WILL BE RESPONSIBLE for the difference between Delta Dental’s payment and the amount charged by the Nonparticipating dentist.</p> <p>Frequency limits and exclusions apply – refer to Delta Dental Medicare Advantage Certificate for details.</p>	<p>50% coinsurance for covered comprehensive dental services</p> <p>Note: Cost-sharing for non-Medicare covered dental services are not included in the annual maximum out-of-pocket amount.</p>	<p>50% coinsurance for covered comprehensive dental services</p> <p>Services received from dentists who do NOT participate in the Delta Dental Medicare Advantage Network will result in your out-of-pocket costs being higher.</p> <p>Note: Cost-sharing for non-Medicare covered dental services are not included in the annual maximum out-of-pocket amount.</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Vision Care Medicare covered eye exams</p> <p>Non-Medicare covered benefits: You must see a VSP provider to use these benefits.</p> <p>Routine Eye Exam: 1 per year</p> <p>Refraction and diagnostic eye exam services: 1 exam every year</p> <p>Eyeglass lenses: single vision, lined bifocal, lined trifocal and lenticular: 1 pair every year</p> <p>\$300 annual hardware allowance towards:</p> <ul style="list-style-type: none"> • Eyeglass frames • Contact lenses (in lieu of eyeglasses) 	<p>\$0 copay per visit</p> <p>\$0 copay per covered annual visit</p> <p>\$0 copay per covered annual visit</p> <p>\$0 for eyeglass lenses</p> <p>VSP provides an annual hardware allowance of \$300 at in-network providers. You pay amounts over \$300, and the amounts do not apply to your maximum out-of-pocket amount.</p>	<p>20% coinsurance</p> <p>There is no coverage out-of-network. You pay 100% of the cost and amounts are not included in the maximum out-of-pocket amount.</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Mental Health Services Inpatient psychiatric+</p> <p>Outpatient individual/group therapy visits (non-psychiatrist).</p> <p>Outpatient individual/group therapy visits with a psychiatrist.</p>	<p>Days 1-4: \$390 copay per day Days 5-90: \$0 copay per day</p> <p>\$25 copay per visit</p> <p>\$30 copay per visit</p>	<p>Days 1-6: \$450 copay per day Days: 7-90: \$0 copay per day</p> <p>\$45 copay per visit</p> <p>\$45 copay per visit</p>
<p>Ambulance Services Ground ambulance+ Air ambulance+</p>	<p>\$275 copay per trip</p> <p>\$275 copay per trip</p> <p><i>You must obtain prior authorization from MyAdvocate Medicare Advantage for any non-emergency transportation.</i></p>	<p>\$275 copay per trip</p> <p>\$275 copay per trip</p> <p><i>You must obtain prior authorization from MyAdvocate Medicare Advantage for any non-emergency transportation.</i></p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Skilled Nursing Facility (SNF) Care+ Coverage limited to 100 days per benefit period.</p>	<p>An inpatient hospital stay is not required prior to admission.</p> <p>Days 1-20: \$0 copay for each benefit period. Days 21-100: \$196 copay per day of each benefit period. Days 101 and beyond: You pay 100% of the cost.</p>	<p>An inpatient hospital stay is not required prior to admission.</p> <p>You pay the 2026 Medicare-defined cost-sharing amounts.</p> <p>These are the 2025 cost-sharing amounts and may change for 2026.</p> <p>Days 1-20: \$0 copay for each benefit period. Days 21-100: \$209.50 copay per day of each benefit period. Days 101 and beyond: You pay 100% of the cost.</p> <p>MyAdvocate Medicare Advantage will provide updated rates at www.MyAdvocateMA.com as soon as they are available.</p>
<p>Physical Therapy & Speech Therapy+</p>	<p>\$25 copay per visit</p>	<p>\$45 copay per visit</p>
<p>Occupational Therapy+</p>	<p>\$35 copay per visit</p>	<p>\$45 copay per visit</p>
<p>Transportation</p>	<p>Not covered</p>	<p>Not covered</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Worldwide Emergent/Urgent Coverage We will cover up to \$250 annually for world-wide services that include:</p> <ul style="list-style-type: none"> • Emergency care • Urgently needed care • Emergency/urgently needed transportation services 	<p>\$0 for world-wide emergency and urgently needed care until the maximum annual reimbursement of \$250 has been reached.</p> <p>Once the \$250 annual maximum reimbursement is reached, you pay 100% of the costs over \$250 each year. Amounts you pay are not included in the annual maximum out-of-pocket amount.</p>	<p>\$0 for world-wide emergency and urgently needed care until the maximum annual reimbursement of \$250 has been reached.</p> <p>Once the \$250 annual maximum reimbursement is reached, you pay 100% of the costs over \$250 each year. Amounts you pay are not included in the annual maximum out-of-pocket amount.</p>

Benefits and Premiums	You Pay	
	In-network costs	Out-of-network costs
<p>Medicare Part B Prescription Drugs+ *</p> <p>Insulin</p> <p>Part B covered drugs and biologicals, including chemotherapy drugs+</p> <p>Medicare identifies Part B “rebtable” drugs that have a price increasing at a rate higher than the rate of inflation. Your cost for Part B rebtable drugs is limited to the cost under Original Medicare and will be no more than 20% coinsurance. However, your cost could change each quarter and will be between \$0 and 20%. Medicare will notify MyAdvocate Health of your cost for these drugs on a quarterly basis.</p> <p><i>*Select Part B drugs are subject to step therapy restrictions.</i></p>	<p>Up to 20% coinsurance, limited to \$35 copay for a one-month supply.</p> <p>Up to 20% coinsurance</p> <p><i>Prior authorization is required for some medications.</i></p>	

Benefits and Premiums	You Pay	
+Supplemental Benefits	In-network costs	Out-of-network costs
<p>Fitness Program: Fitness – One Pass® The One Pass program is a fitness benefit that includes access to an expansive network of fitness locations near you and nationwide, exercise equipment and other gym amenities including group exercise classes led by certified instructors.*</p> <ul style="list-style-type: none"> • Online resources include on-demand and live-streaming fitness classes as well as individual exercises. • An online platform with activities and training exercises that help improve attention, brain speed, memory and cognitive resilience. • Online listings of groups, clubs and social events where you can meet people with similar interests. <p>Members get their One Pass code and find locations and classes at www.YourOnePass.com or contact MyAdvocate Medicare Advantage Member Services for more information.</p>	<p>\$0 copay per month</p>	<p>There is no coverage out-of-network. You pay 100% of the cost and amounts are not included in the maximum out-of-pocket amount.</p>

Benefits and Premiums	You Pay	
+Supplemental Benefits	In-network costs	Out-of-network costs
<p>You may pay extra fees for fitness center services and classes that are not included in your membership.</p> <p>All other fitness programs are not covered.</p>		
<p>*One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. The One Pass program and amenities vary by plan, area, and location. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. One Pass is not responsible for the services or information provided by third parties. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them.</p>		
<p>Over the Counter (OTC) Benefit</p> <p>OTC items are drugs and health-related products that do not require a prescription.</p> <p>Covered benefits include but are not limited to: antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items.</p> <p>Members can choose from thousands of eligible OTC products available online and in-store from plan authorized vendors.</p>	<p>Your Healthy Benefits+ Flex Card will provide you a quarterly OTC allowance up to \$95 maximum plan coverage amount every 3 months for OTC items.</p> <p>You pay 100% for costs over the \$95 per quarter and the amounts do not apply to your maximum out-of-pocket.</p> <p>Unused OTC Allowance dollars do not roll over to the next quarter or the next calendar year.</p>	<p>The OTC benefit is not available out of network.</p>

Outpatient Prescription Drugs	
Deductible	<p>\$0 per year for Tier 1 Preferred Generic, Tier 2 Generic, Tier 6 Select Care Drugs</p> <p>\$250 per year for Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier</p>
Initial Coverage	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <ul style="list-style-type: none"> • This plan requires prior authorization and has quantity limit restrictions for certain drugs. Please refer to the formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website. • Cost sharing may differ based on whether the prescription is a short-term supply (34-day supply) or long-term supply (102-day supply). • You can choose from a variety of pharmacies to fill your prescriptions for covered Part D drugs. You may search for network providers and pharmacies on our website at www.MyAdvocateMA.com/pharmacy-and-drug-coverage, or call us and we will send you a copy of the provider and pharmacy directories.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

Tier	Standard retail cost sharing (up to a 34-day supply)	Mail-order cost sharing (up to a 34-day supply)	Long-term care (LTC) cost sharing (up to a 34-day supply)	Out-of-network cost sharing (Coverage is limited to certain situations; see Chapter 5 for details.) (up to a 34-day supply)
Cost-Sharing Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cost-Sharing Tier 2 (Generic)	\$14 copay	\$14 copay	\$14 copay	\$14 copay
Cost-Sharing Tier 3* (Preferred Brand)	\$47 copay*	\$47 copay*	\$47 copay*	\$47 copay*
Cost-Sharing Tier 4* (Non-Preferred Drug)	50% coinsurance*	50% coinsurance*	50% coinsurance*	50% coinsurance*
Cost-Sharing Tier 5 (Specialty Tier)	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Cost-Sharing Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay	\$0 copay

* You pay no more than \$35 for a one-month supply of each covered insulin product in Tier 3 and 4, even if you haven't paid your deductible.

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

Tier	Standard retail cost sharing (in-network) (102-day supply)	Mail-order cost sharing (102-day supply)
Cost-Sharing Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Cost-Sharing Tier 2 (Generic)	\$42 copay	\$42 copay
Cost-Sharing Tier 3* (Preferred Brand)	\$141 copay*	\$141 copay*
Cost-Sharing Tier 4* (Non-Preferred Drug)	50% coinsurance*	50% coinsurance*
Cost-Sharing Tier 5 (Specialty Tier)	Not available	Not available
Cost-Sharing Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay

* You pay no more than \$70 for up to a 2-month supply or \$105 for up to a 3-month supply of each covered insulin product in tier 3 or 4, even if you haven't paid your deductible.

Notice of Availability

English: Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call 1-888-298-4650 (TTY: 711) or speak with your healthcare provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-298-4650 (TTY: 711) o hable con su proveedor.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-298-4650 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Karen: ဆို- နမ့်ကတိၤ ထၢန့ၣ်လီၤဖဲအံၤ အသိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ် ဘျုးလၢန့ၣ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၣ်ပိးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြးအဘျုး လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၣ် လၢတၢ်မၤန့ၣ်အိၣ်သ့တဖၣ် လၢတလၢ်ဘျုးလၢန့ၣ်လီၤ. ကိး 1-888-298-4650 (TTY: 711) မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပုၤလၢဟ့ၣ် နတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

Arabic:

نبية: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-298-4650 (711) أو تحدث إلى مقدم الخدمة.

French: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-298-4650 (TTY: 711) ou parlez à votre fournisseur.

Simplified Chinese: 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-298-4650（文本电话：711）或咨询您的服务提供商。

Oromo: HUBADHAA: Yoo afaan Oromoo dubbattu ta'e, tajaajilli gargaarsa afaanii bilisaa siniif ni argama. Gargaarsi gargaaraa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa dhaqqabamaa ta'een kennuunis bilisaan ni argama. Bilbilaa 1-888-298-4650 (TTY: 711) yookiin dhiyeessaa kee waliin haasa'aa.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-298-4650 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

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Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-298-4650 (TTY: 711) o makipag-usap sa iyong provider.

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Telegu: తెలుగు సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-888-298-4650 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రావైడర్ తో మాట్లాడండి.

Farsi:

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-888-298-4650 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

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Large print – If you require materials in large print, please call 1-888-298-4650 (TTY 711).

Notice of Nondiscrimination

Discrimination is against the law. MyAdvocate Medicare Advantage complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

MyAdvocate Medicare Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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, please contact Member Services at 1-888-298-4650 (TTY 711)

If you believe that MyAdvocate Medicare Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation, you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103

Telephone Number: (877) 473-0911 (TTY 711)

Fax: (605) 312-9886

Email: compliance@MyAdvocateMA.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Section 504 Coordinator 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 509F, HHH Building Washington, DC 20201

Phone: 1-800-368-1019 (TDD 800-537-7697)

More information is available at <http://www.hhs.gov/ocr/index.html>.

How to enroll

Connect with an agent

Call us toll-free at **(888) 960-5788 (TTY: 711)** from 8 a.m. to 8 p.m. local time, Monday through Friday. A licensed agent will answer your call.

Enroll on our website

Visit **MyAdvocateMA.com** to enroll online.

Fill out a paper application

Complete and sign the paper application.

Then, mail your application to:

MyAdvocate Medicare Advantage

[PO Box 91110]

[Sioux Falls, SD 57109-1110]



Still not sure?

Attend an in-person or virtual workshop to learn more about if a Medicare Advantage plan may be right for you and get your questions answered. Visit **MyAdvocateMA.com** to search for workshops in your area.



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What to expect after you enroll

Once you have submitted your application, you will receive:

An acknowledgment and confirmation letter

This letter confirms that your application has been received and confirms Medicare's approval of your enrollment in MyAdvocate Medicare Advantage.

Member packet

This packet contains a guide and important materials. Keep this packet handy for future reference.

ID card

This ID card serves as your proof of insurance. Your ID card will be mailed to you separately before your plan's effective date.



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 Phone: 1-800-368-1019 (TDD 800-537-7697)
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Notice of Availability

English: Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call 1-888-298-4650 (TTY: 711) or speak with your healthcare provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-298-4650 (TTY: 711) o hable con su proveedor.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-298-4650 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Karen: ဆူ- နမ့်ကတိၤ ထၢန့ၣ်လီၤဖဲအံၤ အယိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ် ဘျုၣ်လၢ်စ့ၤလၢန့ၣ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၣ်ဟူၤပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြးအဘျုး လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၣ်အီၤသ့တဖၣ် လၢတလၢ်ဘျုၣ်လၢ်စ့ၤ လၢန့ၣ်လီၤ. ကိး 1-888-298-4650 (TTY: 711) မ့တမ့ၢ် ကတိၤတၢ်ဒီး န့ၣ်လၢလၢဟ့ၣ် န့ၣ်တၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

Arabic:

نبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-298-4650 (711) أو تحدث إلى مقدم الخدمة.

French: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-298-4650 (TTY: 711) ou parlez à votre fournisseur.

Simplified Chinese: 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-298-4650 (文本电话：711) 或咨询您的服务提供商。

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Farsi:

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-888-298-4650 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

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Large print – If you require materials in large print, please call 1-888-298-4650 (TTY 711).

Privacy Statement

With MyAdvocate Medicare Advantage, you get the benefits of Original Medicare plus more in one complete plan.

This Notice of Privacy Practices (“Notice”) applies to MyAdvocate Medicare Advantage including Align powered by Sanford Health Plan and Great Plains Medicare Advantage. If you have questions about this Notice, please contact Customer Service at (800) 752-5863 (toll-free) | TTY/TDD 711. This Notice describes how we will use and disclose your health information. The terms of this Notice apply to all health information generated or received by MyAdvocate Medicare Advantage, whether recorded in our business records, your medical record, billing invoices, paper forms, or in other ways. Unless otherwise provided by law, any data or information pertaining to the health, diagnosis, or treatment of a Member under a policy or contract, or a prospective Member, obtained by MyAdvocate Medicare Advantage from that person or from a health care Provider, regardless of whether the information is in the form of paper, is preserved on microfilm, or is stored in computer-retrievable form, is confidential and may not be disclosed to any person except as set forth below.

How we use and disclose your health information

We use or disclose your health information as follows (In Minnesota we will obtain your prior consent):

- **Help manage the health care treatment you receive:** We can use your health information and share it with professionals who are treating you. For example, a doctor may send us information about your diagnosis and treatment plan so we can arrange additional services.
- **Pay for your health services:** We can use and disclose your health information as we pay for your health services. For example, we share information about you with your Primary Care Physician to coordinate payment for those services. For our health care operations: We may use and share your health information for our day-to-day operations, to improve our services, and contact you when necessary. For example, we use health information about you to develop better services for you. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.
- **Administer your plan:** We may disclose your health information to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the Premiums we charge.

We may share your health information in the following situations unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety:

- **Friends and Family:** We may disclose to your family and close personal friends any health information directly related to that person’s involvement in payment for your care.
- **Disaster Relief:** We may disclose your health information to disaster relief organizations in an emergency. We may also use and share your health information for other reasons without your prior consent:
- **When required by law:** We will share information about you if State or federal law require it, including with the Department of Health and Human services if it wants to see that we’re complying with federal privacy law.
- **For public health and safety:** We can share information in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, and to prevent or reduce a serious threat to anyone’s health or safety.
- **Organ and tissue donation:** We can share information about you with organ procurement organizations.
- **Medical examiner or funeral director:** We can share information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers’ compensation and other government requests:** We can share information to employers for workers’ compensation claims. Information may also be shared with health oversight agencies when authorized by law, and other special government functions such as military, national security and presidential protective services.
- **Law enforcement:** We may share information for law enforcement purposes. This includes sharing information to help locate a suspect, fugitive, missing person or witness.
- **Lawsuits and legal actions:** We may share information about you in response to a court or administrative order, or in response to a subpoena.
- **Research:** We can use or share your information for certain research projects that have been evaluated and approved through a process that considers a Member’s need for privacy.

We may contact you in the following situations:

- **Treatment options:** To provide information about treatment alternatives or other health related benefits or MyAdvocate Medicare Advantage services that may be of interest to you.

- **Fundraising:** We may contact you about fundraising activities, but you can tell us not to contact you again.

Your Rights That Apply To Your Health Information

When it comes to your health information, you have certain rights.

- **Get a copy of your health and claims records:** You can ask to see or get a paper or electronic copy of your health and claims records and other health information we have about you. We will provide a copy or summary to you usually within thirty (30) calendar days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your health and claims records:** You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing. These requests should be submitted in writing to the contact listed below.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Reasonable requests will be approved. We must say "yes" if you tell us you would be in danger if we do not.
- **Ask us to limit what we use or share:** You can ask us to restrict how we share your health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior, who we've shared it with, and why. We will include all disclosures except for those about your treatment, payment, and our health care operations, and certain other disclosures (such as those you asked us to make). We will provide one (1) accounting a year for free, but we will charge a reasonable cost-based fee if you ask for another within twelve (12) months.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated:** You can complain to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

Contact Information:

MyAdvocate Medicare Advantage
Customer Service
PO Box 91110
Sioux Falls, SD 57109-1110
(800) 752-5863 (toll-free) | TTY/TDD 711

Our Responsibilities Regarding Your Health Information

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and offer to give you a copy.
- We will not use, share, or sell your information for marketing or any purpose other than as described in this Notice unless you tell us to in writing. You may change your mind at any time by letting us know in writing.

Changes To This Notice

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request and online at www.sanfordhealthplan.com.

Effective Date

This Notice of Privacy Practices is effective July 1, 2021.

Notice Of Organized Health Care Arrangement For MyAdvocate Medicare Advantage

MyAdvocate Medicare Advantage and MyAdvocate Medicare Advantage of Minnesota have agreed, as permitted by law, to share your health information among themselves for the purposes of treatment, payment, or health care operations. This notice is being provided to you as a supplement to the above Notice of Privacy Practices.



Quick guide to benefits and services

After you're enrolled, you can easily find the health information that's important to you by creating an online member account. Visit MyAdvocateMA.com to get started.

How to find a provider

If you need assistance with finding the right provider, we're here to help. Call us at **(888) 960-5088 (TTY: 711)** to connect with our team from 8 a.m. to 8 p.m. local time,

Scope of appointment confirmation form



The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP)

A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans and Medicare Medical Savings Account Plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO)

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only receive care from doctors or hospitals in the plan's network, except in emergencies.

Medicare Preferred Provider Organization (PPO) Plan

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also see out-of-network providers, usually at a higher cost.

Medicare Private Fee-for-Service (PFFS) Plan

A Medicare Advantage Plan that allows you to see any Medicare-approved doctor, hospital or provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to treat members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP)

A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who live in long-term care facilities and people who have certain chronic health conditions.

Medicare Medical Savings Account (MSA) Plan

MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan

In a Medicare Cost Plan, you can see providers both in and out of network. If you receive services outside of the plan's network, your Medicare-covered services will be paid under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.

Credit/Debit card payment method (We accept Visa, MasterCard and Discover)

Name on card		
Card number		
Card security code (3-digit code on back of card)	Expiration date (mm/yy)	
Billing address		
City	State	ZIP code

I hereby authorize MyAdvocate Medicare Advantage and Chase Paymentech Services to initiate a debit to my credit or debit card for payment of premiums. I understand that this authorization is to remain in effect unless I notify MyAdvocate Medicare Advantage and the financial institution of a change within a time and manner as to afford MyAdvocate Medicare Advantage and the financial institution a reasonable opportunity to act on it.

Payor signature _____ Date (m/d/y) ____/____/____

Notice of nondiscrimination

MyAdvocate Medicare Advantage is an HMO-POS plan with a Medicare contract. Enrollment in MyAdvocate Medicare Advantage depends on contract renewal. MyAdvocate Medicare Advantage complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

Language assistance services

English: Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call 1-888-298-4650 (TTY 711) or speak with your healthcare provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-298-4650 (TTY 711) o hable con su proveedor.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng để tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-298-4650 (Người khuyết tật 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Large print – If you require materials in large print, please call 1-888-298-4650 (TTY 711).

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.

Please note, the person who will discuss products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does **NOT** obligate you to enroll in a plan, affect your current enrollment or enroll you in a Medicare plan.

Beneficiary or authorized representative

Signature: _____ Signature date: _____

If you are an authorized representative, please sign above and below.

Representative's Name: _____

Your relationship to the beneficiary: _____

To be completed by agent

Agent name:	Agent Phone:
Beneficiary name:	Beneficiary phone:
Beneficiary Address:	
Initial method of contact: (indicate if beneficiary was a walk-in client)	
Signature:	
Plan use only:	

*Scope of appointment documentation is subject to CMS record retention requirements.

Agent note: If the beneficiary signed the form at the time of the appointment, provide an explanation why SOA was not documented prior to the meeting.

MyAdvocate Medicare Advantage (HMO-POS) are Medicare Advantage plans. Enrollment in these plans depends on contract renewals.

MyAdvocate Medicare Advantage is an HMO-POS plan with a Medicare contract. Enrollment in MyAdvocate Medicare Advantage depends on contract renewal. MyAdvocate Medicare Advantage complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations. If you have questions, please contact Customer Service at 1-888-298-4650 or 402-975-3686. If you are hearing- or speech-impaired, please call TTY 711. We are open 7 days a week, 8 a.m. to 8 p.m., Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-Sept. 30. Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call 1-888-298-4650 (TTY: 711) or speak with your healthcare provider. Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-298-4650 (TTY: 711) o hable con su proveedor. Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-298-4650 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn. If you have questions, please contact Customer Service at 1-888-298-4650 or 402-975-3686. If you are hearing- or speech-impaired, please call TTY 711. We are open 7 days a week, 8 a.m. to 8 p.m., Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-Sept. 30. If you require materials in large print, please call 1-888-298-4650 (TTY 711).



Contact us

Call us toll-free at (888) 960-5788 (TTY: 711) to enroll or for assistance. A licensed agent will answer your call from 8 a.m. to 8 p.m. local time, Monday through Friday.

MyAdvocateMA.com

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