MyAdvocate Medicare Advantage

MyAdvocate Medicare Advantage SILVER (HMO-POS) H0816-002
MyAdvocate Medicare Advantage GOLD (HMO-POS) H0816-001

SUMMARY OF BENEFITS

January 1, 2027 - December 31, 2027

This booklet gives you a summary of drug and health services covered by MyAdvocate Medicare Advantage SILVER (HMO-POS) and 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. To get a complete list of services we cover, please call Customer Service and request the "Evidence of Coverage" or access it online at MyAdvocateMA.com.

MyAdvocate Medicare Advantage is an HMO-POS plan with a Medicare contract. Enrollment in MyAdvocate Medicare Advantage depends on contract renewal.

- **Primary Care Physician (PCP)** – We encourage you to choose a primary care physician. Your health is better supported when we know who your doctor is.
- **Referrals** – MyAdvocate Medicare Advantage does not require a referral to see a specialist.
- **Prior Authorizations** – MyAdvocate Medicare Advantage offers Direct Access to contracted providers. This means your doctor assists and coordinates the prior authorization process when required before you receive services.

To Reach a Customer Service Representative:

- Current members please call (888) 298-4650 (TTY: 711) for more information.
- Prospective members please call (888) 298-4560 (TTY 711).
- For Medicare Part D drug coverage information, call (844) 504-5955.
- Hours are 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. This call is free.

  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. Customer Service also has free language interpreter services available for non-English speakers.

To join MyAdvocate Medicare Advantage 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 counties in:

- **Nebraska:** Adams, Buffalo, Butler, Cass, Fillmore, Gage, Hall, Hamilton, Howard, Jefferson, Johnson, Lancaster, Merrick, Nemaha, Otoe, Pawnee, Polk, Saline, Saunders, Seward, and York.

MyAdvocate Medicare Advantage has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services; but if you want to, you can also use providers that are not in our network. You can choose to see either in-network or out-of-network providers. Please note out-of-network/non-contracted providers are under no obligation to treat MyAdvocate Medicare Advantage members, except in emergency situations. Coverage is limited to within the U.S.

- You can choose from network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's provider directory at our website MyAdvocateMA.com/doctors-and-pharmacies.
- You can see our plan's pharmacy directory at our website MyAdvocateMA.com/doctors-and-pharmacies.
- Or call us and we will send you a copy of the provider and pharmacy directories. The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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 other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call the Customer Service number.

Medicare-covered Services

Benefits and Premiums	MyAdvocate Medicare Advantage Silver (HMO-POS)		MyAdvocate Medicare Advantage Gold (HMO-POS)	
	In-network	Out-of-network	In-network costs	Out-of-network
+ Your provider must obtain prior authorization from our plan.				
Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium. If you choose the optional supplemental dental benefit, you pay an extra premium.		$82 You must continue to pay your Medicare Part B premium. If you choose the optional supplemental dental benefit, you pay an extra premium.	
Deductible Medical Part D Prescription Drugs	 $0 $400		 $0 $250	
Maximum Out-of-Pocket Amount *Does not include costs related to prescription drugs*	$6,900 In-network	$9,900 combined In/Out-of-network	$5,500 In-network	$8,500 combined In/Out-of-network
Inpatient Hospital Coverage+	Days 1-5: $400 copay/day Days 6-90: $0 copay/day	50% coinsurance	Days 1-5: $400 copay/day Days 6-90: $0 copay/day	50% coinsurance
Outpatient Hospital Services+	$0-$375 copay	50% coinsurance	$0-$350 copay	50% coinsurance
Outpatient Hospital Observation Services+	$0-$375 copay	50% coinsurance	$0-$350 copay	50% coinsurance
Ambulatory Surgical Center (ASC) Services+	$0-$300 copay	50% coinsurance	$0-$275 copay	50% coinsurance

Benefits and Premiums	MyAdvocate Medicare Advantage Silver (HMO-POS)		MyAdvocate Medicare Advantage Gold (HMO-POS)	
	In-network	Out-of-network	In-network costs	Out-of-network
Doctor Visits				
Primary Care Providers	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Specialists	$40 copay	50% coinsurance	$35 copay	50% coinsurance
Preventive Care Such as immunizations, wellness visits, and diabetic screenings. See your Evidence of Coverage for a full list of covered services.	Covered in full	50% coinsurance	Covered in full	50% coinsurance
Emergency Care	$130 copay		$120 copay	
Urgently Needed Services	$0 copay primary care $40 copay specialist		$0 copay primary care $35 copay specialist	
Diagnostic Services, Labs, and Imaging+				
Lab Services+	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Diagnostic Tests and Procedures+	$35 copay	50% coinsurance	$25 copay	50% coinsurance
Diagnostic Radiology Services (e.g. MRI, CAT Scan) +	$0-$225 copay	50% coinsurance	$0-$175 copay	50% coinsurance
Therapeutic Radiology Services+	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient X-rays+	$25 copay	50% coinsurance	$20 copay	50% coinsurance

Benefits and Premiums	MyAdvocate Medicare Advantage Silver (HMO-POS)		MyAdvocate Medicare Advantage Gold (HMO-POS)	
	In-network	Out-of-network	In-network costs	Out-of-network
Hearing Services Medicare-Covered Hearing Exam *See supplemental services below for additional information*	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Dental Services Medicare-Covered Dental Services *See supplemental services below for additional information*	$40 copay	Not covered	$35 copay	Not covered ~~50% coinsurance~~
Vision Care Medicare-Covered Eye Exams *See supplemental services below for additional information*	$40 copay	50% coinsurance	$35 copay	50% coinsurance
Mental Health Services Inpatient Psychiatric+	Days 1-5: $400 copay/day Days 6-discharge: $0 copay	50% coinsurance	Days 1-5: $400 copay/day Days 6- discharge: $0 copay	50% coinsurance
Outpatient individual/group therapy visits (non-psychiatrist).	$40 copay	50% coinsurance	$35 copay	50% coinsurance

Benefits and Premiums	MyAdvocate Medicare Advantage Silver (HMO-POS)		MyAdvocate Medicare Advantage Gold (HMO-POS)	
	In-network	Out-of-network	In-network costs	Out-of-network
Outpatient individual/group therapy visits with a psychiatrist.	$40 copay	50% coinsurance	$35 copay	50% coinsurance
Ambulance Services (+non-emergent transport) Ground Ambulance Air Ambulance	$325/trip 20% coinsurance		$275/trip 20% coinsurance	
Skilled Nursing Facility+	Days 1-20: $0 copay Days 21-100: $221 copay/day	50% coinsurance	Days 1-20: $0 copay Days 21-100: $221 copay/day	50% coinsurance
Outpatient Rehabilitation Services Physical/Speech Therapy Occupational Therapy	$50 copay $50 copay	50% coinsurance 50% coinsurance	$40 copay $40 copay	50% coinsurance 50% coinsurance
Cardiac rehabilitation	$30 copay	50% coinsurance	$15 copay	50% coinsurance
Acupuncture for chronic low back pain	$20 copay	50% coinsurance	$20 copay	50% coinsurance
Chiropractic Services	$15 copay	50% coinsurance	$15 copay	50% coinsurance

Benefits and Premiums	MyAdvocate Medicare Advantage Silver (HMO-POS)		MyAdvocate Medicare Advantage Gold (HMO-POS)	
	In-network	**Out-of-network**	**In-network costs**	**Out-of-network**
Diabetes self-monitoring training, supplies, and services+				
Self-Management Training	Covered in full	50% coinsurance	Covered in full	50% coinsurance
Diabetic Supplies+*	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Diabetic Monitors+	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Diabetic shoes/inserts+	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
	*Limited to specific brands, see the Evidence of Coverage for details.			
Durable Medical Equipment and Supplies+	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Podiatry	$40 copay	50% coinsurance	$35 copay	50% coinsurance
Medicare Part B Prescription Drugs+*				
Insulin	0%-20% coinsurance; $35 maximum	0%-20% coinsurance; $35 maximum	0%-20% coinsurance; $35 maximum	0%-20% coinsurance; $35 maximum
Part B covered drugs and biologicals, including chemotherapy drugs+	0%-20% coinsurance	50% coinsurance	0%-20% coinsurance	0%-20% coinsurance
	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 Medicare Advantage of your cost for these drugs on a quarterly basis. **Select Part B drugs are subject to step therapy restrictions.*			

Supplemental Benefits (Non-Medicare Covered Services)

Our plan offers these supplemental benefits. Refer to the Evidence of Coverage for full details.

Supplemental Benefits	MyAdvocate Medicare Advantage Silver (HMO-POS)		MyAdvocate Medicare Advantage Gold (HMO-POS)	
	In-network costs	Out-of-network	In-network costs	Out-of-network
Dental Services Preventive 2 exams, 2 cleanings, 1 fluoride treatment, 1 series bitewing x-ray per year (full mouth x-ray covered 1 every 5 years)	$0 copay	There is no out-of-network coverage	$0 copay	There is no out-of-network coverage
Comprehensive • Restorative services • Endodontics • Periodontics • Prosthodontics • Oral surgery • Emergency treatment of pain Frequency limits & Exclusions apply	50% coinsurance for comprehensive dental services at an in-network provider up to the annual maximum allowance of $500.	There is no out-of-network coverage	Not covered	Not covered
Fitness Program: **Gym Membership** OnePass	$0 cost gym membership	Not covered	$0 cost gym membership	Not covered

Supplemental Benefits	MyAdvocate Medicare Advantage Silver (HMO-POS)		MyAdvocate Medicare Advantage Gold (HMO-POS)	
	In-network costs	Out-of-network	In-network costs	Out-of-network
Hearing Services				
One Routine hearing exam (non-Medicare)	$0 annual exam	Not covered	$0 annual exam	Not covered
Fitting/evaluation for hearing aids within 12 months of purchase (non-Medicare)	$0 copay	Not covered	$0 copay	Not covered
Prescription hearing aids	Annual limit per hearing aid: $499 standard, $699 advanced, $999 premium	Not covered	Annual limit per hearing aid: $499 standard, $699 advanced, $999 premium	Not covered
Over the Counter (OTC) Benefit Healthy Benefits+ **Quarterly benefit to be used toward the purchase of select over-the-counter (OTC) health and wellness products available through Healthy Benefits+.*	You are eligible for a $60 quarterly benefit.	Not covered	You are eligible for a $95 quarterly benefit.	Not covered

Supplemental Benefits	MyAdvocate Medicare Advantage Silver (HMO-POS)		MyAdvocate Medicare Advantage Gold (HMO-POS)	
	In-network costs	Out-of-network	In-network costs	Out-of-network
Vision Services One Routine eye exam Eyewear – Lenses Glasses/frames *OR* Contacts Standard progressive lenses	$0 annual exam Covered in full $300 for frames *OR* $100 for contacts Covered in full	Not covered Not covered Not covered Not covered Not covered	$0 annual exam Covered in full $300 for frames *OR* $100 for contacts Covered in full	Not covered Not covered Not covered Not covered Not covered

Optional Supplemental Benefits

Our plan offers some extra benefits that aren't covered by Original Medicare and are not included in your benefits package. These extra benefits are called Optional Supplemental Benefits. If you want these optional supplemental benefits, you must sign up for them and you will have to pay an additional premium for them. The optional supplemental benefits described in this section are subject to the same appeals process as any other benefits. Refer to the Dental Handbook for full details.

Optional supplemental Benefits	MyAdvocate Medicare Advantage Silver		MyAdvocate Medicare Advantage Gold	
	In-network	Out-of-network	In-network	Out-of-network
Premium	**$48.20/month**	N/A	**$46/month**	N/A
Deductible	$100	N/A	There is no deductible.	N/A
Dental Comprehensive • Restorative services • Endodontics • Periodontics • Prosthodontics • Oral surgery • Emergency treatment of pain Frequency limits & Exclusions apply	Comprehensive services up to $1,500 at a participating Delta Dental network provider. You pay 50% coinsurance	There is no out-of-network coverage	Comprehensive services up to $1,500 at a participating Delta Dental network provider. You pay 50% coinsurance	There is no out-of-network coverage

Part D Prescription Drugs

There are three stages of cost sharing in the Part D benefit – deductible, initial coverage, and catastrophic coverage. Cost sharing changes when you enter each stage of the Part D benefit.

Deductible Stage: You pay the full cost of your covered prescription drugs in Tiers 3, 4, and 5 until you have reached your plan's deductible and then move to the Initial Coverage State. For Tiers 1, 2, and 6 you start immediately in the Initial Coverage Stage.

Initial Coverage Stage: After you meet the deductible, you pay a copayment or coinsurance for covered drugs. You pay your portion and stay in this stage until your out-of-pocket costs reach $2,400. If the cost of your drug is less than the listed copay, you will only pay the lower amount.

Catastrophic Coverage Stage: During this stage, you pay nothing for covered Part D drugs. You stay in this stage until the end of the year.

Covered Insulin Products: You pay no more than **$35 for a one-month supply** of each covered insulin product under your Part D prescription drug benefit in tier 3 and 4. The plan deductible does not apply to covered insulin products.

Part D Prescription Drugs	**MyAdvocate Medicare Advantage Silver – $400 Deductible** In-network standard retail, mail-order and long-term cost sharing				
Tier	**Deductible applies**	**34 days**	**35 to 68 days**	**69 to 102 days**	**Long Term Care/ 34 days**
Tier 1: Preferred generic drugs	No	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic drugs	No	$8 copay	$16 copay	$24 copay	$8 copay
Tier 3: Preferred brand drugs	Yes	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drugs	Yes	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 5: Specialty drugs	Yes	29% coinsurance	-	-	29% coinsurance
Tier 6: Select care drugs	No	$0 copay	$0 copay	$0 copay	$0 copay

Part D Prescription Drugs	**MyAdvocate Medicare Advantage Gold – $250 Deductible** In-network standard retail, mail-order and long-term cost sharing				
Tier	**Deductible applies**	**34 days**	**35 to 68 days**	**69 to 102 days**	**Long Term Care/ 34 days**
Tier 1: Preferred generic drugs	No	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic drugs	No	$8 copay	$16 copay	$24 copay	$8 copay
Tier 3: Preferred brand drugs	Yes	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drugs	Yes	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 5: Specialty drugs	Yes	30% coinsurance	-	-	30% coinsurance
Tier 6: Select care drugs	No	$0 copay	$0 copay	$0 copay	$0 copay