2022 Asuris Medicare Advantage Plan Information

Thank you for your interest in applying for the Asuris NW Health Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Letter" from Asuris NW Health within 15 calendar days of receipt of the enrollment request.

Enrollment Packet – click links below to download and save documents

Star Rating

Apply Online Summary of Benefits: <u>TruAdvantage +Rx Primary & Classic</u> / <u>Esteem</u> <u>Provider Search</u> <u>Pharmacy Search</u> Formulary: <u>Primary Classic Enhanced</u>

Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. *If they are signed prior to October 15th they will be returned to you with a new application.* If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC	Fax: 1.541.284.2994 or 888.632.5470
PO Box 26540	Secure File Upload: <u>Click here</u>
Eugene, Oregon 97402	Email: <u>cs@cda-insurance.com</u>

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <u>https://medicare-washington.com</u>

Y0062_MULTIPLAN_CDA INSURANCE Washington 2022 (Pending)







for residents of Chelan and Spokane counties

For more information

Visit our website at asuris.com/medicare.

Prospective members call **1-844-278-7472** (TTY: 711) 8 a.m. to 5 p.m., Monday through Friday.

Current PPO members call **1-800-541-8981** (TTY: 711). Customer Service hours are 8 a.m. to 8 p.m., Monday through Friday (October 1 through March 31, our telephone hours are from 8 a.m. to 8 p.m., seven days a week).

Asuris is a PPO/PDP plan with a Medicare contract. Enrollment in Asuris depends on contract renewal. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

This document is available electronically and may be available in other formats.

What you need to know about this book

The information listed is a summary of what we cover and **what you pay**. It does not list every service, coverage limitation or exclusion. A complete list of covered services can be found in our Evidence of Coverage (EOC) on our website at **asuris.com/medicare** or by calling **1-800-541-8981** (TTY: 711) to request a copy.

To join a Asuris Esteem plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area of **Chelan and Spokane counties**.

Out-of-network/noncontracted providers are under no obligation to treat Asuris members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Utilization Management (UM) is the way we review the type and amount of care you're getting. This involves looking at the setting for your care and its medical necessity. Clinical professionals make decisions based on our clinical review criteria, guidelines, and medical policies. Examples of UM procedures include pre-service review (prior authorization), concurrent review (including urgent concurrent review) and post-service review. Find more information in our Member FAQ on **asuris.com/medicare/resources/faq**.

Cost-sharing may be less if you qualify for Extra Help. To find out if you qualify, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778) between 7 a.m. and 7 p.m., Monday through Friday.

If you want to know more about the coverage and costs of Original Medicare, look in your current **Medicare & You 2022** handbook. View it online at **medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-541-8981**.

Understanding the Benefits

Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **asuris.com/medicare** or call **1-800-541-8981** to view a copy of the EOC.

Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Benefits, premiums and/or copayments/ coinsurance may change on January 1, 2023.

Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Medical Benefits

Plan costs & information	Asuris Esteem
Plan number	H5010-001
Monthly plan premium You must continue to pay your Medicare Part B premium.	\$0
Annual deductible The amount you pay for medical services before the plan begins to pay. Deductible amounts reset every January 1.	\$0
Maximum out-of-pocket responsibility Annual limit on your out- of-pocket costs for Part A (hospital) and Part B (medical) services. Does not include prescription drugs.	\$5,000 in-network \$10,000 combined in- and out-of-network

Medical benefits	Asuris Esteem	
	In-network	Out-of-network
Inpatient hospital coverage ¹	Days 1-5: \$345/ day	
Number of days allowed per stay is unlimited.	Days 6+: \$0 / day	Days 1+: 30%
Outpatient hospital services ¹		
For wound care	\$40	30%
For observation	\$90	30%
For all other services	\$350	30%
Ambulatory surgery center services ¹		
For wound care	\$40	30%
For all other services	\$300	30%
Doctor visits		
Primary care provider	\$5	30%
Specialist	\$40	30%
Preventive care		
Cost-sharing may apply if you receive other services during your preventive care visit.	\$0	30%
Emergency care		
Copay waived if admitted to the hospital within 48 hours.	\$90	\$90
Urgently needed services	\$40	\$40

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

Medical benefits	Asuris Esteem	
	In-network	Out-of-network
Diagnostic services/labs/imaging		
HbA1C testing	\$0	30%
Lab services ¹	\$10	30%
Outpatient x-rays	\$10	30%
Diagnostic tests and procedures ¹	\$10	30%
Diagnostic mammography	\$0	30%
Diagnostic radiology (MRI, CT, etc.) ¹	\$300	30%
Hearing services		
Medical hearing exam	\$40	30%
Routine hearing ²	Exam: \$0	Exam: \$150
In-network coverage through TruHearing.	Hearing aids: \$699	Hearing aids: Not
Hearing aids covered only if obtained from TruHearing. 1 per ear, per year.	or \$999 per aid	covered out-of- network
Dental services		
Medical dental services	\$40	30%
Preventive and diagnostic dental services ²	\$0	50%
Covers preventive and diagnostic exams, bitewing and diagnostic x-rays, cleanings, and fluoride twice per year, full- mouth or panoramic x-rays once every 3 years, and certain periodontal services as needed.		
Restorative dental services ²	50%	50%
Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, periodontics, and oral surgery.	\$1,000 benefit limit per year for covered services	\$1,000 benefit limit per year for covered services
Vision services		
Medical vision services	\$0	30%
Routine vision ²	Exam: \$0	Exam: 30%
In-network coverage through VSP Vision Care. Lenses limited to standard basic single-vision, lined bifocal, lined trifocal or lenticular. 1 pair of lenses and frames or a single purchase of contact lenses per year.	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: 50% Frames or contact lenses: \$100 allowance per year
Mental health services ¹		
Inpatient psychiatric hospital	Days 1-5: \$345 / day	Days 1-190: 30%
There is a 190-day lifetime maximum.	Days 6-190: \$0 / day	
Outpatient therapy (individual and group)	\$40	30%

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Asuris Esteem	
n-network	Out-of-network
Days 1-20: \$0 / day Days 21-47: \$188 / day Days 48-100: \$0 / day	Days 1-100: 30%
\$40	30%
\$275	\$275
Not covered	Not covered
20%	30%
\$20	30%
\$20	30%
\$20	30%
60	30%
\$100 allowance every year	
20%	50%
\$0 Provided exclusively through Silver&Fit	
\$0 \$0 Provided exclusively through Mom's Meals	
50 50	-

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

Medical benefits	Asuris Esteem	
	In-network	Out-of-network
Over the counter (OTC) items ²	\$40 every 3 months	
Palliative care and support ²		
Includes care planning, pain and symptom management and counseling services for patients, caregivers and families in case of serious illness.	\$0	30%
Personal emergency response system (PERS) ²	\$0	
Benefit includes device and monthly monitoring services.	Provided exclusively through Lively	
Podiatry services		
Medicare-covered	\$40	30%
Diabetic routine footcare ² Limit of 6 visits per year.	\$0	30%
Virtual companionship ²	\$0	
Virtual support services. Limit of 4 visits per month; up to 60 minutes per visit.	Provided exclusively through Papa, Inc.	
Virtual visits (telehealth) Medical and mental health services by phone or video.	\$5	30%

Routine hearing services

For more information about your routine hearing benefits or to find a hearing provider, call TruHearing at **1-855-542-1711** (TTY: 711), 8 a.m. to 8 p.m. Monday through Friday. Or visit **truhearing.com/asuris**.

Routine vision services

For more information about your routine vision benefits or to find a vision provider, call VSP Vision Care at **1-844-872-6065** (TTY: 711), 8 a.m. to 8 p.m., seven days a week. Or visit **vsp.com**.

Virtual companionship

Eligible members are able to receive support services such as grocery and pharmacy pick-up/delivery, virtual technology assistance, phone support with meaningful conversations, scheduling appointments with telehealth providers and more. For more information or to see if you qualify, call Papa Pals at **1-877-290-7229** (TTY: 711) 5 a.m. to 8 p.m. Pacific time, Monday through Friday, or 5 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit **joinpapa.com/asuris**.

The Silver&Fit program

Includes a basic membership at one or more participating fitness centers, an expanded home fitness digital library with on-demand videos through the website or mobile app, choice of one home fitness kit from categories such as fitness activity trackers, yoga, Pilates, swim or strength, weekly 1-on-1 health coaching in a variety of topics, and much more. For more information or to sign up, call Silver&Fit at **1-888-797-8086** (TTY: 711), 5 a.m. to 6 p.m. Pacific time, Monday through Friday. Or visit **silverandfit.com**.

Over-the-counter items

Members of select plans receive a prepaid discount card and a list of product categories that are eligible for the OTC program. Allowance renews each quarter; unused credit does not accumulate or carry over to the next quarter. The card can be used at participating retail locations or online at **athome.medline.com/card**. For more information, call Asuris Customer Service at **1-800-541-8981** (TTY: 711).

Meal delivery service

No-cost meals for chronic condition or post-hospital stay nutritional support for those who qualify and participate in the plan's care/case management program. Mom's Meals delivers meals to all 50 states plus U.S. territories. For more information or to see if you qualify, call Asuris Customer Service at **1-800-541-8981** (TTY: 711).

Bathroom safety devices

Members are eligible to purchase select bathroom safety items, such as shower/bathtub grab bar and bench, commode rails or elevated toilet seats from suppliers or retailers. Installation and in-home assessment are not covered. For more information or to find out what items are covered call Asuris Customer Service at **1-800-541-8981** (TTY: 711).

Personal emergency response system (PERS)

Receive a Lively[™] Mobile Plus medical alert device and monthly monitoring when arranged by the plan. For more information, call Lively at **1-800-358-9586** (TTY: 711). Or visit **lively.com/asuris**.

Virtual visits (telehealth)

Primary care and mental health visits through a mobile app, video visit, or phone call may be available through your providers office. Contact them directly to see if they offer virtual visits or you may use MDLIVE if your local provider does not offer virtual visits. To schedule an appointment with MDLIVE, call **1-800-400-6354** (TTY: 711), 24 hours a day, 7 days a week. Or visit **mdlive.com**.

24-hour nurse line

Asuris Advice24 gives you 24/7 access to a medical professional for self-care suggestions for minor injuries and illnesses or help determining if an urgent care facility or emergency room is needed for more immediate care. Call **1-866-523-0078** (TTY: 711).

Urgent and emergency care when you travel

If you travel outside the United States, the plan covers urgent care and medical emergencies in more than 190 countries around the world. Part D prescription drug coverage is not available outside the United States and its territories.

Our plans cover the following Medicare-covered preventive services, along with any additional preventive services that Medicare approves during the contract year.

Abdominal aortic aneurysm screening Alcohol misuse screenings and counseling Annual wellness visit Bone mass measurements (bone density) Breast cancer screening (mammogram) Cardiovascular disease screenings Cardiovascular disease behavioral therapy Cervical and vaginal cancer screening Colorectal cancer screenings (multi-target stool DNA test, barium enemas, colonoscopy, fecal occult blood test or flexible sigmoidoscopies) Depression screening **Diabetes screening** Diabetes self-management training Glaucoma tests Hepatitis B virus (HBV) infection screening Hepatitis C screening test **HIV** screening Immunizations for flu, hepatitis B and pneumococcus Lung cancer screenings with Low Dose Computed Tomography (LDCT) Medicare Diabetes Prevention Program (MDPP) Nutrition therapy services Obesity screenings and counseling Prostate cancer screenings Sexually transmitted infections screening and counseling Tobacco use cessation counseling "Welcome to Medicare" preventive visit (one time)