

Summary of Benefits  
January 1, 2016 – December 31, 2016

FIRSTCAROLINACARE INSURANCE COMPANY

**FirstMedicare Direct HMO Standard (HMO)**

Chatham, Hoke, Lee, Montgomery, Moore, Richmond, Scotland  
Counties

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of service we cover call us and ask for the "Evidence of Coverage".

## **You have choices about how to get your Medicare benefits**

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **FirstMedicare Direct HMO Standard (HMO)**).

## **Tips for comparing your Medicare choices**

This Summary of Benefits booklet gives you a summary of what **FirstMedicare Direct HMO Standard (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.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.

## **Sections in this booklet**

- Things to Know About **FirstMedicare Direct HMO Standard (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

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 us at 1-844-201-4957, TTY 711.

## **Things to Know About FirstMedicare Direct HMO Standard (HMO)**

### **Hours of Operation**

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

### **FirstMedicare Direct HMO Standard (HMO) Phone Numbers and Website**

- If you are a member of this plan, call toll-free 1-844-201-4957, TTY 711.
- If you are not a member of this plan, call toll-free 1-877-279-1732, TTY 711.
- Our website: <http://www.firstmedicare.com>

## Who can join?

To join **FirstMedicare Direct HMO Standard (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in North Carolina: Chatham, Hoke, Lee, Montgomery, Moore, Richmond, and Scotland.

## Which doctors, hospitals, and pharmacies can I use?

**FirstMedicare Direct HMO Standard (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.firstmedicare.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.firstmedicare.com>.
- Or, call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

## SUMMARY OF BENEFITS

January 1, 2016 – December 31, 2016

FirstMedicare Direct HMO Standard (HMO)

### MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

<b>How much is the monthly premium?</b>	\$0 per month. In addition, you must keep paying your Medicare Part B Premium.
<b>How much is the deductible?</b>	\$300 per year for Part D prescription drugs except for drugs listed on tier 1 which are excluded from the deductible.
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"><li>• \$3,400 for services you receive from in-network providers.</li></ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full costs for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Is there a limit on how much the plan will pay?</b>	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

FirstMedicare Direct HMO Standard is an HMO plan with a Medicare contract. Enrollment in First Medicare Direct HMO Standard depends on contract renewal.

## COVERED MEDICAL AND HOSPITAL BENEFITS

### Note:

- SERVICES WITH A<sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.
- SERVICES WITH A<sup>2</sup> MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

## OUTPATIENT CARE AND SERVICES

<b>Acupuncture</b>	Not covered
<b>Ambulance<sup>1</sup></b>	\$150 copay
<b>Chiropractic Care<sup>1</sup></b>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
<b>Dental Services</b>	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$50 copay
<b>Diabetes Supplies and Services<sup>1</sup></b>	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: 20% of the cost
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> <i>(Costs for these services may vary based on place of service)<sup>1</sup></i>	Diagnostic radiology services (such as MRIs, CT scans): 20% of cost Diagnostic tests and procedures: 20% of the cost Lab services: 20% of the cost Outpatient x-rays: 20% of the cost Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing
<b>Doctor's Office Visits<sup>1</sup></b>	Primary care physician visit: \$30 copay Specialist visit: \$50 copay
<b>Durable Medical Equipment<sup>1</sup></b> <i>(wheelchairs, oxygen, etc.)</i>	20% of the cost
<b>Emergency Care</b>	\$75 copay  If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency

care. See the “Inpatient Hospital Care” section of this booklet for other costs.

**Foot Care (*podiatry services*)**

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$50 copay

**Hearing Services**

Exam to diagnose and treat hearing and balance issues: \$50 copay

**Home Health Care<sup>1</sup>**

15% of the cost

**Mental Health Care<sup>1</sup>**

Inpatient Visit:

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

- \$325 copay per day for days 1 through 6
- You pay nothing per day for days 7 through 90

Outpatient group therapy visit: \$40 copay

Outpatient individual therapy visit: \$40 copay

**Outpatient Rehabilitation<sup>1,2</sup>**

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing

Occupational therapy visit: \$40 copay

	Physical therapy and speech and language therapy visit: \$40 copay
<b>Outpatient Substance Abuse<sup>1</sup></b>	Group therapy visit: \$50 copay Individual therapy visit: \$50 copay
<b>Outpatient Surgery<sup>1</sup></b>	Ambulatory surgical center: 20% of the cost Outpatient hospital: 20% of the cost
<b>Over-the-Counter Items</b>	Not covered
<b>Prosthetic Devices (<i>braces, artificial limbs, etc.</i>)<sup>1</sup></b>	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost
<b>Renal Dialysis</b>	You pay nothing
<b>Transportation</b>	Not Covered
<b>Urgently Needed Services</b>	\$40 copay
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-\$50 copay, depending on the service  Eyeglasses or contact lenses after cataract surgery: 20% of the cost  \$0 copay for Medicare covered annual glaucoma test  \$50 copay for Medicare covered eye exams to diagnose and treat diseases and conditions of the eye.  Routine eye exams are not covered.
<b>Preventive Care</b>	You pay nothing Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> </ul>

- Colorectal cancer screenings (Colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

## **Hospice**

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

## **INPATIENT CARE**

### **Inpatient Hospital Care<sup>1</sup>**

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

- \$325 copay per day for days 1 through 6
- You pay nothing per day for days 7 through 90

**Inpatient Mental Health Care** For inpatient mental health care, see the “Mental Health Care” section of this booklet.

**Skilled Nursing Facility (SNF)<sup>1</sup>** Our plan covers up to 100 days in a SNF.

- \$40 copay per day for days 1 through 100

**PRESCRIPTION DRUG BENEFITS**

**How much do I pay?** For Part B drugs such as chemotherapy drugs: 20% of the cost

Other Part B drugs: 20% of the cost

**Initial Coverage** After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. 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.

**Standard Retail Cost-Sharing**

<b>Tier</b>	<b>One-month Supply</b>	<b>Two-month Supply</b>	<b>Three-month Supply</b>
Tier 1 (Preferred Generic)	\$7 copay	\$14 copay	\$21 copay
Tier 2 (Generic)	\$20 copay	\$40 copay	\$60 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay
Tier 5 (Specialty Tier)	25% of the cost	Not offered	Not offered

**Standard Mail Order Cost-Sharing**

<b>Tier</b>	<b>One-month Supply</b>	<b>Two-month Supply</b>	<b>Three-month Supply</b>
Tier 1 (Preferred Generic)	\$7 copay	\$0	\$0
Tier 2 (Generic)	\$20 copay	\$40 copay	\$50 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$112.50 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$225 copay
Tier 5 (Specialty Tier)	25% of the cost	Not offered	Not offered

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

**Coverage Gap**

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.

**Standard Retail Cost-Sharing**

Tier	Drugs Covered	One-month Supply	Two-month Supply	Three-month Supply
Tier 1 (Preferred Generic)	All	\$7 copay	\$14 copay	\$21 copay

**Standard Mail Order Cost-Sharing**

Tier	Drugs Covered	One-month Supply	Two-month Supply	Three-month Supply
Tier 1 (Preferred Generic)	All	\$7 copay	\$0	\$0

**Catastrophic Coverage**

After your yearly out-of-pocket drugs costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:

- 5% of the cost, or
- \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.

## **ADDITIONAL INFORMATION ABOUT FIRSTCAROLINACARE INSURANCE COMPANY**

FirstCarolinaCare Insurance Company (FCC) was formed in 1999 by FirstHealth of the Carolinas, a 501(c)(3) health system headquartered in Moore County, North Carolina. FCC originally was licensed to operate exclusively as a health maintenance organization, and received licensure in 2007 to operate as a health insurer. It currently serves over 18,000 employer group plan members throughout southern and eastern North Carolina. FCC began offering Medicare Advantage-Prescription Drug plans in 2013, enrolling over 5,000 in seven south central North Carolina counties.

As an integral part of the FirstHealth of the Carolinas non-profit health system and as a locally-owned and operated health insurer, FCC is focused on the health of the community in nearly every aspect of its operations. FCC's purpose is the same as its parent organization: *To care for people*. FCC is unique in the state as a provider-owned, non-profit insurance company.

FCC has been recognized for excellence in its operations. In 2006, a national physician practice management organization included FCC at the top of its list of best payers' in the industry. FCC received the 2006 Honor Roll for Coverage Award from the Healthcare Leadership Council for "exemplary community programs that have distinguished themselves as leaders in providing access to health insurance for uninsured Americans." FCC is unique in the state as a provider-owned, non-profit health insurance company.

For more information, please visit: [www.FirstMedicare.com](http://www.FirstMedicare.com)