



## 2024 SUMMARY OF BENEFITS

# EXPERIENCE HEALTH MEDICARE ADVANTAGE<sup>SM</sup> (HMO)

Effective January 1, 2024, through December 31, 2024



Medicare<sup>Rx</sup>  
Prescription Drug Coverage <sup>Rx</sup>

## BENEFITS AT A GLANCE

This is a summary of drug and health services covered under Experience Health Medicare Advantage (HMO) Plan **January 1, 2024 – December 31, 2024**.

Experience Health is an HMO plan with a Medicare contract. Enrollment in Experience Health depends on contract renewal. The benefits information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage." Call customer service at **1-833-777-7394** (TTY: **711**), access online at **experiencehealthnc.com** or call Experience Health Sales at **1-833-905-1311** (TTY: **711**).

Experience Health Medicare Advantage (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.

To join the Experience Health Medicare Advantage (HMO) Plan, 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:**

Experience Health Medicare Advantage (HMO)

#### **H3777-001-002 Durham Region**

- Durham
- Person

#### **H3777-001-003 Orange Region**

- Granville
- Lee
- Orange
- Vance

#### **H3777-001-004 Raleigh Region**

- Franklin
- Wake



## Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services

	Experience Health Medicare Advantage (HMO)
<b>Monthly Premium</b>	\$0 per month. You must continue to pay your Medicare Part B premium.
<b>Annual Deductible</b>	\$0. This plan doesn't have a medical deductible.
<b>Maximum Out-of-Pocket Limit</b>	<p>The maximum out-of-pocket amount is the most that you pay out of pocket during this calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit in this plan:</p> <ul style="list-style-type: none"> <li>• \$3,500 for covered hospital and medical services you received 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'll pay for the full cost for the rest of the year.</p> <p>Please note that you'll still need to pay your Part D prescription drug cost-share.</p>



### Have questions?

Experience Health Customer Service

**Phone:** 1-833-777-7394 (**TTY:** 711)

**Hours:** 8 a.m. to 8 p.m., 7 days a week

# EXPERIENCE HEALTH MEDICARE ADVANTAGE (HMO) PLAN

## Covered Medical and Hospital Benefits

	Experience Health Medicare Advantage (HMO)
<b>Inpatient Hospital Coverage</b> Prior authorization may be required.	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> <li>• \$295 per day for days 1 – 6</li> <li>• \$0 per day for days 7 and beyond</li> </ul>
<b>Outpatient Hospital Coverage</b> Prior authorization may be required.	Outpatient hospital: \$200 per visit
<b>Ambulatory Surgical Center (ASC) Services</b> Prior authorization may be required.	\$200 copay per visit
<b>Doctor Visits (including Telehealth visits)</b> No referral is required.	Primary Care Provider (PCP) visit: \$0 copay per visit Specialist Visit: \$20 copay per visit
<b>Preventive Care</b>	\$0 copay Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Emergency Care</b>	\$120 copay per visit. This coverage is worldwide. If you're admitted to the same hospital within 48 hours for the same condition, you pay \$0 for the emergency room visit.
<b>Urgently Needed Services</b>	\$60 copay per visit. This coverage is worldwide.
<b>Diagnostic Services/Labs/Imaging</b> Prior authorization may be required.	Outpatient Services: Performed in PCP setting: \$0 Performed in any other setting: Lab Services: \$8 copay X-rays: \$10 copay Diagnostic Procedures/Tests: \$20 copay Diagnostic Radiology copay: CT Scan: \$75, MRI Scan: \$100, PET Scan: \$150 Therapeutic Radiology Services (such as radiation for cancer): 20% coinsurance
<b>Hearing Services</b> (One per year per ear using TruHearing providers)	Medicare-Covered Hearing Exam: \$0 copay Additional Experience Health Coverage: Routine Hearing Exam: \$0 copay Hearing Aids: \$599 – \$899 Hearing Aid Fitting: Included with purchase of a TruHearing hearing aid \$50 additional copay per aid for rechargeability



Experience Health Medicare Advantage (HMO)	
<p><b>Dental Services</b> Prior authorization may be required for Medicare-covered benefits.</p>	<p>Medicare-covered dental service: \$20 copay</p> <p>Additional Experience Health Coverage: Preventive Dental Care: \$500 allowance</p> <p>Comprehensive Dental Care: \$1,500 allowance</p>
<p><b>Vision Services</b></p>	<p>Medicare-Covered Eye Exam (for the diagnosis and treatment of illnesses and injuries of the eye): \$0 copay</p> <p>Additional Experience Health Coverage: Routine Eye Exam: \$0</p> <p>Eyewear Allowance: \$300 (to use for glasses, frames or contacts). Benefit applied at in-network providers.</p>
<p><b>Mental Health Services</b> Prior authorization may be required.</p>	<p>Inpatient Stay: Our plan covers up to 90 days for an inpatient hospital stay (limited to 190 days per lifetime): \$275 per day for days 1 – 6, \$0 per day for days 7 – 90</p> <p>Outpatient Visits: Group therapy visit: \$0 copay per visit</p> <p>Individual therapy visit: \$0 copay per visit</p>
<p><b>Skilled Nursing Facility</b> Prior authorization may be required.</p>	<p>This plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• \$0 per day for days 1 – 20</li> <li>• \$203 per day for days 21 – 45</li> <li>• \$0 per day for days 46 – 100</li> </ul>
<p><b>Physical Therapy Visits</b></p>	<p>\$20 copay per visit</p>
<p><b>Ambulance (Ground or Air)</b> Prior authorization may be required.</p>	<p>\$295 copay</p> <p>This coverage is worldwide.</p>
<p><b>Transportation</b></p>	<p>\$0 copay for up to 12 one-way trips to or from approved health care locations</p>
<p><b>Medicare Part B Drugs</b> Prior authorization may be required.</p>	<p>Part B Insulins: \$35 copay/30-day supply</p> <p>Chemotherapy and Other Part B drugs: 0-20% coinsurance</p> <p>Based on Inflation Reduction Act mandates.</p>

# EXPERIENCE HEALTH MEDICARE ADVANTAGE (HMO) PLAN

## Prescription Drug Coverage

The Experience Health plan also includes generous prescription drug coverage with low copays at all participating pharmacies.

Experience Health Medicare Advantage (HMO)																																	
<b>Deductible</b>	\$0																																
<b>Initial Coverage</b> Prior authorization may be required.	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.																																
	<table border="1"> <thead> <tr> <th></th> <th>Standard Retail</th> <th>Preferred Mail Order</th> <th>Standard Mail Order</th> </tr> <tr> <th>Tier</th> <th>1-Month Supply</th> <th>3-Month Supply</th> <th>3-Month Supply</th> </tr> </thead> <tbody> <tr> <td>1 (Preferred Generic)</td> <td>\$0 copay</td> <td>\$0 copay</td> <td>\$0 copay</td> </tr> <tr> <td>2 (Generic)</td> <td>\$5 copay</td> <td>\$12.50 copay</td> <td>\$15 copay</td> </tr> <tr> <td>3 (Preferred Brand)</td> <td>\$45 copay</td> <td>\$112.50 copay</td> <td>\$135 copay</td> </tr> <tr> <td>4 (Non-Preferred Drug)</td> <td>\$99 copay</td> <td>\$247.50 copay</td> <td>\$297 copay</td> </tr> <tr> <td>5 (Specialty Tier)</td> <td>33% coinsurance</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>6 (Select Care Drugs)</td> <td>\$0 copay</td> <td>\$0 copay</td> <td>\$0 copay</td> </tr> </tbody> </table>		Standard Retail	Preferred Mail Order	Standard Mail Order	Tier	1-Month Supply	3-Month Supply	3-Month Supply	1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	2 (Generic)	\$5 copay	\$12.50 copay	\$15 copay	3 (Preferred Brand)	\$45 copay	\$112.50 copay	\$135 copay	4 (Non-Preferred Drug)	\$99 copay	\$247.50 copay	\$297 copay	5 (Specialty Tier)	33% coinsurance	NA	NA	6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay
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Costs may differ based on pharmacy type or status (for example, long-term care (LTC) or home infusion).



## Prescription Drug Coverage (cont'd)

Experience Health Medicare Advantage (HMO)	
<p><b>Initial Coverage (cont'd)</b> Prior authorization may be required.</p>	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out-of-network.</p>
<p><b>Gap Coverage</b></p>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you'll pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you've paid) reaches \$5,030.</p> <p>After you enter the Gap Coverage Phase, you pay 25% of the plan's cost for covered generic and brand-name drugs, until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<p><b>Catastrophic Coverage</b></p>	<p>After your yearly out-of-pocket drug costs reach \$8,000, you pay nothing.</p>

**Notes:**

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# EXPERIENCE HEALTH MEDICARE ADVANTAGE (HMO) PLAN

## Other Covered Benefits

	Experience Health Medicare Advantage (HMO)
<b>Diabetes Supplies and Services</b>	\$0 copay
<b>Durable Medical Equipment</b> (e.g., wheelchairs, oxygen) Prior Authorization may be required.	20% per item
<b>Prosthetic Devices</b> (e.g., braces, artificial limbs) Prior Authorization may be required.	20% per item
<b>Rehabilitation Services</b>	Occupational therapy visit: \$20 copay Speech and language therapy visit: \$20 copay
<b>Podiatry Services</b>	\$20 copay per visit
<b>Wellness Programs</b>	SilverSneakers® \$0 copay <ul style="list-style-type: none"> <li>• Access to over 190 fitness locations</li> <li>• Online fitness programs</li> <li>• SilverSneakers FLEX classes</li> <li>• SilverSneakers GO™ fitness app to help track and tailor your fitness goals</li> </ul>
<b>Over-the-Counter (OTC) Allowance</b> Benefit is dependent on region. Regions are defined on page 1 of this Summary of Benefits. 002- \$150/quarter; \$600/annually 003 & 004- \$145/quarter; \$580/annually	Up to \$600 annual allowance (up to \$150 per quarter) toward your order of Over-the-Counter items including: <ul style="list-style-type: none"> <li>• Medications</li> <li>• Health and wellness products</li> <li>• First aid supplies and pain relievers</li> <li>• Cold &amp; flu remedies</li> <li>• Vitamins</li> <li>• And more!</li> </ul> Order online, by phone or mail with free shipping.
<b>Acupuncture</b>	\$50 reimbursement allowance per visit for up to 20 visits per year. \$20 visits for chronic lower back pain.
<b>Meal Benefit</b> Prior authorization may be required.	\$0 copay for up to 20 home-delivered meals over 10 days when recovering from each inpatient stay in either a Hospital or Skilled Nursing Facility. Orders can take place up to 30 days after discharge.





## Other Benefits (cont'd)

Experience Health Medicare Advantage (HMO)	
<b>Personal Emergency Response System (PERS)</b>	\$0 copay for a medical alert system (wristband and pendant options). Your medical alert system will give you the help you need at the push of a button.
<b>In-Home Assistance</b>	\$0 copay for up to 6 hours of in-home assistance per month. Members can get assistance with common tasks such as meal preparation, light housekeeping, errands, technology and accompaniment to appointments.
<b>Home Safety Devices</b>	\$0 copay for up to two products per year. Contact plan for an approved list of products.

## Medicare & You Handbook Information:

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. If you have questions or need to request a copy of the handbook, see the contact information below.

**Phone: 1-800-MEDICARE (1-800-633-4227)**

**TTY: 1-877-486-2048**

**Hours: 8 a.m. – 8 p.m., 7 days a week**

Online: [www.medicare.gov](http://www.medicare.gov)

## How to Find a Doctor, Drug or Pharmacy: Go to [experiencehealthnc.com](http://experiencehealthnc.com)

If you have questions about Experience Health Medicare Advantage (HMO), call the number in the next column to speak with us directly.

## For more information about Experience Health Medicare Advantage (HMO) Plan:

### EXPERIENCE HEALTH CUSTOMER SERVICE

**Phone: 1-833-777-7394 (TTY: 711)**

**Hours: 8 a.m. to 8 p.m., 7 days a week**

### EXPERIENCE HEALTH ENROLLMENT TEAM

**Phone: 1-833-905-1311 (TTY: 711)**

**Hours: 8 a.m. to 8 p.m., 7 days a week**

### Note:

- Limitations, copayments and restrictions may apply.
- Benefits, premiums and/or copayments and/or coinsurance may change on January 1 of each year.
- The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.
- This information is not a complete description of benefits. Contact the plan for more details.
- All other marks and trade names are the property of their respective owners.

# EXPERIENCE HEALTH MEDICARE ADVANTAGE (HMO) PLAN

## Qualifying for Financial Help

### Be Sure to Find Out if You Qualify

If you have both Medicare and Medicaid, you already qualify for low-income help with your Medicare premiums. But even if you do not qualify for Medicaid, you may still qualify for some help. The amount of help will depend on your income and resources.

People with limited incomes may also qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for a portion of your drug costs including annual deductibles and coinsurance. In addition, if you qualify, you will not be subject to the Part D coverage gap or a late-enrollment penalty.

Many people are unaware that they are eligible for these savings. For more information, contact Medicare, Social Security or Medicaid at the numbers shown below.

### To see if you qualify for Extra Help, contact:

Medicare Office

**Phone:** 1-800-MEDICARE (1-800-633-4227)

**TTY/TDD:** 1-877-486-2048

**Hours:** 7 days a week, 24 hrs. a day

**Online:** [www.medicare.gov](http://www.medicare.gov)

Social Security Office

**Phone:** 1-800-772-1213

**TTY/TDD:** 1-800-325-0778

**Hours:** Mon. – Fri., 7 a.m. – 7 p.m.

Medicaid Office

**Phone:** 1-800-662-7030

**TTY:** 711

**Hours:** Mon. – Fri., 8 a.m. – 5 p.m.

## You have a dedicated Care Support team behind you.

Experience Health Medicare Advantage (HMO) Plan benefits are great — help using them can be even more important.

Experience Health Care Support can give you access to resources, knowledge and additional assistance that make a real difference in your day-to-day health and well-being.

### The Experience Health Care Support team can help with:

- Finding local doctors and making appointments
- Sorting out prescription questions and Medicare statements
- Exploring money-saving care and prescription options
- Connecting with needed help here in our area: food delivery, meals, support groups, transportation and more

These services are offered as part of your membership at no extra cost and include one-on-one support for a wide range of health conditions. Care Support team members work with you to address any health concerns you may have.

### To contact Care Support,

call 1-919-660-3426, 8 a.m. to 5 p.m.,  
Monday – Friday



PO Box 52382, Durham, NC 27717

[experiencehealthnc.com](http://experiencehealthnc.com)

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## Have questions?

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# FOR MORE INFORMATION ABOUT EXPERIENCE HEALTH MEDICARE ADVANTAGE (HMO) PLAN:

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Medicare beneficiaries may also enroll in Experience Health Medicare Advantage (HMO) through the CMS Medicare Online Enrollment Center located at [www.medicare.gov](http://www.medicare.gov).

This information is not a complete description of benefits. Call 1-833-905-1311 (TTY: 711) for more information. Other providers are available in our network. Out-of-network/non-contracted providers are under no obligation to treat Experience Health Medicare Advantage (HMO) 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.

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TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company providing hearing services on behalf of Experience Health.

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