

Serving the City of Fredericksburg and the Virginia Counties of Caroline, King George, Orange, Spotsylvania, and Stafford



Mary Washington
Medicare Advantage



2023

Summary of Benefits

Mary Washington Medicare Advantage Complete (HMO)
Mary Washington Medicare Advantage Rewards (HMO)

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SUMMARY OF BENEFITS

January 1, 2023 – December 31, 2023

This booklet gives you a summary of what we cover and what you pay. It doesn't list every limitation, exclusion, or covered service. To get a complete list of services we cover, call us and ask for the Evidence of Coverage, or you can view it on mwmaplan.com.

This Summary of Benefits booklet gives you a summary of what **Mary Washington Medicare Advantage Complete (HMO)** and **Mary Washington Medicare Advantage Rewards (HMO)** cover and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on 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 medicare.gov, or get a copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.

Sections in This Booklet

- Things to Know About **Mary Washington Medicare Advantage Complete** and **Mary Washington Medicare Advantage Rewards**
- Monthly Premium, Deductibles, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits
- Optional Comprehensive Dental 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 855.919.0853 (TTY: 711) to speak with a Customer Service representative.

Things to Know About Mary Washington Medicare Advantage Complete and Mary Washington Medicare Advantage Rewards

Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

Mary Washington Medicare Advantage Complete and Mary Washington Medicare Advantage Rewards Phone Numbers and Website

- If you have questions, call toll-free: 855.919.0853 (TTY: 711).
- Our website: mwmaplan.com

Who can join?

To join **Mary Washington Medicare Advantage Complete** or **Mary Washington Medicare Advantage Rewards**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be a United States citizen or are lawfully present in the United States, and live in our service area. Our service area includes the City of Fredericksburg and the Virginia Counties of Caroline, King George, Orange, Spotsylvania, and Stafford.

What is an HMO?

An HMO, or Health Maintenance Organization, is a type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage.

Which doctors, hospitals, and pharmacies can I use?

Mary Washington Medicare Advantage Complete and **Mary Washington Medicare Advantage Rewards** have a network of doctors, hospitals, pharmacies, and other providers. If you use 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. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's Provider Directory at mwmaplan.com or call us and we will send you a copy.

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.

What drugs do we cover?

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 mwmaplan.com.
- Or, call us and we will send you a copy.

How will I determine my drug costs?

Our plans group 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: initial coverage, coverage gap, and catastrophic coverage. If you have questions about the different benefit stages, please contact the plan for more information or access the Evidence of Coverage on our website.

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

	Mary Washington Medicare Advantage Complete (HMO)	Mary Washington Medicare Advantage Rewards (HMO)
Monthly Plan Premium	All Plans	
	\$0 per month. You must continue to pay your Medicare Part B premium.	
Part B Premium Reduction	\$0	\$51 per month
Deductibles	All Plans	
	These plans do not have a deductible.	
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	<p>The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$3,400 for covered hospital and medical services you receive from in-network providers <p>If you reach the limit on out-of-pocket costs, hospital and medical services are still covered, and we pay the full cost 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> <p>See Evidence of Coverage for costs that apply to your maximum out-of-pocket amount.</p>	<p>The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$5,600 for covered hospital and medical services you receive from in-network providers <p>If you reach the limit on out-of-pocket costs, hospital and medical services are still covered, and we pay the full cost 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> <p>See Evidence of Coverage for costs that apply to your maximum out-of-pocket amount.</p>

Covered Medical and Hospital Benefits

	Mary Washington Medicare Advantage Complete (HMO)	Mary Washington Medicare Advantage Rewards (HMO)
Inpatient Hospital Coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$275 copay per day, per stay: days 1–6 • \$0 copay per day, per stay: day 7 and beyond <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$345 copay per day, per stay: days 1–7 • \$0 copay per day, per stay: day 8 and beyond <p>Prior authorization is required.</p>

	Mary Washington Medicare Advantage Complete (HMO)	Mary Washington Medicare Advantage Rewards (HMO)
Outpatient Hospital Coverage	\$275 copay Prior authorization is required.	\$300 copay Prior authorization is required.
Ambulatory Surgical Center (ASC)	\$250 copay Prior authorization may be required.	\$275 copay Prior authorization may be required.
Doctor Visits (primary care physicians and specialists)	Primary care physician (PCP) visit: \$0 copay Specialist visit: \$40 copay A referral is required for specialist visits. Prior authorization may be required.	Primary care physician (PCP) visit: \$5 copay Specialist visit: \$50 copay A referral is required for specialist visits. Prior authorization may be required.

Virtual/Telehealth Visits

All Plans

Telehealth visits are available with primary care providers and in select specialties including mental health and for therapy (occupational, physical, speech). Members pay the same copay as if the services were provided at an in-person visit.

Prior authorization is required for psychiatry services.

A referral is required for specialists and for therapy (occupational, physical, speech).

Preventive Care

All Plans

You pay nothing.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease testing
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diabetes self-management training
- Health and wellness education programs
- HIV screening
- Immunizations (pneumonia, hepatitis B, COVID-19, and influenza)
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy to promote sustained weight loss
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for lung cancer with low-dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- "Welcome to Medicare" preventive visit (one-time)

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

	Mary Washington Medicare Advantage Complete (HMO)	Mary Washington Medicare Advantage Rewards (HMO)
Emergency Care	<p>\$125 copay</p> <p>If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the "Inpatient Hospital Coverage" section of this booklet for other costs.</p> <p>We provide worldwide coverage.</p>	<p>\$110 copay</p> <p>If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the "Inpatient Hospital Coverage" section of this booklet for other costs.</p> <p>We provide worldwide coverage.</p>
Urgently Needed Services	<p>\$35 copay within the United States</p> <p>\$125 copay outside of the United States</p> <p>We provide worldwide coverage.</p>	<p>\$35 copay within the United States</p> <p>\$110 copay outside of the United States</p> <p>We provide worldwide coverage.</p>
Diagnostic Services/Labs/Imaging <i>(Costs for these services may vary based on place of service.)</i>	<p>Lab services: \$5 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Diagnostic procedures and tests: \$50 copay</p> <p>X-rays: \$10 copay</p> <p>Diagnostic radiology services (such as MRI, CT, and PET scans): 20% co-insurance</p> <p>\$0 copay for diagnostic mammograms</p> <p>20% co-insurance for all other diagnostic radiology services</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance</p> <p>Prior authorization may be required.</p> <p>There is no copay for abdominal aortic aneurysm screening, diabetes screening, or prostate cancer screening when they are ordered as a preventive service.</p>	<p>Lab services: \$5 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Diagnostic procedures and tests: 20% co-insurance</p> <p>X-rays: \$20 copay</p> <p>Diagnostic radiology services (such as MRI, CT, and PET scans): 20% co-insurance</p> <p>\$0 copay for diagnostic mammograms</p> <p>20% co-insurance for all other diagnostic radiology services</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance</p> <p>Prior authorization may be required.</p> <p>There is no copay for abdominal aortic aneurysm screening, diabetes screening, or prostate cancer screening when they are ordered as a preventive service.</p>

	Mary Washington Medicare Advantage Complete (HMO)	Mary Washington Medicare Advantage Rewards (HMO)
Hearing Services	<p>Medicare-covered hearing exam to diagnose hearing and balance issues: \$35 copay</p> <p>Routine hearing exam: \$35 copay</p> <p>A referral is required for Medicare-covered hearing exams.</p> <p>One fitting/evaluation for hearing aids every 2 calendar years: \$0 copay</p> <p>There is a \$1,000 allowance for up to 2 hearing aids every 2 calendar years (both ears combined).</p>	<p>Medicare-covered hearing exam to diagnose hearing and balance issues: \$35 copay</p> <p>Routine hearing exam: \$35 copay</p> <p>A referral is required for Medicare-covered hearing exams.</p> <p>Hearing aids are not covered.</p>
Dental Services	<p>Preventive dental services: \$35 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> • Periodic oral evaluation (2 every calendar year) • Limited oral evaluation (3 every calendar year) • Comprehensive oral and periodontal exam (1 every 3 calendar years) • Routine cleaning (2 every calendar year) • Fluoride treatment (2 every calendar year) • Horizontal bitewing X-ray (1 every calendar year, up to 4 images) • Intraoral X-ray of the entire mouth (full-mouth series or panoramic) (1 every 3 calendar years) <p>Medicare-covered dental services: \$40 copay</p> <p>A referral is required for Medicare-covered dental services, and those services require prior authorization.</p> <p>See page 15 for information on optional comprehensive dental coverage that can be purchased separately.</p>	<p>Preventive dental services: \$35 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> • Periodic oral evaluation (2 every calendar year) • Limited oral evaluation (3 every calendar year) • Comprehensive oral and periodontal exam (1 every 3 calendar years) • Routine cleaning (2 every calendar year) • Fluoride treatment (2 every calendar year) • Horizontal bitewing X-ray (1 every calendar year, up to 4 images) • Intraoral X-ray of the entire mouth (full-mouth series or panoramic) (1 every 3 calendar years) <p>Medicare-covered dental services: \$50 copay</p> <p>A referral is required for Medicare-covered dental services, and those services require prior authorization.</p> <p>See page 15 for information on optional comprehensive dental coverage that can be purchased separately.</p>

	Mary Washington Medicare Advantage Complete (HMO)	Mary Washington Medicare Advantage Rewards (HMO)
Vision Services	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$40 copay</p> <p>Diabetic eye exams performed by a specialist such as an ophthalmologist or optometrist: \$0 copay</p> <p>A referral is required for Medicare-covered eye exams.</p> <p>1 pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal, or lenticular lenses) after each cataract surgery: \$0 copay</p> <p>\$150 allowance for 1 pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery</p> <p>1 routine eye exam every calendar year: \$0 copay</p> <p>Refraction covered as part of exam</p> <p>1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal, or lenticular lenses) per calendar year: \$0 copay</p> <p>\$150 allowance for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) per calendar year</p> <p>Upgrades may come at an additional cost.</p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$50 copay</p> <p>Diabetic eye exams performed by a specialist such as an ophthalmologist or optometrist: \$0 copay</p> <p>A referral is required for Medicare-covered eye exams.</p> <p>1 pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal, or lenticular lenses) after each cataract surgery: \$0 copay</p> <p>\$100 allowance for 1 pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery</p> <p>1 routine eye exam every calendar year: \$0 copay</p> <p>Refraction covered as part of exam</p> <p>1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal, or lenticular lenses) per calendar year: \$0 copay</p> <p>\$100 allowance for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) per calendar year</p> <p>Upgrades may come at an additional cost.</p>
Mental Health Services	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$318 copay per day, per stay: days 1–5 • \$0 copay per day, per stay: day 6 and beyond <p>Prior authorization is required.</p> <p>Outpatient individual visit: \$35 copay</p>	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$325 copay per day, per stay: days 1–5 • \$0 copay per day, per stay: day 6 and beyond <p>Prior authorization is required.</p> <p>Outpatient individual visit: \$40 copay</p>

	Mary Washington Medicare Advantage Complete (HMO)	Mary Washington Medicare Advantage Rewards (HMO)
Mental Health Services (continued)	Outpatient group visit: \$30 copay Partial hospitalization: \$55 copay Opioid Treatment Program services: \$35 copay	Outpatient group visit: \$35 copay Partial hospitalization: \$55 copay Opioid Treatment Program services: \$40 copay
Skilled Nursing Facility	The plan covers up to 100 days each benefit period. No prior hospital stay is required. <ul style="list-style-type: none"> • \$0 copay per day, per stay: days 1–20 • \$164 copay per day, per stay: days 21–100 Prior authorization is required.	The plan covers up to 100 days each benefit period. No prior hospital stay is required. <ul style="list-style-type: none"> • \$0 copay per day, per stay: days 1–20 • \$172 copay per day, per stay: days 21–100 • Prior authorization is required.
Physical Therapy	\$35 copay A referral is required.	\$40 copay A referral is required.

Ambulance

All Plans

\$250 copay

This copay applies to each one-way trip.

Prior authorization is required for non-emergent transportation by ambulance.

Transportation

\$0 copay

The benefit includes 20 one-way trips to plan-approved locations every year.

This plan does not cover transportation.

Medicare Part B Drugs

All Plans

For Part B drugs such as chemotherapy drugs: 20% co-insurance

Starting April 1, 2023, if a Part B prescription drug's price has increased at a rate faster than the rate of inflation, we'll reduce your co-insurance for that drug by a certain amount as directed by the Centers for Medicare & Medicaid Services (CMS). CMS will tell your plan what your co-insurance should be for that drug. Your co-insurance will never exceed 20% but could be lower based on information we receive from CMS.

Other Part B drugs, including insulin administered via a durable medical equipment insulin pump: 20% co-insurance

For Part B insulin (insulin administered through a durable medical equipment pump), you won't pay more than \$35 for a one-month supply beginning July 1, 2023.

Prior authorization may be required.

Amounts you pay for Part B drugs count toward your MOOP; they do not count toward your Part D initial coverage limit or true out-of-pocket cost of \$7,400.

Part D Prescription Drug Benefits

Mary Washington Medicare Advantage Complete (HMO)

Mary Washington Medicare Advantage Rewards (HMO)

Deductible

All Plans

These plans do not have a deductible.

Initial Coverage

All Plans

You pay the amounts listed in the following tables until your total yearly drug costs reach \$4,660. For insulins, you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

If you reside in a long-term care facility with an in-network pharmacy, you pay the 30-day standard retail cost-sharing for a 31-day supply.

Drugs filled at an out-of-network pharmacy are only covered under limited circumstances. Please see the Evidence of Coverage and contact Customer Service for more information.

Insulin Coverage

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing tier, the coverage phase, your Extra Help status or whether the insulin product is considered a Select Insulin under the plan's Prescription Drug Formulary.*

Preferred Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	\$2 copay	\$4 copay	\$6 copay
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay	\$7 copay	\$14 copay	\$21 copay
Tier 3 (Preferred Brand)	\$39 copay	\$78 copay	\$117 copay	\$42 copay	\$84 copay	\$126 copay
Select Insulins	\$35 copay	\$70 copay	\$105 copay	Not Applicable**	Not Applicable**	Not Applicable**
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay	\$95 copay	\$190 copay	\$285 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered

*Select Insulins are those that are part of the Insulin Savings Program and incur low, consistent copays through the coverage gap. Insulins administered via a durable medical equipment insulin pump are not included in the program. For information regarding which insulins are Select Insulins under the plan's benefit, refer to the plan's Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information. The program doesn't apply during the catastrophic coverage stage, if you're a Mary Washington Medicare Advantage Rewards member, or if you receive Extra Help.

**If you're a member of the Rewards plan, insulins on this tier are covered at the regular tier cost-share and won't exceed \$35 for a one-month supply of each insulin product covered by the plan.

	Mary Washington Medicare Advantage Complete (HMO)			Mary Washington Medicare Advantage Rewards (HMO)		
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay	\$12 copay	\$24 copay	\$36 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$36 copay	\$17 copay	\$34 copay	\$51 copay
Tier 3 (Preferred Brand)	\$44 copay	\$88 copay	\$132 copay	\$47 copay	\$94 copay	\$141 copay
Select Insulins	\$35 copay	\$70 copay	\$105 copay	Not Applicable**	Not Applicable**	Not Applicable**
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered
Standard Mail-Order Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	\$2 copay	\$4 copay	\$5 copay
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay	\$7 copay	\$14 copay	\$17.50 copay
Tier 3 (Preferred Brand)	\$39 copay	\$78 copay	\$97.50 copay	\$42 copay	\$84 copay	\$105 copay
Select Insulins	\$35 copay	\$70 copay	\$97.50 copay	Not Applicable**	Not Applicable**	Not Applicable**
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$225 copay	\$95 copay	\$190 copay	\$237.50 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered
Coverage Gap	<p style="text-align: center;">All Plans</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 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 \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs and 25% of the plan’s cost for covered generic drugs until your out-of-pocket costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Important—You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if the insulin product is not considered a Select Insulin under the plan’s Prescription Drug Formulary or you’re not eligible for the Insulin Savings Program.</p> <p>If you’re eligible for the Insulin Savings Program and are a member of the Mary Washington Medicare Advantage Complete plan, your cost-share for Select Insulins won’t increase during the coverage gap.</p>					

**If you're a member of the Rewards plan, insulins on this tier are covered at the regular tier cost-share and won't exceed \$35 for a one-month supply of each insulin product covered by the plan.

Catastrophic Coverage

All Plans

After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:

- 5% co-insurance or
- \$4.15 copay for generic (including brand drugs treated as generic) or a \$10.35 copay for all other drugs

Important—You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers.

Cost-sharing may change depending on the pharmacy you choose.

Other Covered Benefits

Chiropractic Care

All Plans

Manual manipulation of the spine to correct subluxation: \$20 copay
A referral is required.

Diabetes Supplies and Services

Diabetes self-management training: \$0 copay

Diabetes monitoring supplies (including blood glucose monitors, lancets, and blood glucose test strips*): 0% co-insurance

When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott/LifeScan products.

Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance

Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).

*See Evidence of Coverage for a complete listing.

Diabetes self-management training: \$0 copay

Diabetes monitoring supplies (including blood glucose monitors, lancets, and blood glucose test strips*): 10% co-insurance

When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott/LifeScan products.

Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance

Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).

*See Evidence of Coverage for a complete listing.

Durable Medical Equipment
(wheelchairs, oxygen equipment and supplies, etc.)

All Plans

20% co-insurance
Prior authorization may be required.

	Mary Washington Medicare Advantage Complete (HMO)	Mary Washington Medicare Advantage Rewards (HMO)
Foot Care (podiatry services)	\$40 copay A referral is required.	\$50 copay A referral is required.
Home Healthcare	All Plans \$0 copay A referral is required.	
Hospice	All Plans You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.	
Outpatient Substance Abuse	Individual visit: \$35 copay Group visit: \$30 copay Prior authorization is required.	Individual visit: \$40 copay Group visit: \$35 copay Prior authorization is required.
Over-the-Counter Coverage (OTC)	\$60 credit per quarter can be used on approved health products that can be ordered online, by phone, or by mail. Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.	This plan does not offer over-the-counter coverage.
Prosthetic Devices	All Plans Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.	
Outpatient Rehabilitation Services	Cardiac rehabilitation services: \$20 copay per day Occupational, physical, and speech and language therapy visits: \$35 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.	Cardiac rehabilitation services: \$20 copay per day Occupational, physical, and speech and language therapy visits: \$40 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.
Wellness Programs	All Plans Health club membership/fitness classes through SilverSneakers®: \$0 copay	
Acupuncture	Medicare-covered services for chronic low back pain only: \$40 copay	Medicare-covered services for chronic low back pain only: \$50 copay

Optional Comprehensive Dental Benefits

Mary Washington Medicare Advantage Complete (HMO)

Mary Washington Medicare Advantage Rewards (HMO)

Supplemental Benefits

All Plans

As a member of any Mary Washington Medicare Advantage plan, you'll receive preventive dental benefits. For an additional monthly premium, you can also choose to add optional comprehensive coverage that provides more benefits.

Monthly premium: \$27 | Annual deductible: None

Maximum annual benefit coverage: \$1,250

Prosthetic Maintenance:*

- Bridge or denture repair (1 per arch per calendar year)
- Denture adjustment (twice per arch per calendar year)
- Tissue conditioning—allowed in conjunction with fabrication of new denture
- Repair, replace, or add teeth to existing partial or full dentures (1 per tooth per calendar year)
- Rebase and reline dentures (1 per denture every 3 calendar years)
- Recement bridges, crowns, onlays, and inlays on crowns (1 per tooth every 2 calendar years)

Restorative Services:

- Fillings* (1 per tooth every 2 calendar years)
- Inlays/onlays* (1 per tooth every 5 calendar years)
- Protective restorations* (1 per tooth per lifetime)
- Crowns—post and core or crown buildup** (1 per tooth every 5 calendar years)
- Crown repair due to material failure** (1 per 2 calendar years)

Prosthodontics, Oral Surgery, and Other Services:

- Dentures (complete, partial, or immediate)** (1 every 5 calendar years)
- Fixed bridges** (1 every 5 calendar years)
- Surgical procedures, including alveoloplasty and vestibuloplasty** (1 per quadrant or arch per lifetime)

*20% co-insurance applies

**50% co-insurance applies

Amounts you pay for these services do not count toward your maximum out-of-pocket amount.

Services must be received from a DentaQuest provider.

See Evidence of Coverage for a complete listing of benefits.

Adjunct General Services:

- Emergency treatment for minor pain relief*
- General anesthesia** (when clinically necessary)

Endodontics:

- Root canal treatment/retreatment root canal therapy/apicoectomy/pulpotomy/retrograde filling** (1 per tooth per lifetime)

Periodontics:

- Periodontal maintenance (following active therapy)* (4 every calendar year)
- Periodontal surgery/scaling and root planning** (1 per quadrant every 3 calendar years)
- Full-mouth debridement (deep cleaning)** (1 every 3 calendar years)

Extractions:

- Simple or surgical extractions* (1 per tooth per lifetime)

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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 855.919.0853 (TTY: 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit mwmaplan.com or call 855.919.0853 (TTY: 711) 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.
- Review the Provider Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- 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/co-insurance may change on January 1, 2024.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).

mwmaplan.com

Toll-free: 855.919.0853 (TTY: 711), 8 a.m. to 8 p.m., seven days a week*

2300 Fall Hill Ave, Suite 308b, Fredericksburg, VA 22401

Mary Washington Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in Mary Washington Medicare Advantage depends on contract renewal. All Mary Washington Medicare Advantage plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the plan service area.

Members must use plan providers except in emergency or urgent care situations. If a member obtains care from an out-of-network provider without prior approval from Mary Washington Medicare Advantage, neither Medicare nor Mary Washington Medicare Advantage will be responsible for the costs.

Mary Washington Medicare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

*You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.