BayCarePlus®
Medicare Advantage

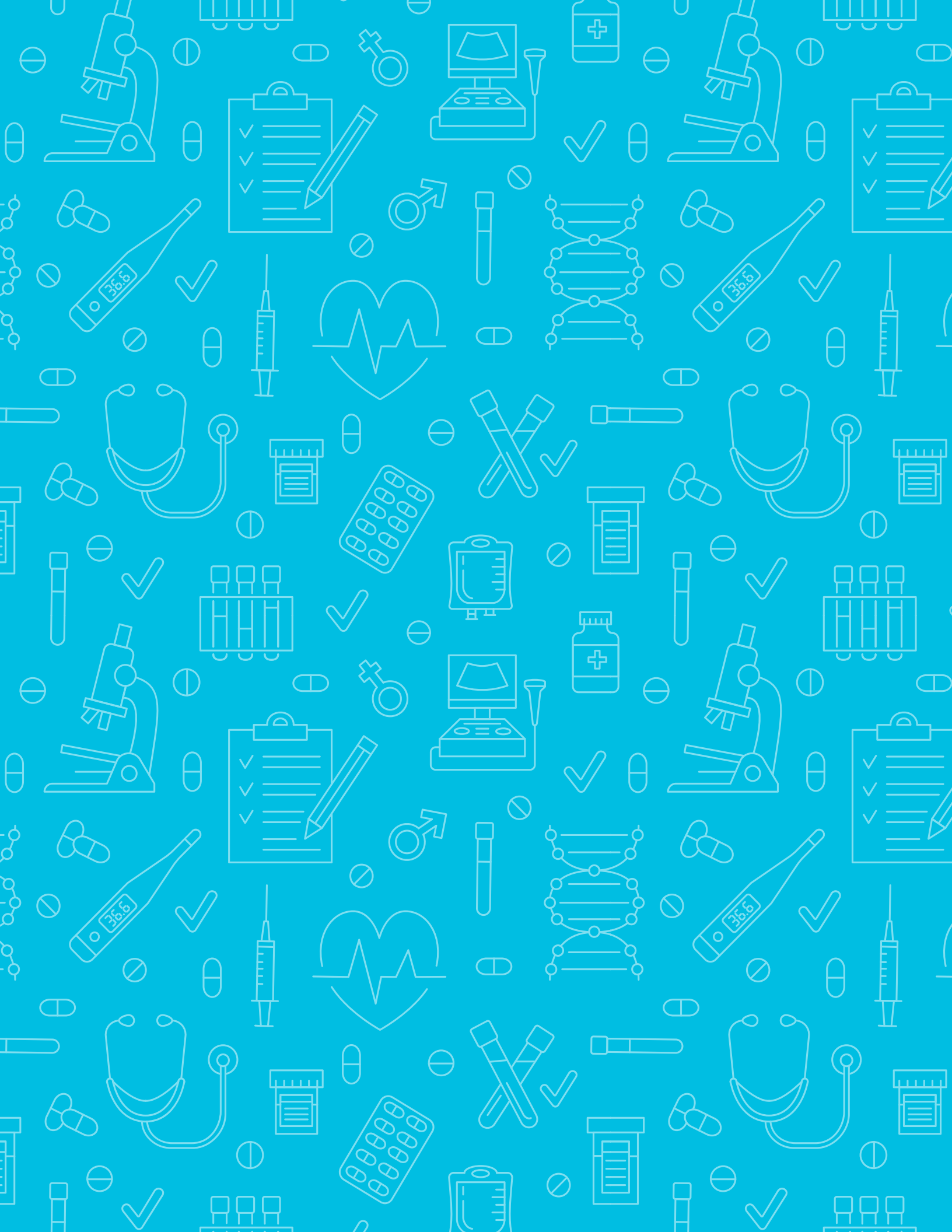
2022

SUMMARY OF BENEFITS

Medicare Advantage

BayCarePlus Complete (HMO)
BayCarePlus Rewards (HMO)
BayCarePlus Premier (HMO)

Serving
Hillsborough, Pasco,
Pinellas and Polk Counties



Summary of Benefits
January 1, 2022 – December 31, 2022

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. You can also view it on BayCarePlus.org.

This Summary of Benefits booklet gives you a summary of what **BayCare**Plus® **Complete (HMO),** **BayCare**Plus **Rewards (HMO)** and **BayCare**Plus **Premier (HMO)** plans 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 **BayCare**Plus **Complete, BayCare**Plus **Rewards** and **BayCare**Plus **Premier**
- 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 (877) 528-5819 (TTY: 711) to speak with a sales representative.

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Things to Know About BayCarePlus Complete, BayCarePlus Rewards and BayCarePlus Premier

Hours of Operation

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

Phone Numbers and Website

- If you have questions, call toll free: (877) 528-5819 (TTY: 711).
- Our website: BayCarePlus.org

Who can join?

To join **BayCare**Plus **Complete, BayCare**Plus **Rewards** or **BayCare**Plus **Premier**, 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 following counties in Florida: Hillsborough, Pasco, Pinellas and Polk.

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?

BayCarePlus plans have a network of doctors, hospitals, pharmacies and other providers. If you use providers that aren't 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 BayCarePlus.org. Or, call us and we'll 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* 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's 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 at BayCarePlus.org.
- Or, call us and we'll send you a copy.

How will I determine my drug costs?

Our plans group each medication into one of five tiers. You'll need to use your formulary to locate what tier your drug is on to determine how much it'll cost you. The amount you pay depends on the drug's tier and what stage of the benefit you've 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

	BayCarePlus Complete (HMO) H2235-001	BayCarePlus Rewards (HMO) H2235-002	BayCarePlus Premier (HMO) H2235-003
Monthly Plan Premium	$0 Per month. You must continue to pay your Medicare Part B premium.	$0 Per month. You must continue to pay your Medicare Part B premium.	$34 Per month. You must continue to pay your Medicare Part B premium.
Part B Premium Reduction	Not covered	$113 Per month	Not covered
Deductibles	**All Plans** A deductible isn't required for these plans.		
Maximum Out-of Pocket Responsibility	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. Your yearly limit(s) in this plan: • $3,500 For covered hospital and medical services you receive from in-network providers If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we'll pay the full cost for the rest of the year. Please note that you'll still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	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. Your yearly limit(s) in this plan: • $4,500 For covered hospital and medical services you receive from in-network providers If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we'll pay the full cost for the rest of the year. Please note that you'll still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	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. Your yearly limit(s) in this plan: • $2,800 For covered hospital and medical services you receive from in-network providers If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we'll pay the full cost for the rest of the year. Please note that you'll still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Covered Medical and Hospital Benefits

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Inpatient Hospital Coverage	Our plan covers an unlimited number of days for an inpatient hospital stay. • $175 Copay per day, per stay: days 1-5 • $0 Copay per day, per stay: days 6 and beyond Prior authorization is required.	Our plan covers an unlimited number of days for an inpatient hospital stay. • $250 Copay per day, per stay: days 1-6 • $0 Copay per day, per stay: days 7 and beyond Prior authorization is required.	Our plan covers an unlimited number of days for an inpatient hospital stay. • $150 Copay per day, per stay: days 1-5 • $0 Copay per day, per stay: days 6 and beyond Prior authorization is required.

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Outpatient Hospital Coverage	Ambulatory surgical center: $75 copay Outpatient hospital: $125 copay Prior authorization is required.	Ambulatory surgical center: $125 copay Outpatient hospital: $195 copay Prior authorization is required.	Ambulatory surgical center: $50 copay Outpatient hospital: $95 copay Prior authorization is required.
Doctor Visits *(primary care providers and specialists)*	Primary care provider (PCP) visit: $0 copay Specialist visit: $15 copay A referral is required for specialist visits except for visits with an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist.	Primary care provider (PCP) visit: $0 copay Specialist visit: $35 copay A referral is required for specialist visits except for visits with an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist.	Primary care provider (PCP) visit: $0 copay Specialist visit: $10 copay A referral is not required to see specialists on this plan, except for home health, occupational therapy, physical therapy and speech therapy.
Virtual/ Telehealth Visits	**All Plans** Telehealth visits are available with select primary care and specialist physicians as well as for therapy (occupational, physical, speech), mental health, psychiatry and substance abuse services. Members pay the same copay as if the services were provided at an in-person visit. For urgent care needs: **BayCare**Anywhere® virtual visits—$20 copay, limited to four visits per calendar year Prior authorization is required for mental health, psychiatry and substance abuse services. A referral is required for therapy (occupational, physical, speech).		
Preventive Care	**All Plans** You pay nothing. Our plans cover 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 (COVID-19, pneumonia, hepatitis B 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.		

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Emergency Care	$90 Copay If you're admitted to the same hospital within 24 hours for the same condition, you pay $0 for the emergency room visit. See the "Inpatient Hospital Care" section of this booklet for other costs. We provide worldwide coverage.	$90 Copay If you're admitted to the same hospital within 24 hours for the same condition, you pay $0 for the emergency room visit. See the "Inpatient Hospital Care" section of this booklet for other costs. We provide worldwide coverage.	$120 Copay If you're admitted to the same hospital within 24 hours for the same condition, you pay $0 for the emergency room visit. See the "Inpatient Hospital Care" section of this booklet for other costs. We provide worldwide coverage.
Urgently Needed Services	$35 Copay within the United States $90 Copay outside the United States We provide worldwide coverage.	$35 Copay within the United States $90 Copay outside the United States We provide worldwide coverage.	$30 Copay within the United States $120 Copay outside the United States We provide worldwide coverage.
Diagnostic Services/ Labs/ Imaging *(costs for these services may vary based on place of service)*	Lab services: $0 copay Diagnostic procedures and tests: $0 copay X-rays: $0 copay MRI, CT and PET scans: $90 copay Diagnostic mammograms: $0 copay Diagnostic colonoscopies: $0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance Some services may require prior authorization. See Evidence of Coverage for more details and a complete listing. There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.	Lab services: $0 copay Diagnostic procedures and tests: $100 copay X-rays: $0 copay MRI, CT and PET scans: $125 copay Diagnostic mammograms: $0 copay Diagnostic colonoscopies: $0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance Some services may require prior authorization. See Evidence of Coverage for more details and a complete listing. There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.	Lab services: $0 copay Diagnostic procedures and tests: $0 copay X-rays: $0 copay MRI, CT and PET scans: $90 copay Diagnostic mammograms: $0 copay Diagnostic colonoscopies: $0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance Some services may require prior authorization. See Evidence of Coverage for more details and a complete listing. There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Hearing Services	Medicare-covered exam to diagnose and treat hearing and balance issues: $20 copay Routine hearing exam: $0 copay (one per calendar year) A referral is required for Medicare-covered exams. Hearing aids: Up to two every two calendar years (one per ear) Hearing aid copays: $699 for TruHearing Advanced or $999 for TruHearing Premium (copay is per hearing aid)* One hearing aid fitting/ evaluation per calendar year: $0 copay *Amounts you pay for these services don't count toward your maximum out-of-pocket amount.	Medicare-covered exam to diagnose and treat hearing and balance issues: $30 copay Routine hearing exam: $30 copay (one per calendar year) A referral is required for Medicare-covered exams. Hearing aids aren't covered.	Medicare-covered exam to diagnose and treat hearing and balance issues: $30 copay Routine hearing exam: $0 copay (one per calendar year) Hearing aids: Up to two every two calendar years (one per ear) Hearing aid copays: $599 for TruHearing Advanced or $899 for TruHearing Premium (copay is per hearing aid)* One hearing aid fitting/ evaluation per calendar year: $0 copay *Amounts you pay for these services don't count toward your maximum out-of-pocket amount.
Dental Services	**Dental services:** $0 copay Included dental services cover the following: • Periodic oral evaluation (one every six months) • Routine cleaning (one every six months) • Fluoride application (one every six months with routine cleaning) • Horizontal bitewing X-ray(s) (up to four, once every calendar year) • Intraoral X-ray image of the entire mouth (full-mouth series or panoramic image) (once every three calendar years) • Full-mouth debridement (deep cleaning) (one every three calendar years)	**Dental services:** $0 copay Included dental services cover the following: • Periodic oral evaluation (one every six months) • Routine cleaning (one every six months) • Fluoride application (one every six months with routine cleaning) • Horizontal bitewing X-ray(s) (up to four, once every calendar year) • Intraoral X-ray image of the entire mouth (full-mouth series or panoramic image) (once every three calendar years) • Full-mouth debridement (deep cleaning) (one every three calendar years)	**Dental services:** $0 copay Included dental services cover the following: • Periodic oral evaluation (one every six months) • Routine cleaning (one every six months) • Fluoride application (one every six months with routine cleaning) • Horizontal bitewing X-ray(s) (up to four, once every calendar year) • Intraoral X-ray image of the entire mouth (full-mouth series or panoramic image) (once every three calendar years) • Full-mouth debridement (deep cleaning) (one every three calendar years)

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Dental Services *(continued)*	• Scaling and root planing—four or more teeth per quad (four quads every three calendar years) • Scaling and root planing—one to three teeth per quad (four quads every three calendar years) • Filling (one per calendar year) **Medicare-covered dental services:** $15 copay A referral is required to visit an oral surgeon for Medicare-covered services, and those services may require prior authorization. Members with diabetes can receive all prior listed services as well as the following additional services: • Routine cleaning (one every calendar year) • Deep cleaning (one every calendar year) See page 17 for information on optional comprehensive dental coverage that can be purchased separately.	• Scaling and root planing—four or more teeth per quad (four quads every three calendar years) • Scaling and root planing—one to three teeth per quad (four quads every three calendar years) • Filling (one per calendar year) **Medicare-covered dental services:** $35 copay A referral is required to visit an oral surgeon for Medicare-covered services, and those services may require prior authorization. See page 17 for information on optional comprehensive dental coverage that can be purchased separately.	• Scaling and root planing—four or more teeth per quad (four quads every three calendar years) • Scaling and root planing—one to three teeth per quad (four quads every three calendar years) • Fillings (two per calendar year) • Extractions (two per calendar year) **Medicare-covered dental services:** $10 copay Medicare-covered services provided by an oral surgeon may require prior authorization. Members with diabetes can receive all prior listed services as well as the following additional services: • Routine cleaning (one every calendar year) • Deep cleaning (one every calendar year) See page 17 for information on optional comprehensive dental coverage that can be purchased separately.

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Vision Services	**Routine vision services:** One routine eye exam every calendar year: $0 copay One pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses), frames or contact lenses (or two six packs) per calendar year: $0 copay Our plan pays up to $100 per calendar year for eyeglasses (lenses and frames) or contact lenses. Upgrades may come at an additional cost. **Medicare-covered vision services:** Medicare-covered eye exams: $15 copay Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist: $0 copay A referral is required for these Medicare-covered visits. One pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular) after cataract surgery: $0 copay One pair of Medicare-covered eyeglass frames or contact lenses (or two six packs) after each cataract surgery: $0 copay	**Routine vision services:** One routine eye exam every calendar year: $0 copay One pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses), frames or contact lenses (or two six packs) per calendar year: $0 copay Our plan pays up to $100 per calendar year for eyeglasses (lenses and frames) or contact lenses. Upgrades may come at an additional cost. **Medicare-covered vision services:** Medicare-covered eye exams: $35 copay Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist: $0 copay A referral is required for these Medicare-covered visits. One pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular) after cataract surgery: $0 copay One pair of Medicare-covered eyeglass frames or contact lenses (or two six packs) after each cataract surgery: $0 copay	**Routine vision services:** One routine eye exam every calendar year: $0 copay One pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses), frames or contact lenses (or two six packs) per calendar year: $0 copay Our plan pays up to $200 per calendar year for eyeglasses (lenses and frames) or contact lenses. Upgrades may come at an additional cost. **Medicare-covered vision services:** Medicare-covered eye exams: $10 copay Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist: $0 copay One pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular) after cataract surgery: $0 copay One pair of Medicare-covered eyeglass frames or contact lenses (or two six packs) after each cataract surgery: $0 copay

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Mental Health Services	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. • $175 Copay per day, per stay: days 1-5 • $0 Copay per day, per stay: days 6 and beyond Outpatient individual visit: $15 copay Outpatient group visit: $10 copay Opioid treatment programs: $15 copay per visit for Medicare-covered services Partial hospitalization: $55 copay per day for Medicare-covered partial hospitalization services Prior authorization may be required.	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. • $250 Copay per day, per stay: days 1-6 • $0 Copay per day, per stay: days 7 and beyond Outpatient individual visit: $35 copay Outpatient group visit: $30 copay Opioid treatment programs: $35 copay per visit for Medicare-covered services Partial hospitalization: $55 copay per day for Medicare-covered partial hospitalization services Prior authorization may be required.	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. • $150 Copay per day, per stay: days 1-5 • $0 Copay per day, per stay: days 6 and beyond Outpatient individual visit: $10 copay Outpatient group visit: $5 copay Opioid treatment programs: $10 copay per visit for Medicare-covered services Partial hospitalization: $55 copay per day for Medicare-covered partial hospitalization services Prior authorization may be required.
Skilled Nursing Facility	The plan covers up to 100 days per admission. No prior hospital stay is required. • $0 Copay per day, per stay: days 1–20 • $150 Copay per day, per stay: days 21–100 Prior authorization is required.	The plan covers up to 100 days per admission. No prior hospital stay is required. • $0 Copay per day, per stay: days 1–20 • $172 Copay per day, per stay: days 21–100 Prior authorization is required.	The plan covers up to 100 days per admission. No prior hospital stay is required. • $0 Copay per day, per stay: days 1–20 • $150 Copay per day, per stay: days 21–100 Prior authorization is required.
Physical Therapy	$15 Copay A referral is required.	$35 Copay A referral is required.	$10 Copay A referral is required.
Ambulance	$200 Copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.	$250 Copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.	$200 Copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.
Transportation	$0 Copay Limited to 16 one-way trips to plan-approved locations every calendar year	Not covered	$0 Copay Limited to 24 one-way trips to plan-approved locations every calendar year

Prescription Drug Benefits

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Medicare Part B Drugs	**All Plans** For Part B drugs such as chemotherapy drugs: 20% co-insurance Other Part B drugs: 20% co-insurance Prior authorization is required.		
Deductible	**All Plans** A deductible isn't required for these plans.		
Initial Coverage	**All Plans** You pay the amounts listed in the following tables until your total yearly drug costs reach $4,430. 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, you pay the same as at a standard retail pharmacy. 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.		
Additional Drug Coverage (Insulin Savings Program)	As a member of the **BayCare**Plus **Complete** or **Premier** plan, you'll have low, predictable copays on Select Insulins* through our Insulin Savings Program. Costs for Select Insulins will remain the same during the Initial Coverage and Coverage Gap phases of your prescription drug benefit. The program doesn't apply during the Catastrophic Coverage stage. Note that this program isn't available if you receive Extra Help from the government.		

	Standard Retail Cost-Sharing			Standard Retail Cost-Sharing			Standard Retail Cost-Sharing		
Tier	**30-Day Supply**	**60-Day Supply**	**90-Day Supply**	**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	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Tier 2 (generic)	$4 Copay	$8 Copay	$12 Copay	$10 Copay	$20 Copay	$30 Copay	$0 Copay	$0 Copay	$0 Copay
Select Insulins	$4 Copay	$8 Copay	$12 Copay	Not applicable**	Not applicable**	Not applicable**	$0 Copay	$0 Copay	$0 Copay
Tier 3 (preferred brand)	$35 Copay	$70 Copay	$105 Copay	$47 Copay	$94 Copay	$141 Copay	$35 Copay	$70 Copay	$105 Copay
Select Insulins	$35 Copay	$70 Copay	$105 Copay	Not applicable**	Not applicable**	Not applicable**	$35 Copay	$70 Copay	$105 Copay
Tier 4 (non-preferred brand)	$85 Copay	$170 Copay	$255 Copay	$100 Copay	$200 Copay	$300 Copay	$85 Copay	$170 Copay	$255 Copay
Tier 5 (specialty drug)	33% Co-insurance	Not offered	Not offered	33% Co-insurance	Not offered	Not offered	33% Co-insurance	Not offered	Not offered

	Mail-Order Pharmacy			Mail-Order Pharmacy			Mail-Order Pharmacy		
Tier	**30-Day Supply**	**60-Day Supply**	**90-Day Supply**	**30-Day Supply**	**60-Day Supply**	**90-Day Supply**	**30-Day Supply**	**60-Day Supply**	**90-Day Supply**
Tier 1 (preferred generic)	Not offered	Not offered	$0 Copay	Not offered	Not offered	$0 Copay	Not offered	Not offered	$0 Copay
Tier 2 (generic)	Not offered	Not offered	$0 Copay	Not offered	Not offered	$0 Copay	Not offered	Not offered	$0 Copay
Select Insulins	Not offered	Not offered	$0 Copay	Not offered	Not offered	Not applicable**	Not offered	Not offered	$0 Copay
Tier 3 (preferred brand)	Not offered	Not offered	$95 Copay	Not offered	Not offered	$125 Copay	Not offered	Not offered	$95 Copay
Select Insulins	Not offered	Not offered	$95 Copay	Not offered	Not offered	Not applicable**	Not offered	Not offered	$95 Copay
Tier 4 (non-preferred brand)	Not offered	Not offered	$245 Copay	Not offered	Not offered	$275 Copay	Not offered	Not offered	$245 Copay
Tier 5 (specialty drug)	33% Co-insurance	Not offered	Not offered	33% Co-insurance	Not offered	Not offered	33% Co-insurance	Not offered	Not offered

Coverage Gap	**All Plans** 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 $4,430. 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 $7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap. If you're eligible for the Insulin Savings Program and are a member of the **BayCare**Plus **Complete** or **Premier** plan, your cost-share for Select Insulins won't increase during the coverage gap.
Catastrophic Coverage	**All Plans** After your yearly out-of-pocket drug costs reach $7,050, you pay the greater of: 5% co-insurance or $3.95 copay for generic (including brand drugs treated as generic) and a $9.85 copay for all other drugs.

*Select Insulins are those that are part of the Insulin Savings Program and therefore will incur low, consistent copays through the coverage gap. 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 Insulin Savings Program isn't available if you're a **BayCarePlus **Rewards** member. If you're a member of the **Rewards** plan, insulins on this tier are covered at the regular tier cost-share.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Other Covered Benefits

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Chiropractic Care	Manual manipulation of the spine to correct subluxation: $20 copay	Manual manipulation of the spine to correct subluxation: $20 copay	Manual manipulation of the spine to correct subluxation: $10 copay
Diabetes Supplies and Services	Diabetes self-management training: $0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): $0 copay When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products. Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance One additional routine dental cleaning and deep cleaning per calendar year: $0 copay An additional $25 credit per quarter to spend on over-the-counter items Four routine podiatry visits, which include nail trimmings, per calendar year: $0 copay Four additional hours of nutrition counseling per calendar year: $0 copay Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters and 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 Bayer/Ascensia 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 and 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*): $0 copay When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products. Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance One additional routine dental cleaning and deep cleaning per calendar year: $0 copay An additional $50 credit per quarter to spend on over-the-counter items Six routine podiatry visits, which include nail trimmings, per calendar year: $0 copay Six additional hours of nutrition counseling per calendar year: $0 copay Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters and insulin pumps). *See Evidence of Coverage for a complete listing.
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*	20% Co-insurance for Medicare-covered items Prior authorization may be required.	20% Co-insurance for Medicare-covered items Prior authorization may be required.	20% Co-insurance for Medicare-covered items Prior authorization may be required.

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Foot Care *(podiatry services)*	$15 Copay for each Medicare-covered podiatry visit Members with diabetes: $0 copay for four routine podiatry visits (including nail trimmings) per calendar year	$35 Copay for each Medicare-covered podiatry visit	$10 Copay for each Medicare-covered podiatry visit Members with diabetes: $0 copay for six routine podiatry visits (including nail trimmings) per calendar year
Home Health Care	**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: $15 copay Group visit: $10 copay Prior authorization is required.	Individual visit: $35 copay Group visit: $30 copay Prior authorization is required.	Individual visit: $10 copay Group visit: $5 copay Prior authorization is required.
Over-the-Counter Coverage *(OTC)*	$65 Credit per quarter to use on approved health products that can be ordered online, by phone or by mail Members with diabetes will receive an additional $25 credit per quarter Up to two orders per quarter are allowed and leftover allowance doesn't roll over from quarter to quarter.	Not covered	$100 Credit per quarter to use on approved health products that can be ordered online, by phone or by mail Members with diabetes will receive an additional $50 credit per quarter Up to two orders per quarter are allowed and leftover allowance doesn't roll over from quarter to quarter.
Meals	Twenty-eight meals (two meals/day for 14 days) delivered directly to the home after each discharge from an inpatient acute hospital stay or skilled nursing facility stay Annual limit of two discharges for a total of 56 meals/ calendar year	Not covered	Twenty-eight meals (two meals/day for 14 days) delivered directly to the home after each discharge from an inpatient acute hospital stay or skilled nursing facility stay Annual limit of two discharges for a total of 56 meals/ calendar year

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
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: $30 copay per day Occupational, speech and language therapy visits: $15 copay A separate copay for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.	Cardiac rehabilitation services: $30 copay per day Occupational, speech and language therapy visits: $35 copay A separate copay for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.	Cardiac rehabilitation services: $30 copay per day Occupational, speech and language therapy visits: $10 copay A separate copay 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 Silver&Fit®: $0 copay		
Acupuncture	**Medicare-covered services (chronic low back pain):** $20 copay for up to 12 visits in 90 days* No more than 20 chronic low back pain visits per calendar year **Supplemental services:** $20 copay for up to 20 visits per calendar year through American Specialty Health *See your Evidence of Coverage booklet for more details.	**Medicare-covered services (chronic low back pain):** $20 copay for up to 12 visits in 90 days* No more than 20 chronic low back pain visits per calendar year **Supplemental services:** $20 copay for up to 20 visits per calendar year through American Specialty Health *See your Evidence of Coverage booklet for more details.	**Medicare-covered services (chronic low back pain):** $20 copay for up to 12 visits in 90 days* No more than 20 chronic low back pain visits per calendar year **Supplemental services:** $20 copay for up to 30 combined visits between acupuncture and therapeutic massage per calendar year through American Specialty Health *See your Evidence of Coverage booklet for more details.
Therapeutic Massage	Not covered	Not covered	$20 copay for up to 30 combined visits between acupuncture and therapeutic massage per calendar year through American Specialty Health

Optional Comprehensive Dental Benefits

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Premier (HMO)
Optional Supplemental Benefits	**All Plans**		

As a member of any **BayCare**Plus plan, you'll receive select dental benefits for no additional cost (see pages 8-9). For a low monthly premium, you can also choose to add optional comprehensive coverage that provides more benefits.

Monthly premium: $25

Yearly deductible: $0

Comprehensive dental services: $0 copay

We cover the following dental services when provided by an Argus contracted dental provider:

Restorative:

Two crowns per calendar year

Endodontics:

Three root canals per calendar year

Prosthodontics (dentures):

One set of complete or partial dentures once per five years (upper and lower):

- Complete denture upper
- Complete denture lower
- Immediate complete upper denture
- Immediate complete lower denture
- Partial upper - resin base (with clasps/rests and teeth)
- Partial lower - resin base (with clasps/rests and teeth)
- Upper partial - cast metal base with resin saddles (with clasps/rests and teeth)
- Lower partial - cast metal base with resin saddles (with clasps/rests and teeth)

Extractions

An unlimited number of extractions are covered only when getting complete or partial dentures.

Additional services available on a discounted fee schedule basis.

Prior authorization may be required.

Index

Acupuncture 16
Ambulance 11
Chiropractic Care 14
Deductibles 5
Dental Services 8
    Optional Comprehensive Dental Benefits 17
Diabetes Supplies and Services 14
Diagnostic Services/Labs/Imaging 7
Doctor Visits 6
Durable Medical Equipment 14
Emergency Care 7
Foot Care 15
Hearing Services 8
Home Health Care 15
Hospice 15
Inpatient Hospital Coverage 5
Maximum Out-of-Pocket Responsibility 5
Meals 15
Mental Health Services 11
Monthly Plan Premium 5
Outpatient Hospital Coverage 6
Outpatient Rehabilitation Services 16
Outpatient Substance Abuse 15
Over-the-Counter Coverage (OTC) 15
Part B Premium Reduction 5
Physical Therapy 11
Prescription Drug Benefits 12
    Medicare Part B Drugs 12
    Deductible 12
    Initial Coverage 12
    Additional Drug Coverage (Insulin Savings Program) 12
    Coverage Gap 13
    Catastrophic Coverage 13
Preventive Care 6
Prosthetic Devices 16
Skilled Nursing Facility (SNF) 11
Therapeutic Massage 16
Transportation 11
Urgently Needed Services 7
Virtual/Telehealth Visits 6
Vision Services 10
Wellness Programs 16

Pre-Enrollment Checklist

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a sales representative at (877) 528-5819 (TTY: 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC) booklet, especially for those services for which you routinely see a doctor. Visit BayCarePlus.org or call (877) 528-5819 (TTY: 711) to view a copy of the EOC.

- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you now see are in the network. If they aren't listed, it means you'll likely have to select a new doctor.

- ☐ Review the Provider Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy isn't listed, you'll likely have to select a new pharmacy for your prescriptions.

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/co-insurance may change on January 1, 2023.

- ☐ Except in emergency or urgent situations, we don't cover services by out-of-network providers (doctors who aren't listed in the Provider Directory).

BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal. BayCare Select Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Information on our utilization management processes, including prior authorization, concurrent review, postservice review and appeals can be found online at Member.BayCarePlus.org/s/Utilization.

BayCare Health Plans
300 Park Place Blvd.
Suite 170
Clearwater, FL 33759

BayCarePlus.org
Toll free: (877) 528-5819
(TTY: 711)
8am to 8pm,
Seven days a week

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.

BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal. All BayCare Select Health Plans 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 routine care from an out-of-network provider without prior approval from BayCare Select Health Plans, neither Medicare nor BayCare Select Health Plans will be responsible for the costs. BayCare Select Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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