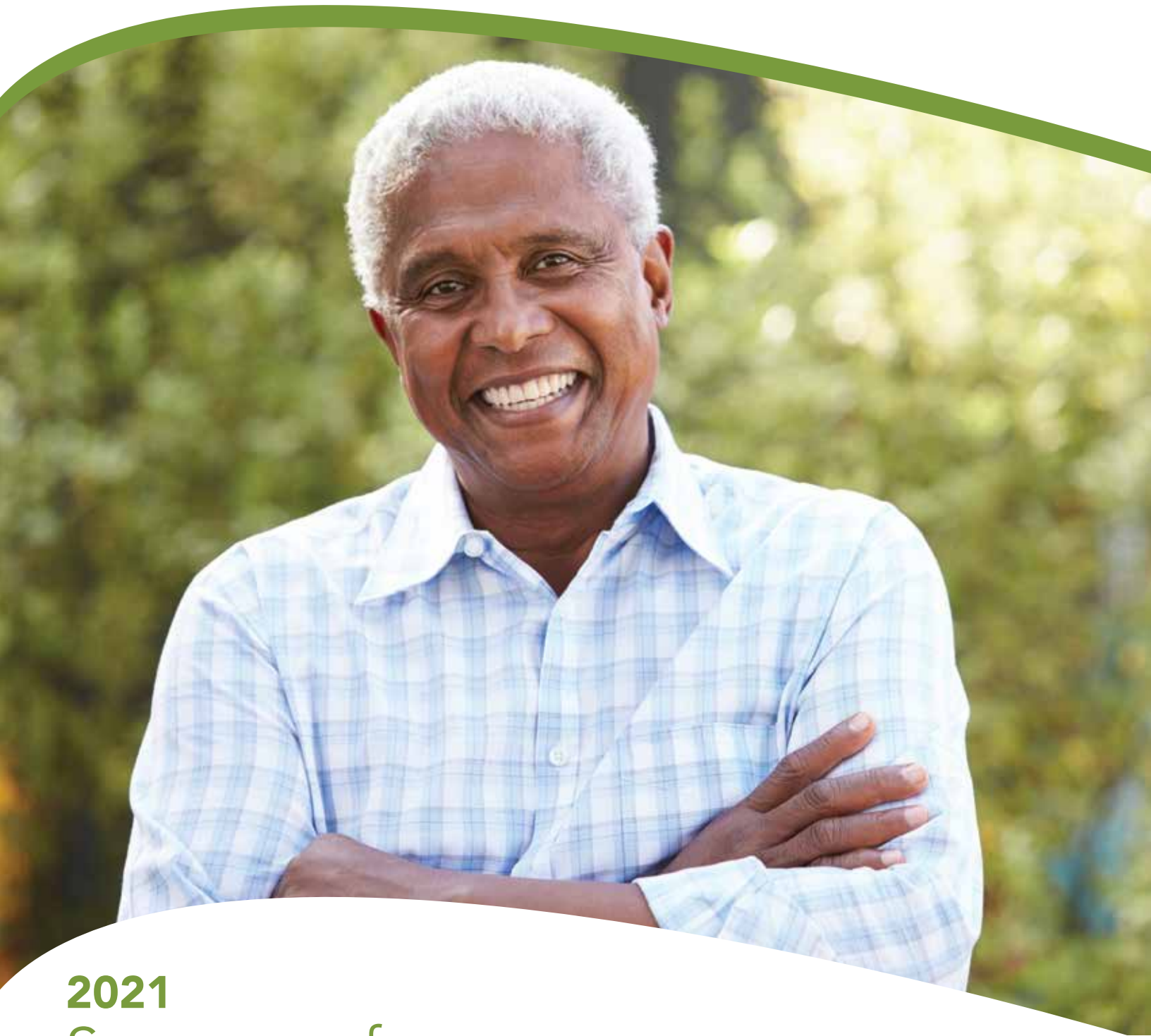


Serving the City of Fredericksburg and the Virginia Counties of Caroline, King George, Orange, Spotsylvania, and Stafford



**Mary Washington**  
Medicare Advantage



## **2021** Summary of Benefits

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

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# SUMMARY OF BENEFITS

January 1, 2021 – December 31, 2021

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](http://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](http://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](http://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**
- Table of Contents
- 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 Customer Service at 844.529.3760 (TTY: 711).

# 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 844.529.3827 (TTY: 711).
- Our website: [mwmaplan.com](http://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.

## 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 the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. 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](http://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](http://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.

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

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Monthly Plan Premium</b>	\$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.
<b>Part B Premium Reduction</b>	\$0	\$50
<b>Deductibles</b>	This plan does not have a deductible.	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	<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"> <li>• \$3,400 for covered hospital and medical services you receive from in-network providers</li> </ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full 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"> <li>• \$5,600 for covered hospital and medical services you receive from in-network providers</li> </ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full 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

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Inpatient Hospital Coverage</b>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$275 copay per day, per stay: days 1-6</li> <li>• \$0 copay per day, per stay: days 7 and beyond</li> </ul> <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"> <li>• \$315 copay per day, per stay: days 1-7</li> <li>• \$0 copay per day, per stay: days 8 and beyond</li> </ul> <p>Prior authorization is required.</p>



	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Outpatient Hospital Coverage</b>	<p>Ambulatory surgical center: \$250 copay</p> <p>Outpatient hospital: \$275 copay</p> <p>Prior authorization is required.</p> <p>A referral is required for outpatient hospital services.</p>	<p>Ambulatory surgical center: \$275 copay</p> <p>Outpatient hospital: \$300 copay</p> <p>Prior authorization is required.</p> <p>A referral is required for outpatient hospital services.</p>
<b>Doctor Visits (primary care physicians and specialists)</b>	<p>Primary care physician (PCP) visit: \$0 copay</p> <p>Specialist visit: \$40 copay</p> <p>A referral is required for specialist visits.</p>	<p>Primary care physician (PCP) visit: \$5 copay</p> <p>Specialist visit: \$45 copay</p> <p>A referral is required for specialist visits.</p>
<b>Preventive Care</b>	<p>You pay nothing.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training</li> <li>• Health and wellness education programs</li> <li>• HIV screening</li> <li>• Immunizations (pneumonia, hepatitis B, and influenza)</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> </ul>	<p>You pay nothing.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training</li> <li>• Health and wellness education programs</li> <li>• HIV screening</li> <li>• Immunizations (pneumonia, hepatitis B, and influenza)</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> </ul>

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Preventive Care (continued)</b>	<ul style="list-style-type: none"> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low-dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low-dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<b>Emergency Care</b>	<p>\$120 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 Care” section of this booklet for other costs.</p> <p>We provide worldwide coverage.</p>	<p>\$90 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 Care” section of this booklet for other costs.</p> <p>We provide worldwide coverage.</p>
<b>Urgently Needed Services</b>	<p>\$35 copay within the United States</p> <p>\$120 copay outside of the United States</p> <p>We provide worldwide coverage.</p>	<p>\$35 copay within the United States</p> <p>\$90 copay outside of the United States</p> <p>We provide worldwide coverage.</p>
<b>Diagnostic Services/Labs/Imaging</b> (Costs for these services may vary based on place of service.)	<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>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>



	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Diagnostic Services/Labs/Imaging (continued)</b>	<p>Diagnostic radiology services (such as MRI, CT, and PET scans):</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 and a referral are 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>Diagnostic radiology services (such as MRI, CT, and PET scans):</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 and a referral are 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>
<b>Hearing Services</b>	<p>Medicare-covered hearing exam: \$35 copay</p> <p>Routine hearing exam: \$35 copay</p> <p>There is a \$1,000 allowance for up to 2 hearing aids every 2 years (both ears combined).</p> <p>A referral is required for Medicare-covered hearing services.</p>	<p>Medicare-covered hearing exam: \$35 copay</p> <p>Routine hearing exam: \$35 copay</p> <p>Hearing aids are not covered.</p> <p>A referral is required for Medicare-covered hearing services.</p>
<b>Dental Services</b>	<p>Preventive dental services: \$35 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> <li>• Periodic oral evaluation (2 every calendar year)</li> <li>• Limited oral evaluation (3 every calendar year)</li> <li>• Routine cleaning (2 every calendar year)</li> <li>• Fluoride treatment (2 every calendar year)</li> <li>• Horizontal bitewing X-ray (1 every calendar year)</li> <li>• Intraoral X-ray of the entire mouth (full-mouth series or panoramic) (1 every 3 calendar years)</li> </ul> <p>Medicare-covered dental services: \$40 copay</p> <p>A referral is required for Medicare-covered dental services.</p> <p>See page 17 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"> <li>• Periodic oral evaluation (2 every calendar year)</li> <li>• Limited oral evaluation (3 every calendar year)</li> <li>• Routine cleaning (2 every calendar year)</li> <li>• Fluoride treatment (2 every calendar year)</li> <li>• Horizontal bitewing X-ray (1 every calendar year)</li> <li>• Intraoral X-ray of the entire mouth (full-mouth series or panoramic) (1 every 3 calendar years)</li> </ul> <p>Medicare-covered dental services: \$45 copay</p> <p>A referral is required for Medicare-covered dental services.</p> <p>See page 17 for information on optional comprehensive dental coverage that can be purchased separately.</p>

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Vision Services</b>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$40 copay</p> <p>1 pair of Medicare-covered eyeglasses or contact lenses after cataract surgery: \$0 copay</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>Our plan pays up to \$100 for eyeglass frames or contact lenses after cataract surgery.</p> <p>A referral is required for Medicare-covered vision care.</p> <p>1 routine eye exam every calendar year: \$35 copay</p> <p>1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal, or lenticular lenses) per calendar year: \$0 copay</p> <p>1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) per calendar year. Our plan pays up to \$100 per calendar year for eyeglass frames or contact lenses: \$0 copay</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: \$45 copay</p> <p>1 pair of Medicare-covered eyeglasses or contact lenses after cataract surgery: \$0 copay</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>Our plan pays up to \$100 for eyeglass frames or contact lenses after cataract surgery.</p> <p>A referral is required for Medicare-covered vision care.</p> <p>1 routine eye exam every calendar year: \$35 copay</p> <p>1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal, or lenticular lenses) per calendar year: \$0 copay</p> <p>1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) per calendar year. Our plan pays up to \$100 per calendar year for eyeglass frames or contact lenses: \$0 copay</p> <p>Upgrades may come at an additional cost.</p>
<b>Mental Health Services</b>	<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"> <li>• \$318 copay per day, per stay: days 1-5</li> <li>• \$0 copay per day, per stay: days 6 and beyond</li> </ul> <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"> <li>• \$325 copay per day, per stay: days 1-5</li> <li>• \$0 copay per day, per stay: days 6 and beyond</li> </ul> <p>Outpatient individual visit: \$40 copay</p>

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Mental Health Services (continued)</b>	<p>Outpatient group visit: \$30 copay</p> <p>Partial hospitalization: \$55 copay</p> <p>Opioid Treatment Program services: \$35 copay</p> <p>Prior authorization is required.</p>	<p>Outpatient group visit: \$35 copay</p> <p>Partial hospitalization: \$55 copay</p> <p>Opioid Treatment Program services: \$40 copay</p> <p>Prior authorization is required.</p>
<b>Skilled Nursing Facility</b>	<p>The plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: days 1–20</li> <li>• \$164 copay per day, per stay: days 21–100</li> </ul> <p>Prior authorization is required.</p>	<p>The plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: days 1–20</li> <li>• \$172 copay per day, per stay: days 21–100</li> </ul> <p>Prior authorization is required.</p>
<b>Physical Therapy</b>	<p>\$35 copay</p> <p>A referral is required.</p>	<p>\$40 copay</p> <p>A referral is required.</p>
<b>Ambulance</b>	<p>\$250 copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>	<p>\$250 copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>
<b>Transportation</b>	<p>\$0 copay</p> <p>The benefit includes 20 one-way trips to plan-approved locations every year.</p>	<p>This plan does not cover transportation.</p>

## Prescription Drug Benefits

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Medicare Part B Drugs</b>	<p>For Part B drugs such as chemotherapy drugs: 20% co-insurance</p> <p>Other Part B drugs: 20% co-insurance</p> <p>Prior authorization may be required.</p>	<p>For Part B drugs such as chemotherapy drugs: 20% co-insurance</p> <p>Other Part B drugs: 20% co-insurance</p> <p>Prior authorization may be required.</p>
<b>Deductible</b>	<p>This plan does not have a deductible.</p>	<p>This plan does not have a deductible.</p>

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Initial Coverage</b>	You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.	You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.
<b>Preferred Retail Cost-Sharing</b>	<b>30-Day Supply</b>	<b>30-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$2 copay
<b>Tier 2 (Generic)</b>	\$0 copay	\$7 copay
<b>Tier 3 (Preferred Brand)</b>	\$39 copay	\$42 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$90 copay	\$95 copay
<b>Tier 5 (Specialty Drug)</b>	33% co-insurance	33% co-insurance
	<b>60-Day Supply</b>	<b>60-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$4 copay
<b>Tier 2 (Generic)</b>	\$0 copay	\$14 copay
<b>Tier 3 (Preferred Brand)</b>	\$78 copay	\$84 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$180 copay	\$190 copay
<b>Tier 5 (Specialty Drug)</b>	Not Offered	Not Offered
	<b>90-Day Supply</b>	<b>90-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$6 copay
<b>Tier 2 (Generic)</b>	\$0 copay	\$21 copay
<b>Tier 3 (Preferred Brand)</b>	\$117 copay	\$126 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$270 copay	\$285 copay
<b>Tier 5 (Specialty Drug)</b>	Not Offered	Not Offered
<b>Standard Retail Cost-Sharing</b>	<b>30-Day Supply</b>	<b>30-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$4 copay	\$12 copay
<b>Tier 2 (Generic)</b>	\$12 copay	\$17 copay
<b>Tier 3 (Preferred Brand)</b>	\$44 copay	\$47 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$95 copay	\$100 copay
<b>Tier 5 (Specialty Drug)</b>	33% co-insurance	33% co-insurance

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
	<b>60-Day Supply</b>	<b>60-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$8 copay	\$24 copay
<b>Tier 2 (Generic)</b>	\$24 copay	\$34 copay
<b>Tier 3 (Preferred Brand)</b>	\$88 copay	\$94 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$190 copay	\$200 copay
<b>Tier 5 (Specialty Drug)</b>	Not Offered	Not Offered
	<b>90-Day Supply</b>	<b>90-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$12 copay	\$36 copay
<b>Tier 2 (Generic)</b>	\$36 copay	\$51 copay
<b>Tier 3 (Preferred Brand)</b>	\$132 copay	\$141 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$285 copay	\$300 copay
<b>Tier 5 (Specialty Drug)</b>	Not Offered	Not Offered
<b>Initial Coverage</b> <i>(continued)</i>	<p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p>
<b>Standard Mail-Order Cost-Sharing</b>	<b>30-Day Supply</b>	<b>30-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$2 copay
<b>Tier 2 (Generic)</b>	\$0 copay	\$7 copay
<b>Tier 3 (Preferred Brand)</b>	\$39 copay	\$42 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$90 copay	\$95 copay
<b>Tier 5 (Specialty Drugs)</b>	33% co-insurance	33% co-insurance
	<b>60-Day Supply</b>	<b>60-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$4 copay
<b>Tier 2 (Generic)</b>	\$0 copay	\$14 copay
<b>Tier 3 (Preferred Brand)</b>	\$78 copay	\$84 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$180 copay	\$190 copay
<b>Tier 5 (Specialty Drugs)</b>	Not Offered	Not Offered

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
	<b>90-Day Supply</b>	<b>90-Day Supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$6 copay
<b>Tier 2 (Generic)</b>	\$0 copay	\$21 copay
<b>Tier 3 (Preferred Brand)</b>	\$117 copay	\$126 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$270 copay	\$285 copay
<b>Tier 5 (Specialty Drugs)</b>	Not Offered	Not Offered
<b>Coverage Gap</b>	<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 \$4,130.</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 \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</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 \$4,130.</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 \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% co-insurance or</li> <li>• \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% co-insurance or</li> <li>• \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.</li> </ul>

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

## Other Covered Benefits

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Chiropractic Care</b>	<p>Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p>A referral is required.</p>	<p>Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p>A referral is required.</p>



	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Diabetes Supplies and Services</b>	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets, and blood glucose test strips*): 5% co-insurance</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott/LifeScan products.</p> <p>Therapeutic custom-molded shoes or inserts: 20% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p>	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets, and blood glucose test strips*): 10% co-insurance</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott/LifeScan products.</p> <p>Therapeutic custom-molded shoes or inserts: 20% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p>
<b>Durable Medical Equipment</b> <i>(wheelchairs, oxygen equipment and supplies, etc.)</i>	<p>20% co-insurance</p> <p>Prior authorization may be required.</p>	<p>20% co-insurance</p> <p>Prior authorization may be required.</p>
<b>Foot Care</b> <i>(podiatry services)</i>	<p>\$40 copay</p> <p>A referral is required.</p>	<p>\$45 copay</p> <p>A referral is required.</p>
<b>Home Healthcare</b>	<p>\$0 copay</p> <p>A referral is required.</p>	<p>\$0 copay</p> <p>A referral is required.</p>
<b>Hospice</b>	<p>You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.</p>	<p>You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.</p>
<b>Outpatient Substance Abuse</b>	<p>Individual visit: \$35 copay</p> <p>Group visit: \$30 copay</p> <p>Prior authorization is required.</p>	<p>Individual visit: \$40 copay</p> <p>Group visit: \$35 copay</p> <p>Prior authorization is required.</p>

	<b>Mary Washington Medicare Advantage Complete (HMO)</b>	<b>Mary Washington Medicare Advantage Rewards (HMO)</b>
<b>Over-the-Counter Coverage (OTC)</b>	<p>\$50 Credit per quarter can be used on approved health products that can be ordered online, by phone, or by mail.</p> <p>Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.</p>	<p>This plan does not offer over-the-counter coverage.</p>
<b>Prosthetic Devices</b>	<p>Prosthetic devices: 20% co-insurance</p> <p>Related medical supplies: 20% co-insurance</p> <p>Prior authorization may be required.</p>	<p>Prosthetic devices: 20% co-insurance</p> <p>Related medical supplies: 20% co-insurance</p> <p>Prior authorization may be required.</p>
<b>Outpatient Rehabilitation Services</b>	<p>Cardiac rehabilitation services: \$30 copay per day</p> <p>Occupational, physical, and speech and language therapy visits: \$35 copay</p> <p>A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p> <p>A referral is required.</p>	<p>Cardiac rehabilitation services: \$30 copay per day</p> <p>Occupational, physical, and speech and language therapy visits: \$40 copay</p> <p>A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p> <p>A referral is required.</p>
<b>Wellness Programs</b>	<p>Health club membership/Fitness classes through SilverSneakers®: \$0 copay</p>	<p>Health club membership/Fitness classes through SilverSneakers®: \$0 copay</p>
<b>Acupuncture</b>	<p>Medicare-covered services for chronic low back pain only: \$40 copay</p> <p>Prior authorization is required.</p> <p>A referral is required.</p> <p>See Evidence of Coverage for more details.</p>	<p>Medicare-covered services for chronic low back pain only: \$45 copay</p> <p>Prior authorization is required.</p> <p>A referral is required.</p> <p>See Evidence of Coverage for more details.</p>

## Optional Comprehensive Dental Benefits

	Mary Washington Medicare Advantage Complete (HMO)	Mary Washington Medicare Advantage Rewards (HMO)
<b>Supplemental Benefits</b>	<p>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.</p> <p>Monthly premium: \$27   Annual deductible: \$100</p> <p>Maximum annual benefit coverage: \$1,000</p> <p><u>Prosthetic Maintenance:</u>*</p> <ul style="list-style-type: none"> <li>• Bridge or denture repair (1 per arch per calendar year)</li> <li>• Denture adjustment (Twice per arch per calendar year)</li> <li>• Tissue conditioning—allowed in conjunction with fabrication of new denture</li> <li>• Repair, replace, or add teeth to existing partial or full dentures (1 per tooth per calendar year)</li> <li>• Rebase and reline dentures (1 per denture every 3 calendar years)</li> <li>• Recement bridges, crowns, onlays, and inlays on crowns (1 per tooth every 2 calendar years)</li> </ul> <p><u>Restorative Services:</u></p> <ul style="list-style-type: none"> <li>• Fillings* (1 per tooth every 2 calendar years)</li> <li>• Inlays/onlays* (1 per tooth every 5 calendar years)</li> <li>• Protective restorations* (1 per tooth per lifetime)</li> <li>• Crowns—post and core or crown buildup** (1 per tooth every 5 calendar years)</li> </ul> <p><u>Prosthodontics, Oral Surgery, and Other Services:</u></p> <ul style="list-style-type: none"> <li>• Dentures (complete, partial, or immediate)** (1 every 5 calendar years)</li> <li>• Fixed bridges** (1 every 5 calendar years)</li> <li>• Surgical procedures, including alveoloplasty and vestibuloplasty** (1 per quadrant or arch per lifetime)</li> </ul> <p>*20% co-insurance applies after deductible. **50% co-insurance applies after deductible.</p> <p>Amounts you pay for these services do not count toward your maximum out-of-pocket amount.</p> <p>Services must be received from a DentaQuest provider.</p> <p>See Evidence of Coverage for a complete listing of benefits.</p>	
		<p><u>Adjunct General Services:</u></p> <ul style="list-style-type: none"> <li>• Emergency treatment for minor pain relief*</li> <li>• General anesthesia** (when clinically necessary)</li> </ul> <p><u>Endodontics:</u></p> <ul style="list-style-type: none"> <li>• Root canal treatment/retreatment root canal therapy/apicoectomy/ pulpotomy** (1 per tooth per lifetime)</li> </ul> <p><u>Periodontics:</u></p> <ul style="list-style-type: none"> <li>• Periodontal maintenance (following active therapy)* (4 every calendar year)</li> <li>• Periodontal surgery/scaling and root planning** (1 per quadrant every 3 calendar years)</li> <li>• Full-mouth debridement (deep cleaning)** (1 every 3 calendar years)</li> </ul> <p><u>Extractions:</u></p> <ul style="list-style-type: none"> <li>• Simple or surgical extractions* (1 per tooth per lifetime)</li> </ul>

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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 844.529.3760 (TTY: 711).

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [mwmaplan.com](http://mwmaplan.com) or call 844.529.3760 (TTY: 711) to view a copy of the EOC. Referrals and/or prior authorizations may be required.
- 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## 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, 2022.
- 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](http://mwmaplan.com)

Toll free: 855.919.0853, TTY users call: 711, 8 a.m. to 8 p.m., seven days a week

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

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.

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 City of Fredericksburg or the Virginia Counties of Caroline, King George, Orange, Spotsylvania, or Stafford.

This information is not a complete description of benefits. Call 844.529.3760 (TTY: 711) for more information.

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. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844.529.3760 (TTY: 711). 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844.529.3760 번 (TTY: 711번)으로 전화하십시오.