



# 2020

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## Summary of Benefits

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CoxHealth Medicare*Plus* (HMO)

Serving the Missouri counties of Barry,  
Christian, Greene, Lawrence, Stone, Taney  
and Webster

CoxHealth  
**Medicare*Plus***  
Insured through Essence Healthcare

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# SUMMARY OF BENEFITS

January 1, 2020 – December 31, 2020

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 [www.coxhealthmedicareplus.com](http://www.coxhealthmedicareplus.com).

This Summary of Benefits booklet gives you a summary of what **CoxHealth MedicarePlus (HMO)** covers 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 <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at <http://www.medicare.gov>, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## Sections in this booklet

- Things to Know About **CoxHealth MedicarePlus**
- 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

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 1-866-597-9560 (TTY: 711).

# THINGS TO KNOW ABOUT COXHEALTH MEDICARE *PLUS*

## Hours of Operation

- From October 1 to March 31, you can call us 7 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.

## CoxHealth Medicare *Plus* Phone Numbers and Website

- If you have questions, call toll-free 1-866-509-5399 (TTY: 711).
- Our website: <http://www.coxhealthmedicareplus.com>

## Who can join?

To join **CoxHealth Medicare *Plus***, 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, live in our service area and cannot have End-Stage Renal Disease (ESRD). Our service area includes the following counties in Missouri: Barry, Christian, Greene, Lawrence, Stone, Taney and Webster.

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

**CoxHealth Medicare *Plus*** has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider directory at our website <http://www.coxhealthmedicareplus.com>. Or, call us and we will send you a copy of the provider directory.

## 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 our website, <http://www.coxhealthmedicareplus.com>.
- Or, call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

Our plan groups each medication into one of six "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

	CoxHealth MedicarePlus (HMO)
<b>Monthly Plan Premium</b>	\$0 per month. You must continue to pay your Medicare Part B premium.
<b>Deductibles</b>	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>• \$3,200 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>

## Covered Medical and Hospital Benefits

	CoxHealth MedicarePlus (HMO)
<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>• \$295 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>
<b>Outpatient Hospital Coverage</b>	<p>Ambulatory surgical center: \$220 copay</p> <p>Outpatient hospital: \$220 copay or 20% co-insurance, depending on the service or visit</p> <p>Prior authorization is required.</p> <p>A referral is required for outpatient hospital services.</p>
<b>Doctor Visits (Primary Care Providers and Specialists)</b>	<p>Primary care physician (PCP) visit: \$5 copay</p> <p>Specialist visit: \$35 copay</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> </ul>

<p><b>Preventive Care</b> continued</p>	<ul style="list-style-type: none"> <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, diabetic services and supplies</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> <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>
<p><b>Emergency Care</b></p>	<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><b>Urgently Needed Services</b></p>	<p>\$45 copay within the United States</p> <p>\$120 copay outside of the United States</p> <p>We provide worldwide coverage.</p>
<p><b>Diagnostic Services/Labs/Imaging</b> <i>(Costs for these services may vary based on place of service)</i></p>	<p>Lab services: \$5 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>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>

## CoxHealth MedicarePlus (HMO)

<b>Hearing Services</b>	<p>Exam to diagnose and treat hearing and balance issues: \$20 copay</p> <p>Routine hearing exam: \$20 copay</p> <p>Medicare-covered hearing exam: \$20 copay</p> <p>A referral is required for Medicare-covered hearing services.</p> <p>One fitting/evaluation for hearing aids every 2 years. \$1,000 allowance for up to 2 hearing aids every two years (both ears combined): \$0 copay</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>• Routine cleaning (2 every calendar year)</li> <li>• Fluoride treatment (1 every calendar year)</li> <li>• Horizontal bitewing x-ray(s) (up to 4, once every calendar year)</li> </ul> <p>Medicare-covered dental services: \$35 copay</p> <p>A referral is required for Medicare-covered dental services.</p> <p>Services such as fillings, extractions, crowns and dentures are <u>not</u> covered under this routine preventive benefit.</p>
<b>Vision Services</b>	<p>Each visit to a specialist, such as an Ophthalmologist or Optometrist, for Medicare-covered benefits: \$35 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>1 pair of Medicare-covered eyeglass frames or 1 pair of contact lenses (or 2 six packs) after each cataract surgery. Our plan pays up to \$200 for eyeglass frames or contact lenses after each 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 \$200 every two calendar years 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: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$295 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> <p>Outpatient group visit: \$35 copay</p> <p>Prior authorization is required.</p>



## CoxHealth MedicarePlus (HMO)

<b>Skilled Nursing Facility</b>	The plan covers up to 100 days each benefit period. No prior hospital stay is required. <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: Days 1–20</li> <li>• \$160 per day, per stay: Days 21–100</li> </ul> Prior authorization is required.
<b>Physical Therapy</b>	\$40 copay A referral is required.
<b>Ambulance</b>	\$250 copay This copay applies to each one-way trip. Prior authorization may be required for non-emergent transportation by ambulance.
<b>Transportation</b>	Not covered

## Prescription Drug Benefits

<b>Medicare Part B Drugs</b>	For Part B drugs such as chemotherapy drugs: 20% co-insurance Other Part B drugs: 20% co-insurance Prior authorization is required.
<b>Deductible</b>	This plan does not have a deductible.
<b>Initial Coverage</b>	You pay the following until your total yearly drug costs reach \$4,020. 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.

Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply
<b>Tier 1 (Preferred Generic)</b>	\$3 copay	\$6 copay	\$9 copay
<b>Tier 2 (Generic)</b>	\$6 copay	\$12 copay	\$18 copay
<b>Tier 3 (Preferred Brand)</b>	\$47 copay	\$94 copay	\$141 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$100 copay	\$200 copay	\$300 copay
<b>Tier 5 (Specialty Drug)</b>	33% co-insurance	Not Offered	Not Offered
<b>Tier 6 (Insulins)</b>	\$0 copay	\$0 copay	\$0 copay

	CoxHealth MedicarePlus (HMO)		
Standard Mail Order Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply
<b>Tier 1 (Preferred Generic)</b>	Not Offered	Not Offered	\$0 copay
<b>Tier 2 (Generic)</b>	Not Offered	Not Offered	\$0 copay
<b>Tier 3 (Preferred Brand)</b>	Not Offered	Not Offered	\$117.50 copay
<b>Tier 4 (Non-Preferred Brand)</b>	Not Offered	Not Offered	\$250 copay
<b>Tier 5 (Specialty Drug)</b>	33% co-insurance	Not Offered	Not Offered
<b>Tier 6 (Insulins)</b>	Not Offered	Not Offered	\$0 copay
<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 your plan has paid and what you have paid) reaches \$4,020.</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 \$6,350, 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 \$6,350, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% co-insurance, or</li> <li>• \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.</li> </ul>		

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

## Other Covered Benefits

<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation: \$20copay
<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*): 0% co-insurance</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance</p> <p>Prior authorization is required for diabetic therapeutic custom-molded shoes and inserts.</p> <p>*See Evidence of Coverage for a complete listing.</p>
<b>Durable Medical Equipment</b> (wheelchairs, oxygen equipment, etc.)	<p>20% co-insurance</p> <p>Prior authorization may be required.</p>

**CoxHealth MedicarePlus (HMO)**

<b>Foot Care</b> ( <i>podiatry services</i> )	\$35 copay
<b>Home Health Care</b>	\$0 copay A referral is required.
<b>Hospice</b>	You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.
<b>Outpatient Substance Abuse</b>	Individual visit: \$40 copay Group visit: \$35 copay Prior authorization is required.
<b>Over-the-Counter Coverage</b>	\$100 credit per quarter to use 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.
<b>Prosthetic Devices</b>	Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.
<b>Outpatient Rehabilitation Services</b>	Cardiac rehabilitation services: \$30 copay per day Occupational, 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.
<b>Wellness Programs</b>	Health club membership/Fitness classes through SilverSneakers®: \$0 copay

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## Notice of Non-Discriminatory Practices

Essence Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Essence Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Essence Healthcare:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified interpreter services
- Written information in other formats

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreter services
- Information written in other languages

If you need these services, contact Customer Service at 1-866-597-9560 (TTY: 711).

If you believe that Essence Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Compliance Coordinator  
ATTN: Discrimination Grievance  
Essence Healthcare  
13900 Riverport Drive  
Maryland Heights, MO 63043

Fax: 314-770-6091

Email: [compliance@essencehealthcare.com](mailto:compliance@essencehealthcare.com)

You must file a grievance using the prescribed form in writing by mail, fax, or email. You may request a form and instruction on how to file a grievance from the Coordinator at the contact information above.

If you need help filing a grievance, the Compliance Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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**ENGLISH: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-597-9560 (TTY: 711).

**SPANISH: ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-597-9560 (TTY: 711).

**POLISH: UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Dzwon pod numer 1-866-597-9560 (TTY: 711).

**CHINESE:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-597-9560 (TTY: 711)。

**KOREAN:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-597-9560 번 (TTY: 711 번)으로 전화하십시오.

**TAGALOG: PAUNAWA:** Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo para sa tulong sa wika na maaari mong gamitin. Tumawag sa 1-866-597-9560 (TTY: 711).

**ARABIC:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-597-9560 (رقم هاتف الصم والبكم: 711).

**RUSSIAN: ВНИМАНИЕ!** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру 1-866-597-9560 (телетайп: 711).

**GUJARATI:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-597-9560 (TTY: 711).

**URDU:** خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-597-9560 (TTY: 711).

**VIETNAMESE: CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-597-9560 (TTY: 711).

**ITALIAN: ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-597-9560 (TTY: 711).

**HINDI:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-597-9560 (TTY: 711) पर कॉल करें।

**FRENCH: ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-597-9560 (ATS : 711).

**GREEK:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-597-9560 (TTY: 711).

**GERMAN: ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie uns an unter 1-866-597-9560 (TTY: 711).

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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 1-866-597-9560 (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 [www.coxhealthmedicareplus.com](http://www.coxhealthmedicareplus.com) or call 1-866-597-9560 (TTY: 711) to view a copy of the EOC.
- Review the provider/pharmacy 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/pharmacy 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

- 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, 2021.
- 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).

CoxHealth MedicarePlus is an HMO plan with a Medicare contract. Enrollment in CoxHealth MedicarePlus depends on contract renewal. This information is not a complete description of benefits. Call 1-866-597-9560 for more information.

Essence Healthcare 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 1-866-597-9560 (TTY: 711). UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Dzwon pod numer 1-866-597-9560 (TTY: 711)

**13900 Riverport Drive  
Maryland Heights, MO 63043  
[www.coxhealthmedicareplus.com](http://www.coxhealthmedicareplus.com)**

**Toll-free: 1-866-597-9560  
TTY users dial: 711**

8 a.m. to 8 p.m., seven days a week  
You may reach a messaging service on weekends and holidays from April 1 through September 30. Please leave a message, and your call will be returned the next business day.