

Care Improvement Plus Dual Advantage (Regional PPO) Plan

AR/MO

| Benefits | What You Pay With Original Medicare | What You Pay With the Dual Advantage Plan with Medicare and full Medicaid |
|---|---|--|
| Monthly Plan Premium | You pay the Medicare Part B premium of \$96.40 ⁽¹⁾ | \$0 ⁽¹⁾ |
| Annual Out-Of-Pocket Maximum | There is no maximum. | \$90,000 |
| Retail Pharmacy (30-Day Supply) | You pay 100% for most prescription drugs unless you enroll in a Medicare Part D Prescription Drug program ⁽²⁾ | \$0 /\$1.10/\$2.50-Generic and \$0 /\$3.30/\$6.30 for all other drugs. ⁽²⁾ |
| Inpatient Hospital | \$1,100 deductible for each benefit period Days 1-60: \$0 Days 61-90: \$275 per day Days 91-150: \$550 per lifetime reserve day ⁽³⁾ | \$0 ⁽³⁾⁽⁴⁾ |
| Primary Care Physician Visit/ Specialist Visit | 20% coinsurance/ 20% coinsurance | \$0 \$0 |
| Emergency Care | 20% coinsurance | \$0 |
| Durable Medical Equipment (DME) | You pay 20% coinsurance for Medicare-approved amounts | \$0 ⁽⁴⁾ |
| Diabetes Self-Monitoring and Supplies | You pay 20% coinsurance for Medicare-approved amounts | \$0 |
| Preventive Healthcare Services | You pay 20% coinsurance for Medicare-approved amounts | \$0 |
| Podiatry | You pay 20% coinsurance for medically necessary foot care Routine care not covered | \$0 copayment for each Medicare-covered visit |
| Transportation | Not covered | \$0 copayment for up to 24 one-way trips to plan-approved locations per year ⁽⁴⁾⁽⁵⁾ |
| Vision (includes glasses and contact lenses) | You pay 20% coinsurance for Medicare-approved amounts Routine eye exams not covered Medicare pays for 1 pair of eyeglasses or contact lenses after cataract surgery | \$0 copayment for Medicare-covered benefits \$0 copayment for routine eye exam \$0 copayment; \$200 annually towards eyewear |
| Dental Care | You pay 20% coinsurance for Medicare-approved amounts Routine dental not covered Dentures not covered | \$0 copayment for Medicare-covered benefits \$0 copayment for dentures - 2 dental plates, either full or partial, once every 3 years; denture adjustments \$0 copayment for a routine preventive office visit (oral exams, cleanings, X-rays) |

Cost sharing is the same in-network or out-of-network.

The Dual Advantage Plan has an annual \$155 Part B deductible which is generally paid for those who have Medicaid.

(1) If you are a full benefit dual beneficiary and your Part B premium is paid for by the State, you will not be responsible for paying your Part B premium.

(2) If you are in a Long Term Care Facility, you pay \$0 for your prescription drugs.

Copayments are based on your low income subsidy (LIS) level.

(3) Plan covers 60 lifetime reserve days. Lifetime reserve days can only be used once.

(4) Prior authorization required.

(5) A reimbursable out-of-network benefit amount applies for non-network providers. Contact plan for details.