



HEALTH | CHOICE

GENERATIONS



Steward Health Choice Generations HMO SNP **2019 SUMMARY OF BENEFITS** ARIZONA

Serving Apache, Coconino, Gila, Maricopa, Mohave,
Navajo, Pinal, and Yavapai counties.

SUMMARY OF BENEFITS

January 1, 2019 – December 31, 2019

ABOUT STEWARD HEALTH CHOICE GENERATIONS (HMO SNP)

HOW TO REACH US:

You can call us 7 days a week, 8:00 a.m. to 8:00 p.m.
If you are a Member of this plan, call toll-free:
(800) 656-8991; TTY 711

If you are not a Member of this plan, call toll-free:
(800) 656-8991; TTY 711

Or visit our website:
www.StewardHCGenerations.org

Steward Health Choice Generations 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 and pharmacy directory on our website www.StewardHCGenerations.org or call us and we will send you a copy of the provider and pharmacy directories.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

WHO CAN JOIN?

To join Steward Health Choice Generations, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Arizona Health Care Cost Containment System (AHCCCS) and live in our service area. Our service area includes the following counties in Arizona: Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal and Yavapai.

WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more. Some of the extra benefits are outlined in this booklet. 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 www.StewardHCGenerations.org or call us and we will send you a copy of the formulary.

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

Steward Health Choice Generations 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 can see our plan's provider directory, pharmacy directory and formulary on our website: www.StewardHCGenerations.org or you can call us and we will send you a copy of the provider and pharmacy directories, and/or formulary.

Note: The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS:

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan, such as Steward Health Choice Generations.

YOU HAVE CHOICES. TIPS FOR COMPARING MEDICARE PLANS.

This Summary of Benefits booklet gives you a summary of what Steward Health Choice Generations covers and what you pay.

If you want to compare our plan 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 800-MEDICARE (1-800- 633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

Steward Health Choice Generations HMO SNP is a Health Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Steward Health Choice Generations HMO SNP depends on contract renewal.

This information is available in other formats, such as Braille, large print, and audio.

This information is not a complete description of benefits. Call (800) 656-8991; TTY 711 for more information.

STEWARD HEALTH CHOICE GENERATIONS 2019 SUMMARY OF BENEFITS CHART

Cost sharing for Medicare Covered benefits in the chart below are based on your level of AHCCCS (Medicaid) Eligibility.

MONTHLY PREMIUM, DEDUCTIBLES AND LIMITS

Monthly Health Plan Premium \$0 - \$31.60 based on your level of Medicaid eligibility.

Deductible

This plan has deductibles for some hospital and medical services.

\$0 or \$185 per year for in-network services, depending on your level of Medicaid eligibility.

\$0 or \$85 per year for Part D prescription drugs.

Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)

If you lose your AHCCCS eligibility, the yearly maximum you will ever pay in Steward Health Choice Generations (your maximum out-of-pocket amount) is \$6,700.

If this occurs and you pay the full maximum out-of-pocket amount, we will pay for all part A and B services for the rest of the year.

COVERED MEDICAL AND HOSPITAL BENEFITS

INPATIENT HOSPITAL COVERAGE

Prior Authorization may be required

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Depending on your level of Medicaid eligibility, you may pay:

- \$1,364 deductible for each benefit period
- Days 1-60: \$0 coinsurance for each benefit period
- Days 61-90: \$341 coinsurance per day of each benefit period
- Days 91 and beyond: \$682 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)
- Beyond lifetime reserve days: all costs

COVERED MEDICAL AND HOSPITAL BENEFITS

OUTPATIENT HOSPITAL COVERAGE

Outpatient Hospital Prior Authorization may be required	\$0 copay or 20% of the cost
Ambulatory Surgical Center Prior Authorization may be required	\$0 copay or 20% of the cost

DOCTOR VISITS

Primary Care	\$0 copay or 20% of the cost
Specialists	\$0 copay or 20% of the cost

PREVENTIVE CARE

Alcohol misuse screenings & counseling \$0 copay

Annual wellness visit

Bone mass measurements (bone density)

Cardiovascular disease screening tests

Colorectal cancer screening

Counseling to Prevent Tobacco Use

Depression screenings

Diabetes screenings

Diabetes self-management training

Glaucoma screening

Hepatitis B Virus Screening

Hepatitis B Virus Vaccine and Administration

Hepatitis C Virus screening test

Human Immunodeficiency Virus (HIV) screening

Influenza Virus Vaccine and Administration

Initial Preventive Physical Examination (IPPE)

Intensive Behavioral Therapy for Cardiovascular Disease

Intensive Behavioral Therapy for Obesity

Lung cancer screening counseling and annual screening for Lung Cancer with low dose computed tomography

Medical Nutrition Therapy

Pneumococcal Vaccine and Administration

Prostate Cancer Screening

Screening for Cervical Cancer with Human Papillomavirus tests

COVERED MEDICAL AND HOSPITAL BENEFITS

PREVENTIVE CARE

Screening for Sexually Transmitted Infections and High Intensity Behavioral Counseling to Prevent STIs \$0 copay

Screening Mammography

Screening Pap Tests

Screening Pelvic Examinations (includes a clinical breast examination)

Ultrasound Screening for Abdominal Aortic Aneurysm

EMERGENCY CARE

Emergency Care \$0 copay or 20% of the cost up to \$90 for Medicare-covered emergency room visits.

URGENTLY NEEDED SERVICES

Urgent Care \$0 copay or 20% of the cost up to \$65 for Medicare-covered emergency room visits.

DIAGNOSTIC SERVICES/LABS/IMAGING LAB SERVICES

Diagnostic tests and procedures \$0 copay or 20% of the cost
Prior authorization may be required

Lab Services \$0 copay
Prior authorization may be required

Diagnostic radiology (e.g., MRI, CT) \$0 copay or 20% of the cost
Prior authorization may be required

Outpatient x-rays \$0 copay or 20% of the cost

Therapeutic radiology \$0 copay or 20% of the cost
Prior authorization may be required

HEARING SERVICES

Medicare covered diagnostic hearing and balance exams. They're covered only when your doctor or other health care provider orders them to see if you need medical treatment. \$0 copay or 20% of the cost

Routine Hearing Exam (Supplemental Benefit) \$0 Copay
One Exam per year

Hearing Aid Fitting and Hearing Aid (Supplemental Benefit) Maximum plan benefit amount of \$1,500 every 3 years for hearing aid and fitting.

DENTAL SERVICES

Medicare-covered dental services \$0 copay or 20% of the cost
Medicare Part A (Hospital Insurance) will pay for certain dental services that you get when you're in a hospital. Part A can pay for inpatient hospital care if you need to have emergency or complicated dental procedures, even though the dental care isn't covered.

COVERED MEDICAL AND HOSPITAL BENEFITS

DENTAL SERVICES

Preventive and Comprehensive Dental (Supplemental Benefit) \$0 copay, no deductible

Preventive:

Two Oral Exams per year, one every 6 months.

Two Prophylaxis (Cleanings) per year, one every 6 months.

One Dental X-Ray per year, which consists of:

One of either bitewing x-rays or single x-rays OR

One complete full mouth (fmx) also called a panoramic set. Complete/panoramic only allowed once every 36 months.

Exam and cleaning must be performed in the same preventive office visit. X-Ray must be taken during a preventive office visit.

Comprehensive:

Including non-routine diagnostic, restorative, and endodontics/periodontics/extractions services.

NOT COVERED: Prosthodontics (including dental and facial restoration including cosmetics, dental implants, bridges, dentures, and temporomandibular restorative procedures)

VISION SERVICES

Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening) \$0 copay or 20% of the cost

Eyeglasses or contact lenses after cataract surgery

Routine Eye Exam (Supplemental Benefit)

\$0 copay

One every year.

Eyewear (Supplemental Benefit)

\$0 copay

- Contact Lenses
- Eyeglasses (frames and lenses)

Our plan pays up to \$325 every year for eyewear

COVERED MEDICAL AND HOSPITAL BENEFITS

MENTAL HEALTH SERVICES

Inpatient Hospital Psychiatric

Prior authorization may be required

Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

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Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Depending on your level of Medicaid eligibility, you may pay:

- \$1,364 deductible for each benefit period
- Days 1-60: \$0 coinsurance for each benefit period
- Days 61-90: \$341 coinsurance per day of each benefit period
- Days 91 and beyond: \$682 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)
- Beyond lifetime reserve days: all costs

Outpatient Individual/ Group Therapy Visit

(Mental Health Specialty Service, Psychiatric Services and Substance Abuse)

\$0 or 20% of the cost

COVERED MEDICAL AND HOSPITAL BENEFITS

SKILLED NURSING FACILITY

Prior Authorization
may be required

Our plan covers up to 100 days in a SNF.

Depending on your level of Medicaid eligibility, you may pay:

- Days 1–20: \$0 for each benefit period.
- Days 21–100: \$170.50 coinsurance per day of each benefit period.
- Days 101 and beyond: all costs.

COVERED MEDICAL AND HOSPITAL BENEFITS

PHYSICAL THERAPY

Physical Therapy and Speech Therapy Services

\$0 or 20% of the cost

Prior authorization may be required

Cardiac and Pulmonary Rehabilitation

\$0 or 20% of the cost

Prior authorization may be required

Occupational Therapy Services

\$0 or 20% of the cost

Prior authorization may be required

AMBULANCE

Prior authorization required for non-emergent ambulance only.

\$0 or 20% of the cost

TRANSPORTATION

No Coverage

PRESCRIPTION DRUG BENEFITS

MEDICARE PART B DRUGS

Chemotherapy drugs

\$0 or 20% of the cost

Prior authorization may be required

Other Part B drugs

\$0 or 20% of the cost

Prior authorization may be required

PRESCRIPTION DRUG BENEFITS

MEDICARE PART D DRUGS

Medicare-covered only

There are “drug payment stages” for your Medicare Part D prescription drug coverage under Steward Health Choice Generations. How much you pay for a drug depends on which of these stages you are in at the time you get a prescription filled or refilled:

Initial Coverage stage: During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. Your yearly deductible is \$0 or \$85. Your cost sharing amounts for drugs are:

	Generic/Treated as generic drugs, per prescription (retail or mail order pharmacy, 1-month or 3-month supply)	Brand name drugs, per prescription (retail or mail order pharmacy, 1-month or 3-month supply)	
Institutionalized Members	\$0	\$0	These co-pay amounts are only for in-network pharmacies. Amounts and stages shown are based on being eligible for the Low Income Subsidy (LIS) aka “Extra Help”; if you lose your LIS eligibility your stages and the amount you pay will change to Original Medicare levels. You may get your drugs at in-network retail and mail order pharmacies.
Full Benefit Dual Eligible (FBDE) members up to or 100% FPL	\$1.25	\$3.80	
Full Benefit Dual Eligible (FBDE) members up to or 100% FPL	\$3.40	\$8.50	
QMB/QMB+/SLMB+ members at or below 135 FPL	\$3.40	\$8.50	
< 150% FPL	15% coinsurance	15% coinsurance	You may be able to get a 3-month supply of your prescription (if your drug is applicable). Less than 30 day fills will have a prorated copay based on the number of days filled. On 1/1/2020 you go back to the Initial Coverage stage.

You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$5,100. You then skip directly to the Catastrophic Coverage stage.

Catastrophic Coverage stage: During this stage, Steward Health Choice Generations will pay all of the costs of your drugs until 12/31/2019.

ADDITIONAL COVERED BENEFITS

DIALYSIS SERVICES

\$0 copay or 20% of the cost

CHIROPRACTIC SERVICES

Manipulation of the spine to correct a subluxation

\$0 copay or 20% of the cost

(when 1 or more of the bones of your spine move out of position)

Prior Authorization may be required

HOME HEALTH CARE

Prior Authorization may be required

\$0 copay

OUTPATIENT BLOOD SERVICES

\$0 copay or 20% of the cost

FOOT CARE (PODIATRY SERVICES)

Medicare-covered foot exam and treatment

\$0 copay or 20% of the cost

Foot exams and treatment if you have diabetes-related nerve damage and/or meet conditions.

Prior authorization may be required

MEDICAL EQUIPMENT/SUPPLIES

Durable Medical Equipment (e.g., wheelchairs, oxygen)

\$0 copay or 20% of the cost

Prior Authorization may be required

Prosthetics/Medical Supplies

\$0 copay or 20% of the cost

Prior Authorization may be required

Diabetic Supplies and Services

\$0 copay or 20% of the cost

Prior Authorization may be required

ADDITIONAL SUPPLEMENTAL BENEFITS

Over-the-Counter (OTC) quarterly purchases for product items are done via the OTC catalog. Shipping is free with quarterly orders.

\$0 copay for \$100 allowance every 3 months

Meal Benefit

\$0 copay for 10 meals per admit, once per calendar year, immediately following an inpatient hospital stay.

SUMMARY OF MEDICAID-COVERED BENEFITS

Your state Medicaid program can be reached through the office of the Arizona Health Care Cost Containment System (AHCCCS).

A person who is entitled to both Medicare and medical assistance from a State Medicaid plan is referred to as a “dual eligible” beneficiary. As a dual eligible beneficiary your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage varies depending on your income, resources, and other factors. Benefits may include full Medicaid benefits and/or payment of some or all of your Medicare cost-share (premiums, deductibles, coinsurance, or copays). Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Medicare-covered services.

BELOW IS A LIST OF DUAL ELIGIBILITY COVERAGE CATEGORIES FOR BENEFICIARIES WHO MAY ENROLL IN THE STEWARD HEALTH CHOICE GENERATIONS PLAN:

- ☐ **QMB-plus (or QMB+):** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You receive Medicaid coverage of Medicare cost-sharing and are eligible for full Medicaid benefits secondary to your Medicare coverage. This means if Medicare doesn't cover something, but Medicaid does, Medicaid will pay (as long as your provider is in-network).
- ☐ **SLMB-plus (or SLMB+):** Medicaid pays your Medicare Part B premium and also provides full Medicaid benefits secondary to your Medicare benefit.
- ☐ **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost-sharing as well as full Medicaid benefits.

IF YOU ARE A QMB OR QMB-PLUS BENEFICIARY:

You have a \$0 cost-share, except for Part D prescription drug copays, as long as you remain a QMB or QMB+ Member.

IF YOU ARE A SLMB-PLUS OR FBDE BENEFICIARY:

You are eligible for full Medicaid benefits and, at times, limited Medicare cost-share. As such your cost-share is 0% or 20%*. Typically your cost-share is 0% when the service is covered by both Medicare and Medicaid. Additionally, preventive wellness exams and supplemental benefits provided by Steward Health Choice Generations are also at a \$0 cost-share. In rare instances, you will pay 20%* when a service or benefit is not covered by Medicaid (see the chart below).

Note – Preventive wellness exams and supplemental benefits have a \$0 cost-share.

ELIGIBILITY CHANGES:

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office and to maintain your Medicaid eligibility status.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If your eligibility status changes, your cost-share may also change from 0% to 20% or from 20% to 0%. If you lose Medicaid coverage entirely, you will be given a grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

If you no longer qualify for Medicaid you may be involuntarily disenrolled from the Plan. Your state Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply

for Medicaid. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

If you are currently entitled to receive full or partial Medicaid benefits please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions. In your state, the Medicaid program can be reached through the office of the Arizona Health Care Cost Containment System (AHCCCS).

*Annual deductible for Part B services, and 20% co-insurance (as applicable), in addition to varying cost-

share amounts for Part A services apply when Member's cost-share amount is not 0%.

HOW TO READ THE MEDICAID BENEFIT CHART

The chart below shows what services are covered by Medicare and Medicaid. You will see the word "Covered" under the Medicaid column if Medicaid also covers a service that is covered under the Steward Health Choice Generations Plan. The chart applies only if you are entitled to benefits under your state's Medicaid program. Your cost-share varies based on your Medicaid category.

MEDICAID-COVERED BENEFITS CHART		
	STEWARD HEALTH CHOICE GENERATIONS	AHCCCS (MEDICAID STATE PLAN)
IMPORTANT INFORMATION		
Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.	\$0	Medicaid assistance with premium payments and cost-share may vary based on your level of Medicaid eligibility.
Doctor and Hospital Choice (For more information, see Emergency Care and Urgently Needed Care.)	In-Network - You must go to network doctors, specialists, and hospitals.	You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists for certain benefits.
OUTPATIENT CARE SERVICES		
Acupuncture	Not Covered	Not Covered
Ambulance Services (Medically necessary ambulance services)	Covered	Covered
Cardiac and Pulmonary Rehabilitation Services	Covered	Covered
Chiropractic Services	Covered	AHCCCS (Medicaid) provides additional coverage for some qualified members under 21. If you are under 21, check the AHCCCS website or see AHCCCS plan for more information.

MEDICAID-COVERED BENEFITS CHART

	STEWARD HEALTH CHOICE GENERATIONS	AHCCCS (MEDICAID STATE PLAN)
OUTPATIENT CARE SERVICES		
Dental Services	Covered	AHCCCS (Medicaid) provides additional coverage for some qualified members. See AHCCCS plan for more information.
Diabetes Programs and Supplies	Covered	Covered
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	Covered	Covered
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	Covered	Covered
Hearing Services	Covered	AHCCCS (Medicaid) provides additional coverage for some qualified members. See AHCCCS plan for more information.
Home Health Service (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	Covered	Covered
Outpatient Mental Health Care	Covered	Covered
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Covered	Covered
Outpatient Services	Covered	Covered
Outpatient Substance Abuse Care	Covered	Covered
Over-the-Counter Items	Covered	Not Covered
Podiatry Services	Covered	Covered
Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	Covered	AHCCCS (Medicaid) provides additional coverage for some qualified members. See AHCCCS plan for more information.

MEDICAID-COVERED BENEFITS CHART

	STEWARD HEALTH CHOICE GENERATIONS	AHCCCS (MEDICAID STATE PLAN)
OUTPATIENT CARE SERVICES		
Transportation Services	Not Covered	If you lose AHCCCS (Medicaid) eligibility you will be responsible for 100% of the cost.
Urgently Needed Services	Covered	Covered
Vision Services	Covered	AHCCCS (Medicaid) provides additional coverage for some qualified members. See AHCCCS plan for more information.
INPATIENT CARE		
Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	Covered	Covered
PREVENTIVE SERVICES		
Kidney Disease and Conditions	Covered	Covered
Preventive Services	Covered	Covered
HOSPICE		
Hospice	Not Covered	Covered
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	Covered	Covered

For Members who are entitled to full benefits under Medicaid, listed below are additional benefits that you may be entitled to. These are additional Medicaid benefits that are covered by your state Medicaid program but may not be covered under the **Steward Health Choice Generations** Plan:

ADDITIONAL MEDICAID BENEFITS

BENEFITS	MEDICAID COVERAGE
Home and Community Based Services	Covered restrictions may apply. Available only for eligible individuals.
Interpreter Services for Medical Visits	Covered available in physician office only
Long-Term Care Services	Covered restrictions may apply. Available only for eligible individuals.



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MEMBER SERVICES:

1-800-656-8991 | TTY 711

8 a.m. – 8 p.m., 7 days a week

VISIT OUR WEBSITE AT:

www.StewardHCGenerations.org