

# 2023



## SUMMARY OF BENEFITS

- MDwise Medicare Inspire Duals (HMO D-SNP) H7746, Plan 004

This is a summary of drug and health services covered by MDwise Medicare for January 1, 2023 - December 31, 2023

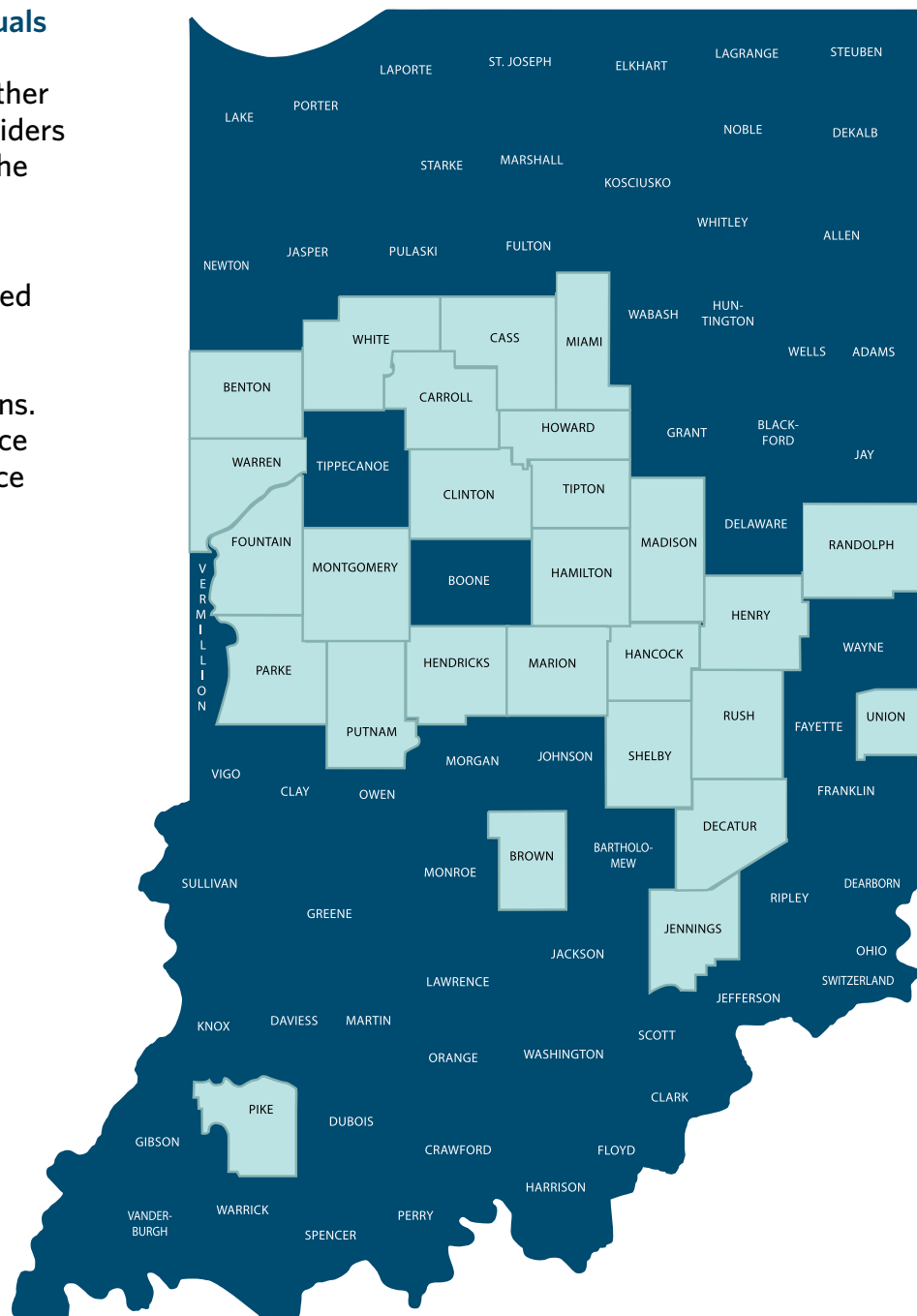


**T**he benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To see a complete list of services we cover, please review the Evidence of Coverage on [www.mdwise.org/medicare](http://www.mdwise.org/medicare).



To join **MDwise Medicare Inspire Duals** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, eligible for full Medicaid benefits, qualify for Low Income Subsidy, and live in our service area. Our service area includes the following counties in Indiana: Benton, Brown, Carroll, Cass, Clinton, Decatur, Fountain, Hamilton, Hancock, Hendricks, Henry, Howard, Jennings, Madison, Marion, Miami, Montgomery, Parke, Pike, Putnam, Randolph, Rush, Shelby, Tipton, Union, Warren, and White.

**MDwise Medicare Inspire Duals** 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.

Out-of-network/noncontracted providers are under no obligation to treat members, except in emergency situations. Please call our member service number or review the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



## KEY

-  Approved areas  
 Non-approved areas

# Monthly Premium, Deductibles, and Coverage Limits

<b>Your Monthly Plan Premium</b> (in addition to your Medicare Part B premium)	\$0
<b>Deductible</b>	Medical services \$0 Prescription drugs – all Tiers \$0
<b>Maximum Out-of-Pocket Responsibility</b> This is the most you will pay for copays, coinsurance, and other costs for medical services for the calendar year.	\$8,300 annually for Medicare-covered services from in-network providers.

## Covered Medical Benefits

<b>Inpatient Hospital Coverage</b>	You pay \$0 per stay. We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.
<b>Outpatient Hospital Coverage</b>	<b>Outpatient hospital:</b> \$0 copay for per visit <b>Ambulatory surgical center:</b> \$0 copay for per visit <b>Observation:</b> \$0 copay for per visit Prior authorization may be required.
<b>Doctor Visits</b>	<b>Primary care:</b> \$0 copay per visit <b>Specialist:</b> \$0 copay per visit

# Covered Medical Benefits

<b>Preventive Care</b>	<p style="text-align: center;">\$0 copay</p> <p style="text-align: center;"><b>Preventive care includes:</b></p> <ul style="list-style-type: none"> <li>▪ annual wellness visit</li> <li>▪ bone mass measurement</li> <li>▪ breast cancer screening</li> <li>▪ cardiovascular disease risk reduction visit</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 (flu, pneumonia, Hep B, COVID)</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>▪ 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 STIs and counseling to prevent STIs</li> <li>▪ smoking and tobacco use cessation (counseling)</li> <li>▪ Welcome to Medicare preventive visit</li> </ul>
<b>Emergency Care</b>	<p style="text-align: center;">\$0 copay in or out of network</p>
<b>Outpatient Diagnostic Services/Labs/Imaging</b>	<p style="text-align: center;"><b>Diagnostic radiology service (CT/MRI):</b> \$0 copay</p> <p style="text-align: center;"><b>Lab services</b> \$0 copay</p> <p style="text-align: center;"><b>Diagnostic tests and procedures:</b> \$0 copay</p> <p style="text-align: center;"><b>Outpatient X-rays:</b> \$0 copay</p> <p style="text-align: center;">Prior authorization required for genetic testing.</p>

# Covered Medical Benefits

## Hearing Services

Must use TruHearing providers for all routine hearing exams and hearing aid services.

### Hearing exams:

\$0 copay for a Medicare-covered hearing exam  
\$0 copay for a non-Medicare-covered supplemental hearing exam

### Hearing aids:

\$0 copay per hearing aid – one per ear every 2 years

## Dental Services

In-network preventive dental services are provided by Delta Dental's Medicare Advantage PPO network dentists.

### Oral exam and cleaning:

\$0 copay for two exams and two cleanings each year

### Onlays/crowns and repair:

\$0 copay

### Bitewing X-rays:

\$0 copay for one set each year

### Full mouth X-rays:

\$0 copay once every 5 years

### Periodontal maintenance and periodontal non-surgical procedures:

\$0 copay

### Dentures & denture relines/repairs:

\$0 copay

**You have a \$1,000 limit on all covered dental services.**

## Vision Services

### Medicare-covered services:

\$0 copay for each Medicare-covered exam to diagnose and treat diseases of the eye

\$0 copay for eyeglasses or contact lenses after cataract surgery

\$0 copay for glaucoma screening

### Routine vision services:

\$0 copay for routine eye exam

\$0 copay for up to \$100 annual allowance for non-Medicare-covered corrective eyeglasses (lenses and frames) or contact lenses.

# Covered Medical Benefits

<b>Mental Health Services</b> Our plan covers up to 190 days in a lifetime for inpatient care in a psychiatric hospital.	<p><b>Inpatient:</b>  \$0 per stay; our plan covers up to 90 days for an inpatient hospital stay</p> <p><b>Outpatient therapy (group or individual):</b>  \$0 copay</p> <p>Prior authorization may be required for inpatient mental health services.</p>
<b>Skilled Nursing Facility (SNF)</b>	<p>\$0 copay</p> <p>Our plan covers up to 100 days each benefit period in a SNF. A benefit period starts the day you go into a SNF and ends when you go 60 days in a row without SNF care.</p> <p>Prior authorization may be required.</p>
<b>Physical Therapy</b>	<p>\$0 copay</p> <p>Prior authorization may be required.</p>
<b>Ambulance (Air/Ground)</b>	<p>\$0 copay per one-way transport</p> <p>Prior authorization is required for Medicare-covered non-emergency transport.</p>
<b>Transportation</b>	<p>You pay nothing for 20 one-way, non-emergency trips per year to plan-approved health-related locations.  50 mile limit one-way.</p>
<b>Medicare Part B Drugs</b>	<p><b>Chemotherapy and other Part B drugs:</b>  \$0 copay</p> <p><b>Home infusion drugs:</b>  \$0 copay</p> <p>Prior authorization may be required.</p>

## Additional Covered Medical Benefits

<b>Acupuncture</b>	\$0 copay for Medicare-covered acupuncture for chronic lower back pain
<b>Annual Physical Exam</b> Comprehensive preventive medical evaluation.	\$0 copay
<b>Chiropractic Care</b>	\$0 copay
<b>Durable Medical Equipment</b>	\$0 copay Prior authorization required for DME that costs over \$1,000, insulin pumps, and bone stimulators.
<b>Enhanced Disease Management</b>	If you have chronic conditions, you may qualify for one of our enhanced disease management programs. These special education programs promote a deep understanding of the disease process and provide individual teaching and coaching to help you achieve a healthier lifestyle. A care manager is available to those who qualify for these customized programs. You pay nothing for enhanced disease management.
<b>Fitness Membership</b>	Our plan will reimburse you for up to a maximum of \$200 annually for your fitness center membership.
<b>Meals After Discharge</b>	\$0 for 2 meals per day for 14 days (28 meals), delivered directly to your home after each discharge from an inpatient acute care or skilled nursing facility stay. Annual limit of 5 discharges for a total of 140 meals per year.
<b>Nutritional/Dietary Benefit</b>	We cover 6 counseling sessions through a registered dietitian or other nutrition professional. We want to help you improve your health and lifestyle by providing tools so you make healthy choices. Talk to your physician to see if you would benefit from nutritional counseling. You pay nothing for these sessions.
<b>Over-the-Counter Items</b>	You are eligible for a \$40 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products that do not need a prescription. No rollover.
<b>Prosthetic Devices and Related Medical Supplies</b>	\$0 copay Prior authorization is required for items that cost more than \$1,000.

# Prescription Drug Benefits

<b>Deductible</b>	There is no prescription deductible for this plan.
<b>Stage 1: Initial Coverage Stage</b>	<p>During this stage, the plan pays its share of the cost of your drugs and you pay your share. You will pay the following copays until your total out of pocket costs (what you pay) reach \$7,400:</p> <p><b>Tier 1 Generic:</b> You pay either \$0, \$1.45, or \$4.15 per prescription.</p> <p><b>Tier 1 Brand:</b> You pay either \$0, \$4.30, or \$10.35 per prescription.</p>
<b>Stage 2: Catastrophic Coverage Stage</b>	\$0 for Low Income Subsidy (LIS) Levels 1-3.



# Medicaid Benefits

Your covered services are paid for first by Medicare and then by Medicaid. The chart below shows you which benefits are covered by Medicare and which benefits are covered by Medicaid. If a benefit is not covered by Medicare, it may be covered by Medicaid depending on your type of Medicaid coverage.

## Outpatient Services

	MDwise Medicare Inspire Duals	Indiana Medicaid
Acupuncture	✓ Some coverage	Not Covered
Ambulance	✓	✓
Chiropractic Care	✓ Some coverage	✓ Some coverage
Dental Services	✓	✓ Some coverage
Diabetes Management	✓	✓
Diagnostic Tests, X-rays, Lab Services, and Radiology Services	✓	✓
Doctor Visits	✓	✓
Durable Medical Equipment	✓	✓
Emergency Care	✓	✓
Hearing Services	✓	✓
Home Health Services	✓	✓
Mental Health Services	✓	✓
Outpatient Rehabilitation Services (occupational therapy, physical therapy, speech therapy)	✓	✓
Outpatient Services	✓	✓
Outpatient Substance Abuse	✓	✓

## Outpatient Services

	MDwise Medicare Inspire Duals	Indiana Medicaid
Podiatry Services	✓	✓
Preventive Care	✓	✓
Prosthetic Devices	✓	✓
Routine Transportation	✓	✓
Urgent Care	✓	✓
Vision Services	✓	✓ Some coverage

## Inpatient Services

	MDwise Medicare Inspire Duals	Indiana Medicaid
Inpatient Hospital Care	✓	✓
Inpatient Mental Health	✓	✓
Skilled Nursing Facility (SNF)	✓	✓

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. This document is available in other formats such as Braille, large print, or audio.



For more information, please call us at the phone number below or visit us at [www.mdwise.org/medicare](http://www.mdwise.org/medicare).

Toll-free 1-833-358-2140, TTY users should call 711.

From October 1st to March 31st, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern Time. (except Thanksgiving and Christmas days)

From April 1st to September 30th, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Time.

You can see our plan's provider/pharmacy directory at our website at [www.mdwise.org/medicare](http://www.mdwise.org/medicare).

**MDwise Medicare** is a DSNP HMO plan with a Medicare contract and a contract with the State of Indiana Medicaid program. Enrollment in MDwise Medicare depends on contract renewal.