



Focus DC (HMO SNP)

# Summary of Benefits

January 1–December 31, 2021



**MARTIN'S POINT®**

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

# Summary of Benefits

## Martin's Point Generations Advantage Focus DC (HMO SNP)

January 1 – December 31, 2021

For more information about benefits or enrollment, call us or visit our website at [MartinsPoint.org/MedicareMembers](https://MartinsPoint.org/MedicareMembers).

**1-888-408-8285 (TTY: 711)**

We are available 8 am-8 pm, seven days a week from October 1 to March 31: and Monday through Friday the rest of the year.

## **Section 1: Introduction**

### **This is a summary of drug and health services covered by Martin's Point Generations Advantage Focus DC**

**January 1, 2021 - December 31, 2021**

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, and Local and Regional PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.

This information may be available in other formats such as large print, Braille, or an electronic copy on our website. For more information call Generations Advantage.

The 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 get a complete list of services we cover, please see the *Evidence of Coverage* on our website, or you may contact us. To join Martin's Point Generations Advantage Focus DC, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area

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Our service area includes Cumberland County in Maine.

The plan 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.

## Section 2: Summary of Benefits

This is a summary of the premiums and benefits covered by the Martin's Point Generations Advantage Focus DC (HMO SNP) plan.

The table below shows the monthly plan premium amount for the region we serve. In addition, you must keep paying your Medicare Part B premium.

Monthly Plan Premium	Focus DC (HMO SNP) Plan
You must continue to pay your Medicare Part B premium	You pay \$0.

Benefit	Focus DC (HMO SNP) Plan
<b>Deductible</b> (our plan does not have a medical deductible)	You pay \$0 annually
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs) Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.	\$5,700 annually
<b>Inpatient Hospital</b> Our plan covers an unlimited number of days for an inpatient hospital stay.	You pay per admission: \$375 per day for days 1-5; \$0 per day for days 6 and beyond
<b>Outpatient Hospital</b> * Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.	You pay \$350 for Medicare-covered surgery services at a hospital outpatient facility.
<b>Ambulatory &amp; Surgical Center (ASC)</b>	You pay \$175 for Medicare-covered surgery services at an ambulatory surgical center.
<b>Doctor Visits</b>	<b>Primary Care</b> You pay \$0 for each Primary Care Physician (PCP) office visit for Medicare-covered services.

<b>Benefit</b>	<b>Focus DC (HMO SNP) Plan</b>
<b>Doctor Visits continued...</b>	<p><b>Specialists</b>            You pay \$0 for endocrinology, podiatry, and mental health/substance use disorder.            You pay \$40 for all other specialist visits.</p>
<p><b>Preventive Care</b>            Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.</p>	<p>You pay \$0 for additional preventive services approved by Medicare</p>
<p><b>Emergency Care</b>  <b>Note:</b> You do not have to pay this amount if you are admitted to a hospital within 24 hours for the same condition.</p> <p>Emergency care is covered worldwide.</p>	<p><b>In-and Out-of-Network:</b>            You pay \$90 for each Medicare-covered emergency room visit.</p>
<p><b>Urgently Needed Services</b>            Urgent care is covered nationwide.</p>	<p><b>In- and Out-of-Network:</b>            You pay \$40 for each Medicare-covered urgent care visit when performed at an urgent care center.</p>
<p><b>Diagnostic Services / Labs / Imaging</b>            Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.</p>	<p><b>In-Network</b></p> <p><b>Diagnostic Radiology Service (e.g., MRI)</b>            You pay: 20% of the Medicare-allowed cost of complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine).</p> <p><b>Lab Services</b>            You pay 20% of the Medicare-allowed cost for genetic labs.            You pay \$0-\$5 copay for all other lab services.</p> <p><b>Diagnostic Tests and Procedures</b>            You pay 15% of the Medicare-allowed cost of simple diagnostic radiology.</p> <p><b>Outpatient X-Rays</b>            You pay 15% of the Medicare-allowed cost for x-rays.</p>

<b>Benefit</b>	<b>Focus DC (HMO SNP) Plan</b>
<b>Diagnostic Services / Labs / Imaging (continued)...</b>	<p><b>COVID Testing</b>            You pay \$0 for COVID-19 viral testing.            You pay \$5 for COVID-19 antibody testing.</p>
<b>Hearing Services</b>	<p><b>Hearing Exam</b>            You pay \$40 per visit for Medicare-covered hearing services.</p> <p><b>Hearing Aids</b>            You pay \$495, \$695, or \$1095 copay per ear, per year, depending on Tier selected  <i>Services must be received from an Amplifon provider.</i></p> <p><b>Hearing Aid Fittings and Evaluations</b>            You pay \$0 for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit.  <i>Services must be received from an Amplifon provider.</i></p>
<p><b>Dental Services (Medicare-covered)</b>            Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.</p>	<p>You pay \$50 per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p>
<p><b>Preventive and Comprehensive Dental</b>            Members must use Martin’s Point Generations Advantage-Northeast Delta Dental PPO or Premier network dentist in Maine, New Hampshire, or Vermont to obtain these supplemental dental benefits.</p>	<p><b>Preventive and Comprehensive Dental services are covered.</b>            Please see Dental page below for more information.</p>
<b>Vision Services</b>	<p><b>Annual Routine Eye Exam:</b>            You pay \$0 for an annual routine eye exam.</p> <p><b>Medicare-Covered Physician Services:</b>            You pay \$40 for non-routine Medicare-covered physician services.</p>

Benefit	Focus DC (HMO SNP) Plan
<p><b>Vision Services (continued)...</b></p>	<p><b>Glaucoma Testing:</b> You pay \$0 for glaucoma testing.</p> <p><b>Diabetic Retinopathy:</b> You pay \$0 for a diabetic eye exam (retinopathy).</p> <p><b>Eyeglass Frames, Lenses, and Contacts:</b> Eyewear may be reimbursed using the Wellness Wallet benefit. <i>See Wellness Wallet section below for more information.</i></p>
<p><b>Mental Health Services</b></p> <p>Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.</p>	<p><b>Inpatient Visit</b> You pay per admission: \$220 per day for days 1-7. \$0 per day for days 8 and beyond</p> <p><b>Outpatient Individual Therapy Visit:</b> You pay \$0 per visit for individual therapy.</p> <p><b>Outpatient Group Therapy Visit:</b> You pay \$0 per visit for group therapy.</p>
<p><b>Skilled Nursing Facility</b></p> <p>Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.</p>	<p>For each benefit period you pay for Medicare-covered services: \$0 per day for days 1-20; \$178 per day for days 21-100</p>
<p><b>Physical Therapy</b></p> <p>Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.</p>	<p>You pay \$40 for each Medicare-covered visit.</p>

<b>Benefit</b>	<b>Focus DC (HMO SNP) Plan</b>
<p><b>Ambulance</b></p> <p>Non-emergency ambulance transportation may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.</p> <p>Ambulance services are covered worldwide.</p>	<p>You pay \$295 for each Medicare-covered emergency ambulance service (one-way).</p>
<p><b>Transportation</b></p>	<p>Not a covered benefit.</p>
<p><b>Medicare Part B drugs</b></p> <p>Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.</p>	<p>You pay 20% of the Medicare-allowed cost of Medicare-covered services.</p>



## Outpatient Prescription Drugs Focus DC (HMO SNP) Plan

	Standard Retail (30-day supply)	Preferred Retail (30-day supply)	Mail-Order (90-day supply)	
<b>Phase 1: Initial Coverage</b>				
<b>Cost sharing Tier 1</b> (Preferred Generic)	\$4	\$0	\$10	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please refer to the <i>Evidence of Coverage</i> .
<b>Cost sharing Tier 2</b> (Generic)	\$18	\$10	\$45	
<b>Cost sharing Tier 3</b> (Preferred Brand)	\$47	\$40	\$117.50	
<b>Cost sharing Tier 4</b> (Non-Preferred Drug)	\$100	\$95	\$250	
<b>Cost sharing Tier 5</b> (Specialty Tier)	33%	33%	33%	

Martin's Point Generation Advantage's pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas in Maine and New Hampshire. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-544-7504 (TTY:711) or consult the online pharmacy directory at [MartinsPoint.org/PartD](http://MartinsPoint.org/PartD).

Part D Senior Savings Program	Mail Order and Retail
Members are eligible for reduced cost sharing on select insulins.	\$35 for 30-day supply \$70 for 60-day supply \$105 for 90-day supply

## Additional Benefits Focus DC (HMO SNP) Plan

<p><b>Foot Care (Podiatry Services)</b></p>	<p>You pay \$0 for each Medicare-covered visit.</p>
<p><b>Medical Equipment/ Supplies</b>          Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.</p>	<p><b>Durable Medical Equipment (e.g., wheelchairs, oxygen)</b>          You pay 20% of the cost for durable medical equipment and supplies.</p> <p><b>Prosthetics (e.g., braces, artificial limbs)</b>          You pay 20% of the Medicare-allowed cost for Medicare-covered services.</p> <p><b>Diabetes Supplies</b>          You pay \$0 for Medicare-covered diabetes monitoring supplies.</p>
<p><b>Wellness Wallet</b>          (Fitness, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, Eyewear and Face Masks)</p> <p>Please see the <i>Evidence of Coverage</i> booklet for more information.</p>	<p>The plan will reimburse up to \$450 each year in total for Fitness Benefit, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, Eyewear, and Face Masks.</p>
<p><b>Over-The-Counter items (OTC)</b>          More than 300 covered items including: non-prescription medicine (pain relief, cough, allergies), toothpaste, first aid items, and vitamins. Members can order online, over the phone, or visit a designated store location. Please see the <i>Evidence of Coverage</i> for more information.</p>	<p>The plan will cover up to \$50 per quarter for members to purchase select CVS brand over the counter (OTC) products.</p>

All plans cover Part B drugs such as chemotherapy and some drugs administered by your provider. In addition, **Generations Advantage Focus DC** covers Part D drugs. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions, our plan’s pharmacy directory and our plan’s provider directory on our website at **MartinsPoint.org/PartD**.

If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare & You 2021 Handbook*. You can download a copy of from the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or ask for a printed 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.

## Section 3: Dental Benefit Overview

Plan benefits are available only when you receive your dental the following benefits when seeing a Martin’s Point Generations Advantage-Northeast Delta Dental PPO or Premier network dentist. This benefit overview is provided for summary purposes only.

<b>Focus DC Dental Benefit</b>	
<b>Benefit Maximum</b>	<b>\$1,000</b>
<b>Office Visit Copay</b>	<b>\$50</b>
<b>Category A: Diagnostic/Preventative</b>	
Oral exam and routine cleaning once in a calendar year	No cost sharing (must pay office visit copay)
Problem-focused exams as needed	
Bitewing x-rays once every calendar year and panoramic x-rays once in a 5-calendar year period	
X-rays of individual teeth as needed	
<b>Category B: Basic Restorative</b>	
Fillings	You pay 50% of the cost + \$50 office visit copay  \$50 annual deductible applies
Surgical and routine extractions	
Root canals	
Treatment of gum disease (periodontics, including periodontal maintenance cleanings)	
<b>Category C: Major Restorative</b>	
Dentures	You pay 50% of the cost + \$50 office visit copay  \$50 annual deductible applies
Crowns	
Implants	

### Martin’s Point Generations Advantage-Northeast Delta Dental PPO or Premier network

Plan benefits are available only when you receive your dental care from a Martin’s Point Generations Advantage-Northeast Delta Dental PPO or Premier network dentist in Maine, New Hampshire, or Vermont:

- ▶ **No Balance Billing:** Participating dentists accept Northeast Delta Dental’s fees for services as payment in full.
- ▶ **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- ▶ **Direct Payment:** Northeast Delta Dental pays participating dentists directly, so you don’t have to pay the covered amount up front and wait for reimbursement.

To find out if your dentist participates in the Martin’s Point Generations Advantage-Northeast Delta Dental PPO or Premier network, please visit our website at

**MartinsPoint.org/MedicareMembers**, visit [www.nedelta.com/Dentist-Search](http://www.nedelta.com/Dentist-Search), or call Northeast Delta Dental’s Customer Service Department at 1-800-832-5700 (TTY: 1-800-332-5905) Monday through Friday, 8 am–4:45 pm.

### Claim Process for Participating Dentists

Present your Generations Advantage member ID card to your participating dentist at the time of your visit. Your participating dentist will submit your claim to Northeast Delta Dental. Members can register online to view claims and benefit information at **[www.nedelta.com](http://www.nedelta.com)**.

### Non-participating Dentists

No benefits are available under your policy if you choose to visit a dentist who is not participating in the Martin’s Point Generations Advantage-Northeast Delta Dental PPO or Premier network. Non-participating dentists are welcome to join the Martin’s Point Generations Advantage-Northeast Delta Dental PPO or Premier network at any time.

### **Section 3: Dental Benefit Overview (continued)...**

#### **Identification Cards**

Your Generations Advantage member ID card includes your dental group number and the Northeast Delta Dental customer service number. Your member ID number for dental benefits is the same as your Generations Advantage Focus DC plan member ID number.



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