



Focus DC (HMO SNP)

# Summary of Benefits

January 1–December 31, 2022



**MARTIN'S POINT**<sup>®</sup>

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

# Summary of Benefits

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

January 1 – December 31, 2022

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

Y0044\_2022\_SB\_FocusDC\_M Accepted 08/23/2021

## **Section 1: Introduction**

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

**January 1, 2022 - December 31, 2022**

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.

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.

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 annually

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. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.</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. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.</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.  <b>Out-of-Country:</b>            You pay \$90 for each Medicare-covered urgent care visit when performed at an urgent care center outside of the United States and its associated territories.</p>

<b>Benefit</b>	<b>Focus DC (HMO SNP) Plan</b>
<p><b>Diagnostic Services / Labs / Imaging</b>            Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p><b>Diagnostic Radiology Service (e.g., MRI)</b>            You pay: 20% of the contracted rate for complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine).</p> <p><b>Lab Services</b>            You pay 20% of the contracted rate 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 contracted rate for simple diagnostic radiology.</p> <p><b>Outpatient X-Rays</b>            You pay 15% of the contracted rate for x-rays.</p>
<p><b>Hearing Services</b></p>	<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, \$1095, \$1495, or \$2095 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 Evidence of Coverage 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>

<b>Benefit</b>	<b>Focus DC (HMO SNP) Plan</b>
<p><b>Preventive and Comprehensive Dental</b> Members must use Delta Dental PPO/Premier or Martin's Point Generations Advantage 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>
<p><b>Vision Services</b></p>	<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> <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> Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage 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>

<b>Benefit</b>	<b>Focus DC (HMO SNP) Plan</b>
<p><b>Skilled Nursing Facility</b></p> <p>Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage 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>You pay \$40 for each Medicare-covered visit.</p>
<p><b>Ambulance</b></p> <p>Non-emergency ambulance transportation may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p> <p>Ambulance services are covered worldwide. There is a \$25,000 limit for worldwide emergency, urgent care, and ambulance transport, this limit does not apply to services in the U.S.</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 Evidence of Coverage for more information.</p>	<p>You pay 20% of the contracted rate for 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 Evidence of Coverage.
<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%	

Senior Savings Program	Standard Cost Sharing	Preferred Cost Sharing	Mail Order Cost Sharing
Members are eligible for reduced cost sharing on select insulins.	Standard Cost Sharing You pay \$18 per 30-day supply. You pay \$36 per 60-day supply. You pay \$54 per 90-day supply.	Preferred Cost Sharing You pay \$10 per 30-day supply. You pay \$20 per 60-day supply. You pay \$30 per 90-day supply.	Mail Order Cost Sharing You pay \$10 per 30-day supply. You pay \$20 per 60-day supply. You pay \$25 per 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 Evidence of Coverage for more information.</p>	<p><b>Durable Medical Equipment (e.g., wheelchairs, oxygen)</b>          You pay 20% of the contracted rate for durable medical equipment and supplies.</p> <p><b>Prosthetics (e.g., braces, artificial limbs)</b>          You pay 20% of the contracted rate 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 Evidence of Coverage 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 350 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 Evidence of Coverage for more information.</p>	<p>The plan will cover up to \$65 per quarter for members to purchase select CVS brand over the counter (OTC) products.</p>

<p><b>Nutrition and Dietary:</b></p> <p><b>Telenutrition:</b> Members have access to an online nutrition/dietary platform and unlimited visits with a registered dietitian via video connection, email, or telephone through third-party vendor FoodSmart™.</p> <p>Note: Food cost and delivery of meals/groceries are not covered under this benefit.</p>	<p>\$0 cost for telenutrition services through FoodSmart™.</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

**www.MartinsPoint.org/MedicareMembers.** If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare & You 2022 Handbook*. You can download a copy of from the Medicare website (**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

Focus DC Dental Benefit	
<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>	
Amalgam (silver) fillings	You pay 50% of the cost + \$50 office visit copay  \$50 annual deductible applies
Resin restorations on anterior teeth and the buccal surface of bicuspids only	
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	

Plan benefits are available only when you receive your dental the following benefits when seeing a Delta Dental network dentist. This benefit overview is provided for summary purposes only.

### Delta Dental Network

Plan benefits are available only when you receive your dental care from a Delta Dental 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 Delta Dental network, please visit our website at

**[www.MartinsPoint.org/MedicareMembers](http://www.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)**.

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

### **Non-participating Dentists**

No benefits are available under your policy if you choose to visit a dentist who is not participating in the Delta Dental network. Non-participating dentists are welcome to join the Delta Dental network at any time.

### **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.



**MARTIN'S POINT**<sup>®</sup>

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

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

**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.

Martin's Point Generations Advantage,  
891 Washington Ave., PO Box 9746, Portland, ME 04104