



Focus DC (HMO SNP)

# Summary of Benefits

January 1–December 31, 2023



**MARTIN'S POINT®**

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

# Summary of Benefits

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

**January 1 – December 31, 2023**

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.

H5591\_2023\_SB\_FocusDC\_M Accepted 08/27/2022

## **Section 1: Introduction**

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

**January 1, 2023 - December 31, 2023**

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, and Local 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> Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information. This plan covers up to 90 days per benefit period and 60 additional Lifetime Reserve days over your lifetime.	You pay per admission: \$375 per day for days 1-5; \$0 per day for days 6-90.
<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 \$275 for Medicare-covered surgery services at a hospital outpatient facility.
<b>Ambulatory &amp; Surgical Center (ASC)</b> Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	You pay \$175 for Medicare-covered surgery services at an ambulatory surgical center.

Benefit	Focus DC (HMO SNP) Plan
<b>Doctor visits</b>	<b>Primary care</b> You pay \$0 for each Primary Care Physician (PCP) office visit for Medicare-covered services.  <b>Specialists</b> You pay \$0 for endocrinology, optometry, ophthalmology, and mental health/substance use disorder. You pay \$40 for all other specialist visits.
<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.	You pay \$0 for preventive services approved by Medicare.
<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.  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.	<b>In-and Out-of-Network:</b> You pay \$110 for each Medicare-covered emergency room visit.
<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.	<b>In- and Out-of-Network:</b> You pay \$50 for each Medicare-covered urgent care visit when performed at an urgent care center. <b>Out-of-Country:</b> You pay \$110 for each Medicare-covered urgent care visit when performed at an urgent care center outside of the United States and its associated territories.

Benefit	Focus DC (HMO SNP) Plan
<p><b>Diagnostic Services / Labs / Imaging</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><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></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 \$50 per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p>

Benefit	Focus DC (HMO SNP) Plan
<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>Vision services</b></p>	<p><b>Preventive and comprehensive dental services are covered.</b> Please see Dental page below for more information.</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 \$0 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> The plan will reimburse up to \$150 for prescription frames, lenses, and contacts.</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>

Benefit	Focus DC (HMO SNP) Plan
<b>Skilled nursing facility</b> Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	For each benefit period you pay for Medicare-covered services: \$10 per day for days 1-20; \$196 per day for days 21-100.
<b>Physical therapy</b>	You pay \$35 for each Medicare-covered visit.
<b>Ambulance</b> Non-emergency ambulance transportation may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.  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.	You pay \$325 for each Medicare-covered emergency ambulance service (one-way).
<b>Transportation</b>	Not a covered benefit.
<b>Medicare Part B drugs</b> Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.	You pay 20% of the contracted rate for Medicare-covered services.



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

**Prescription Deductible:** You pay \$0

	Standard Retail (30-day supply)	Preferred Retail (30-day supply)	Mail-Order (90-day supply)	
Phase 1: Initial Coverage				
Cost sharing Tier 1 (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. You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please refer to the Evidence of Coverage.
Cost sharing Tier 2 (Generic)	\$18	\$10	\$45	
Cost sharing Tier 3 (Preferred Brand)	\$47	\$40	\$117.50	
Cost sharing Tier 4 (Non-Preferred Drug)	\$100	\$95	\$250	
Cost sharing Tier 5 (Specialty Tier)	33%	33%	33%	
Phase 2: Coverage Gap				
Cost sharing Tier 1 (Preferred Generic)	\$4	\$0	\$10	For Tiers 3-5, during this phase you will pay 25% for generic or brand-name drugs.
Cost sharing Tier 2 (Generic)	\$18	\$10	\$45	
Phase 3 Catastrophic Coverage (after you or others on your behalf pay \$7,400)				
Generic Drugs	You pay \$4.15 or 5% (whichever costs more)			
Brand-Name Drugs	You pay \$10.35 or 5% (whichever costs more)			

<b>Senior Savings Program</b>	<b>Standard Cost Sharing</b>	<b>Preferred Cost Sharing</b>	<b>Mail Order Cost Sharing</b>
Members are eligible for reduced cost sharing on select insulins.	You pay \$18 per 30-day supply. You pay \$36 per 60-day supply. You pay \$54 per 90-day supply.	You pay \$10 per 30-day supply. You pay \$20 per 60-day supply. You pay \$25 per 90-day supply.	You pay \$10 per 30-day supply. You pay \$20 per 60-day supply. You pay \$25 per 90-day supply.

<b>Additional Benefits Focus DC (HMO SNP) Plan</b>	
<b>Foot care (podiatry services)</b>	You pay \$0 for each Medicare-covered visit.
<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.	<b>Durable medical equipment (e.g., wheelchairs, oxygen)</b> You pay 20% of the contracted rate for durable medical equipment and supplies.  <b>Prosthetics (e.g., braces, artificial limbs)</b> You pay 20% of the contracted rate for Medicare-covered services.  <b>Diabetes supplies</b> You pay \$0 for Medicare-covered diabetes monitoring supplies.
<b>Wellness Wallet</b> (Fitness, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks)  Please see the Evidence of Coverage booklet for more information.	The plan will reimburse up to \$300 each year in total for Fitness Benefit, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks.
<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.	The plan will cover up to \$90 per quarter for members to purchase select CVS brand over the counter (OTC) products.

<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>
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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 2023 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	
Benefit Maximum	\$1,000
Office Visit Copay	\$50
Category A: Diagnostic/Preventative	
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	
Category B: Basic Restorative	
Amalgam (silver) filings	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)	
Category C: Major Restorative	
Dentures	You pay 50% of the cost + \$50 office visit copay  \$50 annual deductible applies
Crowns	
Implants	

The **Generations Advantage Focus DC (HMO)** plan includes 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: 711) 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 Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Martin's Point Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Martin's Point Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Martin's Point Generations Advantage Member Services Team.

If you believe that Martin's Point Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Member Services: Member Services, Martin's Point Generations Advantage, PO Box 9746, Portland,

ME 04104, 1-866-544-7504, TTY: 711, Fax:

207-828-7847. (We're

available 8 am-8 pm, seven days a week from

October 1 to March 31;

and Monday through Friday the rest of the year.) You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, the Martin's Point Generations Advantage Member Services Team is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).



Form Approved OMB# 0938-1421

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-553-7054 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-553-7054 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费~~费~~的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-877-553-7054 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-877-553-7054 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-553-7054 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-553-7054 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-553-7054 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-553-7054 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-553-7054 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-553-7054 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-553-7054. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-553-7054 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-553-7054 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-553-7054 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-553-7054 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-553-7054 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、

1-877-553-7054 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。





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