

2019



AMERICAN HEALTH
ADVANTAGE
OF OKLAHOMA

Summary of Benefits

American Health Advantage of Oklahoma (HMO-SNP) H3708 001
January 1, 2019 – December 31, 2019

Toll-free: 1-866-583-4649 (TTY/TDD users call 711)
Hours: 8:00 a.m. to 8:00 p.m., 7 days a week
www.ok.amhealthplans.com

**This is a summary of drug and health services covered by
American Health Advantage of Oklahoma (HMO SNP),
January 1, 2019 - December 31, 2019**

American Health Advantage of Oklahoma (HMO SNP) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

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 request the “Evidence of Coverage” by calling Member Services at 1-866-583-4649. Hours October 1st through March 31st are seven (7) days a week from 8:00 a.m. to 8:00 p.m, hours April 1st through September 30th are Monday to Friday 8:00 a.m. to 8:00 p.m., TTY/TDD users call 711, or visit our website at <https://ok.amhealthplans.com>.

To join American Health Advantage of Oklahoma (HMO SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. You must live in one of our network nursing homes, or you have been certified that you need the type of care that is usually provided in a nursing home. Our service area includes the following Oklahoma Counties: Bryan, Canadian, Carter, Choctaw, Cleveland, Cotton, Creek, Garvin, Grady, Jefferson, Johnston, Kingfisher, Lincoln, Logan, Love, Marshall, Mayes, McClain, Murray, Oklahoma, Okmulgee, Osage, Pontotoc, Pottawatomie, Rogers, Seminole, Stephens, Tulsa and Wagoner.

American Health Advantage of Oklahoma (HMO SNP) 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.

Premiums and Benefits	American Health Advantage of Oklahoma (HMO SNP)	What You Should Know
Monthly Plan Premium	You pay \$30.80	You must continue to pay your Medicare Part B premium.
Deductible	\$185	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,700 annually	The most you pay for copays, coinsurance and other costs for medical services in a year.
Inpatient Hospital (including mental health services)	You pay a \$1,364 deductible each benefit period; \$0 copayment for each day for days 1 to 60; \$341 copayment each day for days 61 to 90; \$682 copayment each day for days 91 to 150 (lifetime reserve days)	Prior authorization is required. Cost sharing is applied starting on the first day of admission and does not include the date of discharge.
Outpatient Hospital	20% of the cost for Medicare-covered services	Prior authorization is required.
Doctor Visits <ul style="list-style-type: none"> • Primary Care • Specialist Care 	20% of the cost for Medicare-covered services	
Preventive Care (e.g. flu vaccine, diabetic screenings)	You pay nothing	Any additional preventive services approved by Medicare during the contract year will be covered. There are some covered services that have a cost.
Emergency Care	20% of the cost for Medicare-covered services up to \$90	If you are admitted to the hospital within one (1) day, you do not have to pay \$90.
Urgently Needed Services	20% of the cost for Medicare-covered services up to \$65	If you are admitted to the hospital within three (3) days, you do not have to pay \$65.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic Radiology Services (e.g. MRI) • Lab Services • Diagnostic Tests and Procedures • Outpatient X-Rays 	<ul style="list-style-type: none"> • 20% of the cost for Medicare-covered Diagnostic Radiology Services (e.g. MRI) • 20% of the cost for Medicare-covered Lab Services • 20% of the cost for Medicare-covered Diagnostic Tests and Procedures • 20% of the cost for Medicare-covered Outpatient X-Ray services 	Prior authorization is required for some services.
Hearing Services	20% of the cost for Medicare-covered services	

Premiums and Benefits	American Health Advantage of Oklahoma (HMO SNP)	What You Should Know
Dental Services	20% of the cost for Medicare-covered services	In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare.
Vision Services <i>Supplemental Benefit:</i> <ul style="list-style-type: none"> Routine Eye Exam Eyewear [contact lenses and eyeglasses (frame and lenses)] 	20% of the cost for Medicare-covered services You pay nothing You pay nothing	One exam per year. Up to \$215 per year.
Mental Health Services <ul style="list-style-type: none"> Outpatient Group Therapy Visit Outpatient Individual Therapy Visit 	20% of the cost for Medicare-covered services	
Skilled Nursing Facility (SNF)	You pay nothing for the first 20 days of each benefit period You pay \$170.50 per day for days 21-100 You pay all costs for each day after day 100	Prior authorization is required. Zero (0) hospital days required prior to SNF admission.
Physical Therapy	20% of the cost for Medicare-covered services	Prior authorization is required.
Ambulance	20% of the cost for Medicare-covered services	Prior authorization is required for Medicare-covered non-emergent ambulance.
Transportation (Non-Emergent) <ul style="list-style-type: none"> Van Medical Transport 	You pay nothing for up to twelve (12) one-way trips per year to any health-related location	
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable Medical Equipment (e.g. wheelchairs, oxygen) Prosthetics (e.g. braces, artificial limbs) Diabetes Supplies 	20% of the cost for Medicare-covered services	Prior authorization is required for billed charges in excess of \$250.
Medicare Part B Drugs	20% of the cost for Medicare-covered services	Prior authorization is required for billed charges in excess of \$250. May be subject to step therapy.

Outpatient Prescription Drugs		
	Standard Retail Cost-Sharing (up to 30-day supply)	Long-Term Care Cost-Sharing (up to 31-day supply)
Yearly Deductible (Stage 1)	\$415 for all Part D prescription drugs. <ul style="list-style-type: none"> You begin in this payment stage when you fill first prescription for the year. During this stage, you pay the full cost for your prescription drugs until you have paid \$415. You stay in this stage until you have paid \$415 for your prescription drugs. 	
Initial Coverage (Stage 2)	25% coinsurance cost-sharing for covered prescription drugs <ul style="list-style-type: none"> During this stage, the Plan pays its share of the cost of your prescription drugs and you pay your share of the cost. You stay in this stage until your year-to-date "total prescription drug costs" (your payments plus any Plan payments) total \$3,820. 	
Coverage Gap (Stage 3)	After your total drug costs (including what our Plan has paid and what you have paid) reach \$3,820, you will pay no more than 37% coinsurance for generic drugs and 25% coinsurance for brand name drugs plus a portion of the dispensing fee <ul style="list-style-type: none"> You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,100. This amount and rules for counting costs toward this amount have been set by Medicare. 	
Catastrophic Coverage (Stage 4)	After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacy and mail-order pharmacy) reach \$5,100 you pay the greater of: <ul style="list-style-type: none"> 5% coinsurance; or \$3.40 copayment for generics (including brand drugs treated as generics); or \$8.50 copayment for all other drugs 	

Other Covered Benefits		
Benefits	American Health Advantage of Oklahoma (HMO SNP)	What You Should Know
Home Health Services	You pay nothing for Medicare-covered services	Prior authorization is required.
Occupational Therapy and Speech-Language Therapy	20% of the cost for Medicare-covered services	Prior authorization is required.
Foot Care (Podiatry Services) <i>Supplemental Benefit:</i> Up to six (6) non-Medicare covered routine podiatry services per year	20% of the cost for Medicare-covered services You pay nothing	
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable Medical Equipment (e.g. wheelchairs, oxygen) Prosthetics (e.g. braces, artificial limbs) Diabetes Supplies 	20% of the cost for Medicare-covered services	Prior authorization is required for billed charges in excess of \$250.

Anti-Discrimination Notice

English

American Health Advantage of Oklahoma (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

American Health Advantage of Oklahoma (HMO SNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

American Health Advantage of Oklahoma (HMO SNP):

- 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 American Health Advantage of Oklahoma Member Services. If you believe that American Health Advantage of Oklahoma 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: American Health Advantage of Oklahoma, ATTN: Appeals & Grievances, 909 S. Meridian Avenue, Suite 425, Oklahoma City, OK 73108, telephone 1-866-583-4649 (TTY/TDD 711) 8:00 A.M. to 8:00 P.M. Central Time seven days a week October 1st through March 31st (April 1st through September 31st 8:00 A.M. to 8:00 P.M. Monday through Friday), fax: 1-844-280-5360. You can file a grievance in person or by mail or fax. If you need help filing a grievance, American Health Advantage of Oklahoma Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-language Interpreter Services

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.
Call 1-866-583-4649 (TTY: 711).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-866-583-4649 (TTY: 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-866-583-4649 (TTY: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-866-583-4649 (TTY: 711).

Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-583-4649 (ATS : 711).

tsalagi gawonihisdi (Cherokee)

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi].
Call 1 – 866-583-4649 (TTY: 711)

繁體中文 (Chinese)

注意如果您使用繁體中文，您可以免費獲得語言援助服務。
請致電 1-866-583-4649 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-866-583-4649 (TTY: 711) 번으로 전화해 주십시오.

Chahta (Choctaw)

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmmā im anompoli chi bvnnakmvt, holhtina pa payah: 1-866-583-4649 (TTY: 711).

عبري (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-583-4649 (رقم هاتف الصم والبكم: 711-1).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa 1-866-583-4649 (TTY: 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1-866-583-4649 (TTY:711) まで、お電話にてご連絡ください。

دُو (Urdu)

1-866-583-4649 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 4649 (TTY: 711)۔

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-866-583-4649 (TTY: 711) पर कॉल करें।

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

Chiamare il numero 1-866-583-4649 (TTY: 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните 1-866-583-4649 (телетайп: 711).

For more information, contact American Health Advantage of Oklahoma (HMO SNP) from 8:00 A.M. to 8:00 P.M. Central Time seven days a week October 1st through March 31st (April 1st through September 31st 8:00 A.M. to 8:00 P.M Monday through Friday) at 1-866-583-4649 (TTY/TDD user's call 711) or visit our website at <https://ok.amhealthplans.com>.

You can access the American Health Advantage of Oklahoma (HMO SNP) provider or pharmacy directory on our website at <https://ok.amhealthplans.com>.

For coverage and costs of Original Medicare look in your current “**Medicare & You**” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

American Health Advantage of Oklahoma (HMO SNP), offered by Oklahoma Superior Select, Inc., is a Health Maintenance Organization (HMO) with a Medicare Contract. Enrollment in American Health Advantage of Oklahoma (HMO SNP) depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please call Member Services at 1-866-583-4649 (TTY/TDD user's call 711) from 8:00 A.M. to 8:00 P.M. Central Time seven days a week October 1st through March 31st (April 1st through September 30th 8:00 A.M. to 8:00 P.M. Monday through Friday).

This plan is available to anyone with Medicare who meets the Skilled Nursing Facility (SNF) level of care and resides in a nursing home or in the community. American Health Advantage of Oklahoma (HMO SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2020 based on a review of the American Health Advantage of Oklahoma (HMO SNP) Model of Care.

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



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