

2022



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, 2022 - December 31, 2022



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 see a complete list of services we cover, please review the Evidence of Coverage on 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, 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 counties.

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

Your Monthly Plan Premium (in addition to your Medicare Part B premium)	There is no monthly premium for this plan.
Deductible	There is no deductible for this plan.
Maximum Out-of-Pocket Responsibility	<p>\$0 annually for Medicare-covered services from in-network providers.</p> <p>This is the most you will pay for copays, coinsurance, and other costs for medical services for the year. This does not include prescription drugs.</p>

Prescription Drug Benefits

Deductible	There is no prescription drug deductible for this plan
Stage 1: Initial Coverage Stage	<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 \$7,050:</p> <p>Tier 1 Generic: You pay either \$0, \$1.35, or \$3.95 per prescription. Tier 1 Brand: You pay either \$0, \$4.00, or \$9.85 per prescription.</p>
Stage 2: Catastrophic Coverage Stage	\$0 for Low Income Subsidy (LIS) Levels 1 – 3.

Covered Medical Benefits

Inpatient Hospital Coverage	<p>You pay \$0 per stay.</p> <p>Our plan covers unlimited days for an inpatient stay.</p> <p>Prior authorization may be required.</p>
Outpatient Hospital Coverage	<p>Outpatient Hospital: \$0 copay</p> <p>Ambulatory Surgical Center: \$0 copay</p> <p>Observation: \$0 copay</p> <p>Prior authorization may be required.</p>
Doctor Visits	<p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$0 copay per visit Specialist visits require a referral.</p>
Preventive Care	<p>\$0 copay</p> <p>Preventive care includes:</p> <ul style="list-style-type: none"> • abdominal aortic aneurysm screening • annual wellness visit • bone mass measurement • breast cancer screening • cardiovascular disease risk reduction visit • cardiovascular disease testing • cervical and vaginal cancer screening • colorectal cancer screening • depression screening • diabetes screening • diabetes self-management training • HIV screening • immunizations (flu, pneumonia, Hepatitis B) • medical nutrition therapy • obesity screening and therapy to promote sustained weight loss • prostate cancer screening exams • screening and counseling to reduce alcohol misuse • screening for lung cancer • screening for STIs and counseling to prevent STIs • smoking and tobacco use cessation (counseling) • Welcome to Medicare preventive visit
Emergency Care	\$0 copay in or out of network
Urgently Needed Services	\$0 copay in or out of network

Covered Medical Benefits

Outpatient Diagnostic Services/Labs/ Imaging	<p>Diagnostic radiology service (CT/MRI): \$0 copay</p> <p>Lab services: \$0 copay</p> <p>Diagnostic tests and procedures: \$0 copay</p> <p>Outpatient X-rays: \$0 copay</p> <p>Prior authorization and referral may be required. Outpatient X-rays do not require prior authorization or referral.</p>
Hearing Services	<p>Hearing exams: \$0 copay for a Medicare-covered hearing exam \$0 copay for a non-Medicare covered routine hearing exam</p> <p>Hearing aid fitting and evaluation: \$0 copay</p> <p>Hearing aids: You will be reimbursed for up to \$1,000 per year for hearing aids.</p>
<p>Dental Services</p> <p>In-network preventive dental services are provided by Delta Dental's Medicare Advantage PPO network dentists.</p>	<p>\$0 copay for two exams and two cleanings each year</p> <p>\$0 copay for one set of bitewing X-rays each year</p> <p>\$0 copay for a brush biopsy</p> <p>You have a \$1000 limit on all covered dental services.</p>
Vision Services	<p>\$0 copay for each Medicare-covered exam to diagnose and treat diseases of the eye</p> <p>\$0 copay for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for glaucoma screening</p> <p>\$0 copay for a routine eye exam</p> <p>\$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses and frames) or contact lenses. You will be reimbursed up to a maximum of \$100 each year.</p>
<p>Mental Health Services</p> <p>Our plan covers up to 190 days in a lifetime for inpatient care in a psychiatric hospital.</p>	<p>Inpatient: \$0 copay per stay; our plan covers up to 90 days for an inpatient hospital stay</p> <p>Outpatient therapy (group or individual): \$0 copay per session</p> <p>Prior authorization may be required for inpatient mental health services.</p>

Covered Medical Benefits

Skilled Nursing Facility (SNF)	<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>
Physical Therapy	<p>\$0 copay per visit</p> <p>Prior authorization and referral may be required.</p>
Ambulance	<p>\$0 copay per one-way transport</p> <p>Prior authorization may be required for Medicare covered non-emergency transport</p>
Transportation	<p>Routine transportation is not covered by Medicare. This benefit is covered when using services through your Medicaid benefit.</p>
Medicare Part B Drugs	<p>Chemotherapy and Other Part B Drugs: \$0 copay</p> <p>Home Infusion Drugs: \$0 copay</p> <p>Prior authorization may be required.</p>

Additional Covered Medical Benefits




Acupuncture	\$0 copay for Medicare-covered visits for lower back pain
Annual Physical Exam	\$0 copay
Chiropractic Care	\$0 copay
Durable Medical Equipment	<p>\$0 copay</p> <p>Prior authorization may be required.</p>

Additional Covered Medical Benefits

Enhanced Disease Management	<p>If you have a chronic conditions you may qualify for one of our enhanced disease management programs. These special educational programs promote a deep understanding of the disease process and provide individual teaching and coaching to help you have a healthier lifestyle. A care manager is available to those who qualify for these customized programs.</p> <p>You pay nothing for enhanced disease management. Prior authorization and referral may be required.</p>
Fitness Membership	Our plan will reimburse you for up to a maximum of \$200 for your fitness center membership.
Meals After Discharge	<p>Benefit covers 28 meals (2 meals per day for 14 days) delivered directly to your home after each discharge from an inpatient acute or a skilled nursing facility stay. Annual limit of 5 discharges for a total of 140 meals per year.</p> <p>Prior authorization and referral may be required.</p>
Nutritional/Dietary Benefit	<p>We cover 6 counseling sessions through a registered dietician 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.</p> <p>Prior authorization may be required.</p>
Over-the-Counter Items	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.
Prosthetic Devices and Related Medical Supplies	\$0 copay

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.

	MDwise Medicare Inspire Duals	Indiana Medicaid
Outpatient Services		
Acupuncture	 Some coverage	Not covered
Ambulance		

	MDwise Medicare Inspire Duals	Indiana Medicaid
Outpatient Services		
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	✓	✓
Podiatry Services	✓	✓
Preventive Care	✓	✓
Podiatry	✓	✓
Prosthetic Devices	✓	✓

	MDwise Medicare Inspire Duals	Indiana Medicaid
Outpatient Services		
Routine Transportation	Not covered	✓
Urgent Care	✓	✓
Vision Services	✓	✓ Some coverage
Inpatient Services		
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.

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.

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.

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.

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