



2019

FirstCare Advantage Dual SNP (HMO SNP)
Summary of Benefits

FirstCare[™]
★
HEALTH PLANS

H5742_60101E_M Accepted 09/05/2018

Summary of Benefits

FirstCare Advantage Dual SNP (HMO SNP)
January 1, 2019 - December 31, 2019

Introduction

Thank you for your interest in our Medicare Special Needs Plan (SNP)—FirstCare Advantage Dual SNP (HMO SNP). Our plan is offered by FirstCare Health Plans, a Medicare Advantage Health Maintenance Organization (HMO) that contracts with the Federal government.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. This information is not a complete description of benefits. Call 1-866-229-4969 (TTY 1-800-562-5259) for more information.

To get a complete list of services we cover, call us and ask for the Evidence of Coverage.



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FirstCare Advantage Dual SNP (HMO SNP) is a health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in FirstCare Advantage Dual SNP is dependent on contract renewal.

Section I

Introduction to Summary of Benefits

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits through a Medicare health plan (such as FirstCare Advantage Dual SNP).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what FirstCare Advantage Dual SNP covers and what you pay.

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.

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 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.

Sections in this booklet

- Things to Know About FirstCare Advantage Dual SNP
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Medicare vs. Medicaid Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-866-229-4969. TTY users should call 1-800-562-5259. Esta información es disponible en otros idiomas. *Para obtener más información llame al 1-866-229-4969. Los usuarios de TTY deben llamar a 1-800-562-5259.*

Things to Know About FirstCare Advantage Dual SNP

Hours of Operation

We are open October 1 – March 31, 8 a.m. to 8 p.m. Central Time (CT), daily; April 1 – September 30, 8 a.m. to 8 p.m. CT, Monday through Friday.

FirstCare Advantage Dual SNP Phone Numbers and Website

Call toll-free: 1-866-229-4969 (TTY 1-800-562-5259).

Visit our website: www.FirstCare.com/DualSNP

Who can join?

To join FirstCare Advantage Dual SNP, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Texas Medicaid program, not have End-Stage Renal Disease (ESRD) and live in our service area.

Our service area includes the following 15 Texas counties: Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher, and Terry.

Which doctors, hospitals, and pharmacies can I use?

FirstCare Advantage Dual 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.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directories on our website (www.FirstCare.com/DualSNP). Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more. Our plan members get all of the benefits covered by Original Medicare. Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.FirstCare.com/DualSNP. Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Section II

Summary of Benefits

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

Benefit Category	FirstCare Advantage Dual SNP (HMO SNP)
Monthly Plan Premium	<p>You pay:</p> <ul style="list-style-type: none"> \$0 - \$23.90 per month <i>Low Income Subsidy recipients generally do not have a premium.</i> <p>In addition, you must keep paying your Medicare Part B premium—unless paid for by a third party, such as Medicaid.</p>
Deductible	<p>This plan has deductibles for some hospital and medical services. You pay:</p> <ul style="list-style-type: none"> \$0 or inpatient service deductible per year for in-network services, depending on your level of Medicaid eligibility. \$0 to \$85 per year for Part D prescription drugs depending on your level of low income subsidy. <i>Most low income subsidy recipients do not have a Part D deductible.</i>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>In this plan, you pay nothing for Medicare-covered services.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$6,700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Refer to the “Medicare & You” handbook for Medicare-covered services. For Medicaid-covered services, refer to <i>Section IV—Texas Medicaid Program Benefits</i> in this document.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

Covered Medical and Hospital Benefits

Note: Services with a ¹ may require prior authorization.

Benefit Category	FirstCare Advantage Dual SNP (HMO SNP)
Inpatient Hospital¹	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 copay <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
Outpatient Hospital¹	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 copay for ambulatory surgical center • \$0 copay for outpatient hospital
Doctor Visits	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 copay for primary care physician visit • \$0 copay for specialist visit • \$0 copay for podiatry visits* • \$0 copay for chiropractic visits <p>*Foot Care (Podiatry services): Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p>
Preventive Care	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 copay <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement

Benefit Category	FirstCare Advantage Dual SNP (HMO SNP)
Preventive Care (cont.)	<ul style="list-style-type: none"> • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam, you pay: \$0 copay</p>
Emergency Care	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 copay <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Urgent Needed Services	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays¹	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 copay for diagnostic radiology services (such as MRIs, or scans) • \$0 copay for diagnostic tests and procedures • \$0 copay for lab services • \$0 copay for outpatient x-rays • \$0 copay for therapeutic radiology services (such as radiation treatment for cancer)
Hearing Services	<ul style="list-style-type: none"> • Routine hearing exam: not covered • Hearing aid: not covered • You pay \$0 copay for Medicare covered hearing services

Benefit Category	FirstCare Advantage Dual SNP (HMO SNP)
Dental Services	Preventive dental services: <ul style="list-style-type: none"> • One routine dental cleaning per year (including Cleaning, Dental X-Ray, Fluoride Treatment), you pay: \$0 copay
Vision Services	You pay: <ul style="list-style-type: none"> • \$0 copay for exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) • \$0 copay for routine eye exam (up to 1 every year) • \$0 copay for eyeglasses or contact lenses after cataract surgery <p>Our plan pays up to \$150 every year for eyewear.</p>
Mental Health Care¹	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. You pay:</p> <ul style="list-style-type: none"> • \$0 copay for outpatient group therapy visit • \$0 copay for outpatient individual therapy visit

Benefit Category	FirstCare Advantage Dual SNP (HMO SNP)
Skilled Nursing Facility¹ (SNF)	<p>Our plan covers up to 100 days in a SNF. You pay:</p> <ul style="list-style-type: none"> • \$0 copay <p>A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p>
Physical Therapy	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 copay <p>You pay \$0 copay for physical, occupational, and speech therapy visits</p>
Ambulance¹	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 copay
Transportation	<p>Not covered</p>
Medicare Part B Drugs:	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 copay for Part B drugs such as chemotherapy drugs • \$0 copay for other Part B drugs • Part B drugs may be subject to step therapy requirements <p>Durable Medical Equipment¹ and prosthetics¹, you pay:</p> <ul style="list-style-type: none"> • \$0 copay

Outpatient Prescription Drugs

Deductible	You pay \$0 - \$85 depending on your low-income subsidy*	
	Retail Rx 30-day supply	Mail Order 90-day supply
Initial Coverage Tier 1: Generic Tier 1: All Other Drugs	You pay \$0 - 15% coinsurance* You pay \$0 - 15% coinsurance*	You pay \$0 - 15% coinsurance* You pay \$0 - 15% coinsurance*

*Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. What you pay depends on your level of low-income subsidy.

Section III

Additional Information

Authorization Rules May Apply

Some procedures may be authorized by FirstCare Advantage Dual SNP for approval. For more information, please visit our website at www.FirstCare.com/DualSNP or call our Member Services at 1-866-229-4969, October 1 – March 31, 8 a.m. to 8 p.m. CT, daily; April 1 – September 30, 8 a.m. to 8 p.m. CT, Monday through Friday. TTY users should call 1-800-562-5259.

In-Network Requirements

FirstCare Advantage Dual SNP (HMO SNP) uses a provider and pharmacy network. Except in cases of emergency, you are required to use network providers. For a complete list of network providers and pharmacies in your area, please visit our website at www.FirstCare.com/DualSNP or call our Member Services at 1-866-229-4969, October 1 – March 31, 8 a.m. to 8 p.m. CT, daily; April 1 – September 30, 8 a.m. to 8 p.m. CT, Monday through Friday. TTY users should call 1-800-562-5259.

NCQA Approval

FirstCare Advantage Dual SNP (HMO SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until December 31, 2021, based on a review of the Model of Care for FirstCare Advantage Dual SNP (HMO SNP).

Section IV

Texas Medicaid Program Benefits

Covered Medical and Hospital Benefits

Here is a comparison between Medicaid benefits and what you will receive as a FirstCare Advantage Dual SNP (HMO SNP) member.

Note: Services with a ¹ may require prior authorization.

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Ambulance Services¹ (Medically necessary ambulance services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	<ul style="list-style-type: none"> \$0 copay
Assistive Communication Devices (Also known as Augmentative Communication Device (ACD) System)	For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	This plan does not cover Assistive Communication Devices.
Bone Mass Measurement (For people with Medicare who are at risk)	Bone density screening is a benefit of Texas Medicaid. For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	You pay nothing for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.
Cardiac Rehabilitation¹	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	<ul style="list-style-type: none"> Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$0 copay Occupational therapy visit: \$0 copay Physical therapy and speech and language therapy visit: \$0 copay

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
<p>Chiropractic Services</p>	<p>Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid.</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <ul style="list-style-type: none"> • \$0 copay
<p>Colorectal Screening Exams (For people aged 50 and older)</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>You pay nothing for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p>
<p>Dental Services (For people who are 20 years of age or younger; or 21 years of age or older in an ICF-MR)</p>	<p>For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <ul style="list-style-type: none"> • You pay nothing <p>Preventive dental services:</p> <ul style="list-style-type: none"> • 1 routine dental cleaning per year (including Cleaning, Dental X-Ray, Fluoride Treatment): \$0 copay
<p>Diabetes Supplies¹ (Includes coverage for test strips, lancets, and screening tests)</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> • Diabetes monitoring supplies: \$0 copay • Diabetes self-management training: \$0 copay • Therapeutic shoes or inserts: \$0 copay

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services ¹	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> • Diagnostic tests and procedures: \$0 copay • Lab services: \$0 copay • Outpatient x-rays: \$0 copay • Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay
Doctor and Hospital Choice	<p>Members should follow Medicare guidelines related to hospital and doctor choice.</p>	<p>If you use doctors, hospitals and other providers that are not in our network, the plan may not pay for these services.</p>
Doctor Office Visits	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> • Primary care physician visit: \$0 copay • Specialist visit: \$0 copay
Durable Medical Equipment (Includes wheelchairs, oxygen) ¹	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> • \$0 copay
Emergency Care (Any emergency room visit if the member reasonably believes he or she needs emergency care)	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> • \$0 copay <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.</p> <p>See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
End-Stage Renal Disease (ESRD) ¹	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> • \$0 copay

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
<p>Health/Wellness Education</p> <p>(Nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam)</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>You pay nothing for all preventive services covered under Original Medicare.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p>
<p>Hearing Services</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Exam to diagnose and treat hearing and balance issues:</p> <ul style="list-style-type: none"> • \$0 copay
<p>Home Health Care</p> <p>(Includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services)¹</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> • \$0 copay
<p>Hospice</p>	<p>Medicaid pays for this service for certain Waiver Members if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> <p><i>Note: When adult clients elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.</i></p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>
<p>Immunizations</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>For Flu, Pneumonia and Hepatitis B vaccines: \$0 copay</p>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
<p>Inpatient Hospital Care¹</p>	<p>Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, copayments and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
<p>Inpatient Mental Health Care ¹</p>	<p>Inpatient psychiatric hospital stays are covered for children and adults 65 years of age and older. Inpatient hospital stays for acute psychiatric treatment are a covered benefit for adults 21 through 64 years of age, although Medicaid MCOs may choose to cover stays at psychiatric facilities in lieu of acute care hospitals. Medicaid pays coinsurance, copayments and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
<p>Outpatient Mental Health Care</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> • Outpatient group therapy visit: \$0 copay • Outpatient individual therapy visit: \$0 copay

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Mammograms (Annual screening)	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>You pay nothing for all preventive services covered under Original Medicare.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p>
Monthly Premium	<p>Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.</p>	<ul style="list-style-type: none"> \$0-\$23.90 per month, depending on your level of low income subsidy. <p>In addition, you must keep paying your Medicare Part B premium—unless paid by a third party, such as Medicaid.</p>
Orthotic and Prosthetic Devices¹	<p>For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>Medicaid pays for breast prostheses for Members of all ages if not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> Prosthetic devices: \$0 copay Related medical supplies: \$0 copay
Outpatient Rehabilitation Services¹	<p>For Members birth through age 20, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$0 copay Occupational therapy visit: \$0 copay Physical therapy and speech and language therapy visit: \$0 copay

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Outpatient Services/ Surgery¹	<p>Medicaid pays for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> Ambulatory surgical center: \$0 copay Outpatient hospital: \$0 copay
Outpatient Substance Use Disorder (Assessment, ambulatory treatment/detox, and Medication Assistance Therapy (MAT))	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> Group therapy visit: \$0 copay Individual therapy visit: \$0 copay
Pap Smears and Pelvic Exams (For women)	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p>
Podiatry Services (Foot care)	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</p> <ul style="list-style-type: none"> \$0 copay

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
<p>Prescription Drugs</p>	<p>\$0 copayment for Medicaid covered prescription drugs not covered by Medicare Part D.</p> <p><i>Note: Medicaid will not cover any Medicare Part D drug.</i></p>	<p>For Part B drugs such as chemotherapy drugs¹: \$0 copay</p> <p>Other Part B drugs¹: \$0 copay</p> <p><i>NOTE: Part B drugs may be subject to step therapy requirements</i></p> <p>Our plan does not have a deductible for Part D prescription drugs.</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.25 copay; or • \$3.40 copay; or • 15% coinsurance. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.80 copay; or • \$8.50 copay; or • 15% coinsurance. <p><i>NOTE: Some drugs may have limitations, such as step therapy, quantity level limits, or prior authorization requirements. Please consult our Formulary for details.</i></p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p> <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay nothing for all drugs.</p>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Prostate Cancer Screening Exams	<p>Medicaid managed care pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p>
Skilled Nursing Facility (SNF) (In a Medicare-certified Skilled Nursing Facility) ¹	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • \$0 copay
Telemedicine Services	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Certain types of telemedicine visits are covered. Contact FirstCare Advantage Dual SNP Customer Experience Center for additional information.</p>
Transportation (Routine)	<p>The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>This plan does not cover routine transportation.</p>
Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area)	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<ul style="list-style-type: none"> • \$0 copay

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Vision Services	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> <p><i>Note: Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.</i></p>	<ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay • Routine eye exam (up to 1 every year): \$0 copay • Eyeglasses or contact lenses after cataract surgery: \$0 copay • Our plan pays up to \$150 every year for eyewear.

Home and Community Based Waiver Services

Those who meet Qualified Medicare Beneficiary (QMB) requirements, and also meet the financial criteria for full Medicaid coverage, may be eligible to receive all Medicaid services not covered by Medicare, including Medicaid waiver services. Waiver services are limited to individuals who meet additional Medicaid waiver eligibility criteria.

Home and Community Based Waiver Services	
Community Based Alternatives (CBA) Waiver	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).
Community Living Assistance and Support Services (CLASS) Waiver	For information on waiver services and eligibility for this waiver, contact DADS.
Consolidated Waiver Program (CWP) (Bexar County/San Antonio only)	For information on waiver services and eligibility for this waiver, contact DADS.
Deaf Blind with Multiple Disabilities Waiver (DB-MD)	For information on waiver services and eligibility for this waiver, contact DADS.
Home and Community Services (HCS) Waiver	For information on waiver services and eligibility for this waiver, contact DADS.
Medically Dependent Children Program (MDCP)	For information on waiver services and eligibility for this waiver, contact DADS.
STAR+PLUS Program (Operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)	For information on waiver services and eligibility for this waiver, contact DADS.
Texas Home Living Waiver (TxHmL)	For information on waiver services and eligibility for this waiver, contact DADS.

Notes



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