

# 2022 Summary of Benefits

## Perennial Advantage Concierge (HMO C-SNP)

### H3419, Plan 002

**This is a summary of drug and health services covered by Perennial Advantage Concierge (HMO C-SNP) January 1, 2022 - December 31, 2022.**

Perennial Advantage Concierge (HMO C-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-844-788-6959, TTY should call 711, for more information.

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, visit our website at [PerennialAdvantage.com](https://PerennialAdvantage.com), or call Member Services and request the *Evidence of Coverage*.

#### **To Reach Our Member Services Representatives:**

- Toll Free 1-844-788-6959, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

#### **To join Perennial Advantage Concierge (HMO C-SNP), you must:**

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- you meet the eligibility requirements described below.

### **Special eligibility requirements for our plan**

Our plan is designed to meet the specialized needs of people who have certain medical conditions. To be eligible for our plan, you must have cardiovascular disorders, chronic heart failure, and/or diabetes.

Our service area includes these counties in Colorado: Arapahoe, Boulder, Broomfield, Denver, and Jefferson.

Perennial Advantage Concierge (HMO C-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at [PerennialAdvantage.com](https://www.perennialadvantage.com). If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year.

Limitations, copayments, and restrictions may apply.

You must continue to pay your Medicare Part B premium.

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You 2022”** handbook. View it online at <https://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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

	<b>Perennial Advantage Concierge (HMO C-SNP)</b>
<b>Monthly plan premium</b>	\$35.90 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	The Part B deductible is \$233. For the Part A deductible, you pay the 2022 Original Medicare cost-sharing amounts for Inpatient Hospital or Mental Health for inpatient visits. \$1,556 deductible
<b>Maximum out-of-pocket amount</b> (does not include Part D Prescription drugs)	\$5,000
<b>Inpatient Hospital coverage</b>	You pay the 2022 Original Medicare cost-sharing amounts. \$1,556 deductible; \$0 copayment each day for days 1-60; \$389 copayment each day for days 61 to 90; \$778 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior authorization is required.</i>
<b>Outpatient Hospital coverage</b>  Outpatient hospital services  Outpatient hospital observation services	20% coinsurance <i>Prior authorization is required.</i>  \$100 copayment <i>Prior authorization is required.</i>
<b>Doctor Visits</b>  Primary Care Providers  Specialists	\$0 copayment  20% coinsurance <i>Referral is required.</i> <i>Prior authorization is required.</i>
<b>Preventive Care</b>	You pay nothing.
<b>Emergency care</b>	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
<b>Urgently needed services</b>	\$55 copayment Copayment is waived if you are admitted to a hospital within 3 days.

	<b>Perennial Advantage Concierge (HMO C-SNP)</b>
<p><b>Diagnostic Services/Labs/Imaging</b></p> <p>Diagnostic tests and procedures</p> <p>Lab services</p> <p>Diagnostic radiology services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p>	<p>20% coinsurance <i>No authorization required when services are rendered in a Nursing Facility or Physician office.</i></p> <p>\$0 copayment <i>No authorization required for lab services except for genetic testing, which does require authorization.</i></p> <p>20% coinsurance <i>Prior authorization is required.</i></p> <p>\$0 copayment <i>Authorization exception: X-rays do not require authorization when service rendered in Nursing Facility, physician office, or hospital.</i></p>
<p><b>Hearing services</b></p> <p>Hearing exam</p> <p><i>Supplemental benefits</i></p> <p>Routine hearing exam, fitting and evaluation for hearing aids</p> <p>Hearing aids</p>	<p>20% coinsurance of the cost for Medicare-covered hearing services.</p> <p>\$0 copayment for 1 routine hearing exam, fitting and evaluation for hearing aids every year.</p> <p>Up to a \$2,000 credit for both ears combined every two years for hearing aids.</p>
<p><b>Dental services</b></p> <p>Medicare-covered dental</p> <p><i>Supplemental benefits</i></p> <p>Preventive and comprehensive</p>	<p>20% coinsurance for each Medicare-covered service. <i>Prior authorization is for Medicare-covered comprehensive dental only, not supplemental.</i></p> <p>\$0 copayment for: 1 Oral Exams every year; 1 Prophylaxis (Cleanings) every year; 1 Dental X-rays every year Annual maximum of \$2,000 towards preventive or comprehensive dental services.</p>
<p><b>Vision care</b></p> <p>Yearly eye exam for diabetic retinopathy</p> <p><i>Supplemental benefits</i></p> <p>Routine eye exam</p> <p>Eyeglasses, lenses, frames</p>	<p>20% coinsurance for Medicare-covered services.</p> <p>You pay a \$0 copayment for 1 routine eye exam visit every year. Allowance of up to \$300 combined credit every year.</p>

	<b>Perennial Advantage Concierge (HMO C-SNP)</b>
<b>Mental Health Services</b> Inpatient visit  Outpatient group therapy visit  Outpatient individual therapy visit	You pay the 2022 Original Medicare cost-sharing amounts. \$1,556 deductible; \$0 copayment each day for days 1-60; \$389 copayment each day for days 61 to 90; \$778 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior authorization is required.</i>  20% coinsurance <i>Prior authorization is required.</i>  20% coinsurance <i>Prior authorization is required.</i>
<b>Skilled nursing facility (SNF) care</b>	You pay the 2022 Original Medicare cost-sharing amounts. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$194.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. Traditional Medicare benefit period <i>Authorization is only required for services provided by non-capitated providers.</i>
<b>Physical Therapy</b>	20% coinsurance <i>Prior authorization is only required for services provided by non-capitated providers.</i>
<b>Ambulance services</b> Ground Ambulance  Air Ambulance	20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i>  20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i>
<b>Non-Emergency Transportation</b>	Not Covered
<b>Medicare Part B prescription drugs</b> Chemotherapy drugs  Other Part B drugs	20% coinsurance <i>For chemotherapy, authorization is required on the initial drug approval only.</i>  20% coinsurance <i>Prior authorization is required for some medications.</i>

	<b>Perennial Advantage Concierge (HMO C-SNP)</b>
<b>Ambulatory Surgical Center</b>	20% coinsurance <i>Prior authorization is required.</i>
<b>Diabetic monitoring supplies</b> Diabetic Therapeutic Shoes and Inserts	\$0 copayment 0% - 20% coinsurance Plan covers one set of diabetic therapeutic shoes/inserts annually at a \$0 copay (deductible exempt). After the first set, all additional shoes/inserts may be provided at a 20% coinsurance.
<b>Foot Care (podiatry services)</b> Foot exams and treatment <i>Supplemental benefits</i> Routine foot care	20% coinsurance for Medicare-covered services.  \$0 copayment for 6 routine foot care visits per year.
<b>Occupational or Speech Therapy</b>	20% coinsurance <i>Prior authorization is only required for services provided by non-capitated providers.</i>
<b>In-Home Support Services Benefit</b>	\$0 copayment Upon enrollment, members receive up to 6 private duty personal care visits annually from a participating provider. Each visit will last 2 hours. Services offered during the private duty personal care visits would include: <ul style="list-style-type: none"> <li>• Personal hygiene needs including bathing, dressing and grooming</li> <li>• Light housekeeping including linen changes, taking out trash, tidying, and more</li> <li>• Laundry tasks such as washing, drying and folding</li> <li>• Meal preparation needs including planning, preparing and/or helping to prepare meals</li> <li>• Transportation for picking up prescriptions, shopping, social visits and more</li> </ul> Please contact the plan for more details

<b>Perennial Advantage Concierge (HMO C-SNP)</b>		
<b>Outpatient Prescription Drugs</b>		
	<b>Standard retail cost-sharing</b> (in-network) (up to a 30-day supply)	<b>Long-term care (LTC) cost-sharing</b> (up to a 31-day supply)
<b>Deductible</b>	\$480 for all Part D prescription drugs.	
<b>Tier 1</b> (Preferred Generic)	\$2 copayment	\$2 copayment
<b>Tier 2</b> (Generic)	\$15 copayment	\$15 copayment
<b>Tier 3</b> (Preferred Brand)	\$45 copayment	\$45 copayment
<b>Tier 4</b> (Non-Preferred Brand)	\$95 copayment	\$95 copayment
<b>Tier 5</b> (Specialty Tier)	25% coinsurance	25% coinsurance
<b>Coverage Gap</b>	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.</li> </ul>	

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long-term (90-day supply).

# Pre-Enrollment Checklist

## Perennial Advantage Strive (HMO I-SNP)

## Perennial Advantage Concierge (HMO C-SNP)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-844-788-6959 (TTY 711).

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [PerennialAdvantage.com](http://PerennialAdvantage.com) or call 1-844-788-6959 (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- For I-SNP enrollees only:** This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- For I-SNP enrollees only:** This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.
- For C-SNP enrollees only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

Perennial Advantage is an HMO I-SNP and HMO-CSNP with a Medicare contract. Enrollment in Perennial Advantage depends on contract renewal. Perennial Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Out-of-network/non-contracted providers are under no obligation to treat Perennial Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.