

# HEALTH | CHOICE

GENERATIONS



Health Choice Generations Utah (HMO D-SNP)

**2022**

## **SUMMARY OF BENEFITS**

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Serving Davis, Salt Lake, Tooele, Utah, and Weber counties.

# SUMMARY OF BENEFITS

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January 1, 2022 – December 31, 2022

## ABOUT HEALTH CHOICE GENERATIONS UTAH (HMO D-SNP)

### HOW TO REACH US:

You can call us 7 days a week, 8AM – 8PM, Monday – Friday (closed on federal holidays) or 7 days a week (October – March; closed on Thanksgiving and Christmas Day). Or visit [HealthChoiceGenerations.com](https://HealthChoiceGenerations.com).

Health Choice Generations Utah 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 directory on our website [HealthChoiceGenerations.com](https://HealthChoiceGenerations.com) or call us and we will send you a copy of the provider and pharmacy directories.

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. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You may access our EOC on our website at [HealthChoiceGenerations.com](https://HealthChoiceGenerations.com).

### WHO CAN JOIN?

To join Health Choice Generations Utah, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid Utah Department of Health and live in our service area. Our service area includes the following counties in Utah: Salt Lake, Utah, Davis, Weber, and Tooele.

### WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. 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 [HealthChoiceGenerations.com](https://HealthChoiceGenerations.com) or call us and we will send you a copy of the formulary.

### WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

Health Choice Generations Utah 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 can see our plan's provider directory, pharmacy directory and formulary on our website: [HealthChoiceGenerations.com](https://HealthChoiceGenerations.com) or you can call us and we will send you a copy of the provider and pharmacy directories, and/or formulary.

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

## **SUMMARY OF BENEFITS**

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### **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 by joining a Medicare health plan, such as Health Choice Generations Utah.

### **YOU HAVE CHOICES. TIPS FOR COMPARING MEDICARE PLANS.**

This Summary of Benefits booklet gives you a summary of what Health Choice Generations Utah 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 booklet or use the Medicare Plan Finder on <http://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 <http://www.medicare.gov> or get a copy by calling 800-MEDICARE (1-800- 633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

Health Choice Generations Utah HMO D-SNP is a Health Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Health Choice Generations Utah HMO D-SNP depends on contract renewal.

This information is available in other formats, such as Braille, large print, and audio.

This information is not a complete description of benefits. Call (844) 457-8943; TTY 711 for more information.

# HEALTH CHOICE GENERATIONS UTAH

## 2022 SUMMARY OF BENEFITS CHART

Cost sharing for Medicare Covered benefits in the chart below are based on your level of Medicaid Eligibility. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

### MONTHLY PREMIUM, DEDUCTIBLES AND LIMITS

|   |   |
|---|---|
| <b>Monthly Health Plan Premium</b>  | \$0 - \$42.90 based on your level of Medicaid eligibility.  |
| <b>Deductible</b>   | <p>\$0 or \$203. This is the 2021 cost sharing amount and may change for 2022.</p> <p>Health Choice Generations Utah will provide updated rates as soon as they are released.</p> <p>\$0 or \$99 per year for Part D prescription drugs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p> |
| <b>Maximum Out-of-Pocket Responsibility</b><br>(this does not include prescription drugs) | <p>If you lose your Medicaid eligibility, the yearly maximum you will ever pay in Health Choice Generations Utah (your maximum out-of-pocket amount) is \$6,700. If this occurs and you pay the full maximum out-of-pocket amount, we will pay for all part A and B services for the rest of the year.</p>                                |

# COVERED MEDICAL AND HOSPITAL BENEFITS

## INPATIENT HOSPITAL COVERAGE

*Prior Authorization may be required*

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.

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.

Depending on your level of Medicaid eligibility, you may pay:

\$1,484 deductible for each benefit period

Days 1-60: \$0 coinsurance for each benefit period

Days 61-90: \$371 coinsurance per day of each benefit period

Days 91 and beyond: \$742 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)

Beyond lifetime reserve days: all costs

These are the 2021 cost sharing amounts and may change for 2022.

Health Choice Generations Utah will provide updated rates as soon as they are released.

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

## OUTPATIENT HOSPITAL COVERAGE

### Outpatient Hospital

*Prior Authorization may be required*

\$0 copay or 20% of the cost

### Outpatient Hospital Observation Services

*Prior Authorization may be required*

\$0 copay or 20% of the cost

### Ambulatory Surgery Center

\$0 copay or 20% of the cost

## DOCTOR VISITS

### Primary Care

\$0 copay or 20% of the cost

### Specialists

\$0 copay or 20% of the cost

# COVERED MEDICAL AND HOSPITAL BENEFITS

## PREVENTIVE CARE

|   |           |
|---|-----------|
| Alcohol misuse screenings & counseling  | \$0 copay |
| Annual wellness visit   |           |
| Bone mass measurements (bone density)   |           |
| Cardiovascular disease screening tests  |           |
| Colorectal cancer screening   |           |
| Counseling to Prevent Tobacco Use   |           |
| Depression screenings   |           |
| Diabetes screenings   |           |
| Hepatitis B Virus Screening   |           |
| Hepatitis B Virus Vaccine and Administration  |           |
| Hepatitis C Virus screening test  |           |
| Human Immunodeficiency Virus (HIV) screening  |           |
| Influenza Virus Vaccine and Administration  |           |
| Initial Preventive Physical Examination (IPPE)  |           |
| Intensive Behavioral Therapy for Cardiovascular Disease   |           |
| Intensive Behavioral Therapy for Obesity  |           |
| Lung cancer screening counseling and annual screening for Lung Cancer with low dose computed tomography |           |
| Medical Nutrition Therapy   |           |
| Pneumococcal Vaccine and Administration   |           |
| Prostate Cancer Screening   |           |
| Screening for Cervical Cancer with Human Papillomavirus tests   |           |
| Screening for Sexually Transmitted Infections and High Intensity Behavioral Counseling to Prevent STIs  |           |
| Prolonged Preventive Services   |           |
| Screening Mammography   |           |
| Screening Pap Tests   |           |
| Screening Pelvic Examinations (includes a clinical breast examination)                                  |           |
| Ultrasound Screening for Abdominal Aortic Aneurysm  |           |

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|                                   |                              |
|-----------------------------------|------------------------------|
| Diabetes Self-Management Training | \$0 copay or 20% of the cost |
| Barium Enemas                     |                              |
| Digital Rectal Exams              |                              |
| EKG following Welcome Visit       |                              |

## EMERGENCY CARE

|                |   |
|----------------|---|
| Emergency Care | \$0 copay or 20% of the cost up to \$90 for Medicare-covered emergency room visits. |
|----------------|---|

# COVERED MEDICAL AND HOSPITAL BENEFITS

## URGENTLY NEEDED SERVICES

### Urgent Care

\$0 copay or 20% of the cost up to \$65 for Medicare-covered urgently needed services.

## DIAGNOSTIC SERVICES/LABS/IMAGING LAB SERVICES

### Diagnostic tests and procedures

*Prior authorization may be required*

\$0 copay or 20% of the cost

### Lab Services

*Prior authorization may be required*

\$0 copay

### Diagnostic radiology (e.g., MRI, CT)

*Prior authorization may be required*

\$0 copay or 20% of the cost

### Outpatient x-rays

\$0 copay or 20% of the cost

### Therapeutic radiology

*Prior authorization may be required*

\$0 copay or 20% of the cost

## HEARING SERVICES

### Medicare-covered diagnostic hearing and balance exam

They're covered only when your doctor or other health care provider orders them to see if you need medical treatment.

\$0 copay or 20% of the cost

### Routine Hearing Exam

(Supplemental Benefit)

\$0 copay  
One Exam per year

### Hearing Aid Fitting and Hearing Aid

(Supplemental Benefit)

\$0 copay. Maximum benefit allowance of \$1,500 per ear every 3 years for hearing aid.

\$0 copay for hearing aid fitting every 3 years

# COVERED MEDICAL AND HOSPITAL BENEFITS

## DENTAL SERVICES

### Medicare-covered dental services

Medicare Part A (Hospital Insurance) will pay for certain dental services that you get when you're in a hospital. Part A can pay for inpatient hospital care if you need to have emergency or complicated dental procedures, even though the dental care isn't covered.

\$0 copay or 20% of the cost

### Preventive and Comprehensive Dental (Supplemental Benefit)

#### **Preventive:**

Two Oral Exams per year, one every six months.

Two Prophylaxis (Cleanings) per year, one every six months.

One x-ray per year, which consists of:

One of either bitewing x-rays or single x-rays

OR

One complete aka full mouth (FMX) aka panoramic set.

Complete/panoramic only allowed once every 36 months.

Exam and cleaning must be performed in the same preventive office visit. X-ray must be taken during a preventive office visit.

#### **Comprehensive:**

Including non-routine diagnostic, restorative, endodontics, periodontics, extractions and prosthodontics, other oral/maxillofacial service services.

Dentures covered once every 2 years. Adjustments up to 4 per year.

*Prior authorization required for Dentures.*

\$0 copay

\$3,200 plan coverage limit per calendar year for all dental services combined.

## VISION SERVICES

**Medicare-covered vision exam** to diagnose/treat diseases of the eye (including yearly glaucoma screening)  
Eyeglasses or contact lenses after cataract surgery

\$0 copay or 20% of the cost

**Routine Eye Exam**  
(Supplemental Benefit)

\$0 copay  
One Exam per year.

**Eyewear**  
(Supplemental Benefit)

\$0 copay  
Our plan pays up to \$300 maximum benefit allowance every year for unlimited eyewear  
Contact Lenses  
Eyeglasses  
frames and lenses  
frames only  
lenses only  
upgrades



# COVERED MEDICAL AND HOSPITAL BENEFITS

## MENTAL HEALTH SERVICES

### **Inpatient Hospital Psychiatric**

*Prior authorization may be required*

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.

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.

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.

Depending on your level of Medicaid eligibility, you may pay:

\$1,484 deductible for each benefit period

Days 1-60: \$0 coinsurance for each benefit period

Days 61-90: \$371 coinsurance per day of each benefit period

Days 91 and beyond: \$742 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)

Beyond lifetime reserve days: all costs

These are the 2021 cost sharing amounts and may change for 2022.

Health Choice Generations Utah will provide updated rates as soon as they are released.

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

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### **Outpatient Individual/Group Therapy Visit**

- Mental Health Specialty Service
- Psychiatric Services
- Substance Abuse

\$0 copay or 20% of the cost

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# COVERED MEDICAL AND HOSPITAL BENEFITS

## SKILLED NURSING FACILITY

*Prior Authorization may be required*

Our plan covers up to 100 days in a SNF.

Depending on your level of Medicaid eligibility, you may pay:

Days 1–20: \$0 for each benefit period.

Days 21–100: \$185.50 coinsurance 20% per day of each benefit period.

Days 101 and beyond: all costs.

These are the 2021 cost sharing amounts and may change for 2022.

Health Choice Generations Utah will provide updated rates as soon as they are released.

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

## OUTPATIENT REHABILITATION

### Physical Therapy and Speech Therapy Services

*Prior authorization may be required*

\$0 copay or 20% of the cost

### Cardiac and Pulmonary Rehabilitation

*Prior authorization may be required*

\$0 copay or 20% of the cost

### Supervised Exercise Therapy (SET)

\$0 copay or 20% of the cost

SET is covered for members who have symptomatic peripheral artery disease (PAD) and a referral for PAD from the physician responsible for PAD treatment. Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.

*Prior authorization may be required*

### Occupational Therapy Services

*Prior authorization may be required*

\$0 copay or 20% of the cost

## AMBULANCE

*Prior authorization required for non-emergent ambulance only.*

\$0 copay or 20% coinsurance for ground  
\$0 copay or 20% coinsurance for air

# COVERED MEDICAL AND HOSPITAL BENEFITS

## TRANSPORTATION

Covered Services include:

- Pick-up to or from plan approved locations, limited to covered supplemental benefits, not covered by Medicaid.
- Curb-to-curb service.
- Wheelchair-accessible vans upon request.
- Each one-way trip must not exceed 50 miles. A trip is considered one way, a round trip is considered two trips.
- A transportation vehicle may be shared by multiple members at the same time.
- Cancellations must be made up to 2 hours prior to the schedule trip or it will be deducted from the number of trips remaining.

Covered Services do not include:

- Transportation by ambulance.

\$0 copay

60 one-way trips every year to or from approved locations.

# PRESCRIPTION DRUG BENEFITS

## MEDICARE PART B DRUGS

### **Chemotherapy drugs**

*Prior authorization may be required*

\$0 copay or 20% of the cost

### **Other Part B drugs**

*Prior authorization may be required*

\$0 copay or 20% of the cost

### **Part B drugs – Step Therapy**

Step Therapy is covered for:  
Part B Drugs to Part B Drugs and Part D Drugs to Part B Drugs

# PRESCRIPTION DRUG BENEFITS

## MEDICARE PART D DRUGS

### Medicare-covered only

There are “drug payment stages” for your Medicare Part D prescription drug coverage under Health Choice Generations Utah. How much you pay for a drug depends on which of these stages you are in at the time you get a prescription filled or refilled:

Initial Coverage stage: During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. Your yearly deductible is \$0 or \$99. Your cost sharing amounts for drugs are:

|  | <b>Generic/<br/>Treated<br/>as generic<br/>drugs, per<br/>prescription</b><br>(retail or<br>mail order<br>pharmacy,<br>1-month or<br>3-month<br>supply) | <b>Brand name<br/>drugs, per<br/>prescription</b><br>(retail or<br>mail order<br>pharmacy,<br>1-month or<br>3-month<br>supply) | <p>These co-pay amounts are only for in-network pharmacies. Amounts and stages shown are based on being eligible for the Low Income Subsidy (LIS) aka “Extra Help” if you lose your LIS eligibility your stages and the amount you pay will change to Original Medicare levels. You may get your drugs at in-network retail and mail order pharmacies. You may be able to get a 3-month supply of your prescription (if your drug is applicable). Less than 30 day fills will have a prorated copay based on the number of days filled. On 1/1/2023 you go back to the Initial Coverage stage.</p> |
|--|---|--|--|
| Institutionalized Members  | \$0   | \$0  |  |
| Full Benefit Dual Eligible (FBDE) members up to or 100% FPL  | \$1.35  | \$4.00   |  |
| Full Benefit Dual Eligible (FBDE) members over 100% FPL  | \$3.95  | \$9.85   |  |
| QMB/QMB+/SLMB+ members at or below 135% FPL  | \$3.95  | \$9.85   |  |
| 150% FPL   | 15% coinsurance   | 15% coinsurance  |  |
| <p>You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$7,050. You then skip directly to the Catastrophic Coverage stage.</p> <p>Catastrophic Coverage stage:<br/>Your costs for covered drugs will depend on the level of “Extra Help” you receive. During this stage, your share of the cost for a covered drug will be either:<br/>\$0; or<br/>A coinsurance or a copayment, whichever is the larger amount:<br/>– either – Coinsurance of 5% of the cost of the drug<br/>–or – \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.<br/><b>Our plan pays the rest</b> of the cost until 12/31/2022</p> |   |  |  |

# ADDITIONAL COVERED BENEFITS

## SERVICES TO TREAT KIDNEY DISEASE

- Kidney disease education services \$0 copay or 20% of the cost
- Dialysis Services
- Home dialysis equipment and supplies

## CHIROPRACTIC SERVICES

**Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).** \$0 copay or 20% of the cost  
*Prior authorization may be required*

**Routine Care** \$0 copay  
(Supplemental Benefit) 20 visits per year  
*Prior authorization may be required*

## HOME HEALTH CARE

*Prior authorization may be required* \$0 copay

## OUTPATIENT BLOOD SERVICES

\$0 copay or 20% of the cost

## OPIOID TREATMENT PROGRAM SERVICES (OTPS)

- FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable. \$0 copay or 20% of the cost
- Substance use counseling
- Individual and group therapy
- Toxicology testing

## FOOT CARE (PODIATRY SERVICES)

**Medicare-covered Foot Exam and Treatment** \$0 copay or 20% of the cost  
Foot exams and treatment if you have diabetes-related nerve damage and/or meet conditions.

**Routine Foot Care** \$0 copay  
(Supplemental Benefit) 12 visits per year  
*Prior authorization may be required*

# ADDITIONAL COVERED BENEFITS

## MEDICAL EQUIPMENT/SUPPLIES

**Durable Medical Equipment** (e.g., wheelchairs, oxygen) \$0 copay or 20% of the cost  
*Prior authorization may be required*

**Prosthetics/Medical Supplies** \$0 copay or 20% of the cost  
*Prior authorization may be required*

**Diabetic Supplies and Services** \$0 copay or 20% of the cost  
Prior authorization applies to only insulin pumps and not regular supplies (lancet, strips).

## ADDITIONAL SUPPLEMENTAL BENEFITS

**Over-the-Counter (OTC)** quarterly purchases for product items are done via the OTC catalog. Shipping is free with quarterly orders. \$0 copay for \$320 allowance every 3 months.  
Rollover/carry-forward for amounts unused.  
Balance may carry over to the next quarter, but total balance may not exceed \$640 at any time during the year. This benefit does not carry forward to the next calendar year.

**Meal Benefit** \$0 copay for 10 meals once per calendar year, immediately following an acute inpatient hospital stay.  
*Prior authorization may be required*

**Fitness Membership** \$0 Copay for Physical Fitness, Memory Fitness, Activity Tracker.  
The Silver & Fit Exercise & Healthy Aging Program provides members with the following services:

- Members receive a fitness center membership.
- Available fitness center types include full centers, basic coed centers, gender-specific centers, and exercise centers.
- Fitness advisors at Silver&Fit contracted centers will meet with the Silver & Fit members to introduce them to the fitness center and assist them with enrolling at the fitness center.

[www.silverandfit.com](http://www.silverandfit.com) for more information.

## ADDITIONAL COVERED BENEFITS

### Special Supplemental Benefits for the Chronically Ill (SSBCI)

\$0 copay

Services include: special supplemental benefits the following chronic condition(s):

1. Coronary artery disease with diabetes
2. Active Cancer
3. Kidney failure after transplant
4. Cerebrovascular Accident (Stroke) history with 2nd hemiparesis
5. Peripheral Vascular Disease (PVD) and Diabetes with 2nd BKA
6. Moderate to Severe Vascular Dementia
7. Insulin Dependent Diabetes Mellitus (IDDM) with severe macular degeneration
8. Refractory Epilepsy with Brain Stimulator
9. NYHA Class IV (Severe heart failure)
10. Current Radiation and Chemotherapy

Services include:

In-home Support Services - the In-home Support Services benefit is combined with the other SSBCI Package Benefits for a total of 8 hours/months (2-hour shift weekly or 4-hour shift bi-monthly). This benefit includes the following: Helping with bathing and showering, help with dressing and grooming, light Housekeeping (cleaning, laundry, dishes) and meal preparation.

Support for Caregivers of Enrollees - The respite care benefit is combined with the other SSBCI Package Benefits for a total of 8 hours/months (2-hour shift weekly or 4-hour shift bi-monthly). This benefit includes the following: Helping with bathing and showering, help with dressing and grooming, light Housekeeping (cleaning, laundry, dishes) and meal preparation.

Transportation to and from Medical Appointments - This benefit is combined with the other SSBCI Package Benefits for a total of 8 hours/months (2-hour shift weekly or 4-hour shift bimonthly.)

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## ADDITIONAL COVERED BENEFITS

### Special Supplemental Benefits for the Chronically Ill (SSBCI)

### Chronic Grocery Benefit

Members with at least 1 chronic condition are eligible for a \$36 per month allowance grocery benefit used for healthy foods for specific locations. The monthly allowance balance does not carry over to the next month. See EOC for further details.

The following are the chronic conditions required to participate in the program:

- Chronic alcohol and other drug dependence
- Autoimmune disorders
- Cancer, excluding pre-cancer conditions or in-situ status
- Cardiovascular disorders
- Chronic heart failure
- Dementia
- Diabetes mellitus
- End-stage liver disease
- End-stage renal disease (ESRD) requiring dialysis
- Severe hematologic disorders
- HIV/AIDS
- Chronic lung disorders
- Chronic and disabling mental health conditions
- Neurologic disorders
- Stroke

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Your state Medicaid program can be reached through the office of Medicaid Utah Department of Health.



# SUMMARY OF MEDICAID-COVERED BENEFITS

A person who is entitled to both Medicare and medical assistance from a State Medicaid plan is referred to as a “dual eligible” beneficiary. As a dual eligible beneficiary your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage varies depending on your income, resources, and other factors. Benefits may include full Medicaid benefits and/or payment of some or all of your Medicare cost-share (premiums, deductibles, coinsurance, or copays). Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Medicare-covered services.

## BELOW IS A LIST OF DUAL ELIGIBILITY COVERAGE CATEGORIES FOR BENEFICIARIES WHO MAY ENROLL IN THE HEALTH CHOICE GENERATIONS UTAH PLAN:

- QMB-plus (or QMB+):** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You receive Medicaid coverage of Medicare cost-sharing and are eligible for full Medicaid benefits secondary to your Medicare coverage. This means if Medicare doesn't cover something, but Medicaid does, Medicaid will pay (as long as your provider is in-network).
- SLMB-plus (or SLMB+):** Medicaid pays your Medicare Part B premium and also provides full Medicaid benefits secondary to your Medicare benefit.
- Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost-sharing as well as full Medicaid benefits.

## IF YOU ARE A QMB OR QMB-PLUS BENEFICIARY:

You have a \$0 cost-share, except for Part D prescription drug copays, as long as you remain a QMB or QMB+ Member.

## IF YOU ARE A SLMB-PLUS OR FBDE BENEFICIARY:

You are eligible for full Medicaid benefits and, at times, limited Medicare cost-share. As such your cost-share is 0% or 20%\*. Typically your cost-share is 0% when the service is covered by both Medicare and Medicaid. Additionally, preventive wellness exams and supplemental benefits provided by Health Choice Generations Utah are also at a \$0 cost-share. In rare instances, you will pay 20%\* when a service or benefit is not covered by Medicaid (see the chart below).

Note – Preventive wellness exams and supplemental benefits have a \$0 cost-share.

## ELIGIBILITY CHANGES:

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office and to maintain your Medicaid eligibility status.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If your eligibility status changes, your cost-share may also change from 0% to 20%\* or from 20%\* to 0%. If you lose Medicaid coverage entirely, you will be given a grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

If you no longer qualify for Medicaid you may be involuntarily disenrolled from the Plan. Your state Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply for Medicaid. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

If you are currently entitled to receive full or partial Medicaid benefits please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions. In your state, the Medicaid program can be reached through the office of the Medicaid Utah Department of Health.

\*Annual deductible for Part B services, and 20% coinsurance (as applicable), in addition to varying cost-share amounts for Part A services apply when Member's cost-share amount is not 0%.

## HOW TO READ THE MEDICAID BENEFIT CHART

The chart below shows what services are covered by Medicare and Medicaid. You will see the word “Covered” under the Medicaid column if Medicaid also covers a service that is covered under the Health Choice Generations Utah Plan. The chart applies only if you are entitled to benefits under your state's Medicaid program. Your cost-share varies based on your Medicaid category.

# MEDICAID-COVERED BENEFITS CHART

## HEALTH CHOICE GENERATIONS UTAH

## MEDICAID UTAH PLAN

### IMPORTANT INFORMATION

|  |   |  |
|--|---|--|
| <p><b>Premium and Other Important Information</b><br/>If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.</p> | <p>\$0 - \$42.90</p>  | <p>Medicaid assistance with premium payments and cost-share may vary based on your level of Medicaid eligibility.</p>                                      |
| <p><b>Doctor and Hospital Choice</b><br/>(For more information, see Emergency Care and Urgently Needed Care.)</p>  | <p>In-Network – You must go to network doctors, specialists, and hospitals.</p> | <p>You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists for certain benefits.</p> |

### OUTPATIENT CARE SERVICES

|   |  |  |
|---|--|--|
| <p><b>Acupuncture</b></p>   | <p>Covered</p> <p>Coverage for up to 12 acupuncture visits in 90 days for chronic low back pain. Chronic low back pain is defined as:</p> <ul style="list-style-type: none"> <li>• Lasting 12 weeks or longer</li> <li>• Having no identifiable systemic cause (not associated with metastatic, inflammatory, or infectious disease)</li> <li>• Pain that's not associated with surgery or pregnancy</li> </ul> <p>An additional 8 sessions will be covered if you show improvement. If your doctor decides your chronic low back pain isn't improving or is getting worse, then Medicare won't cover your treatments. No more than 20 acupuncture treatments can be given yearly.</p> | <p>Not Covered</p>   |
| <p><b>Ambulance Services</b><br/>(Medically necessary ambulance services)</p> | <p>Covered</p>   | <p>Covered with Restrictions</p> <p>See Utah Medicaid plan for more information.</p> |
| <p><b>Chiropractic Services</b></p>   | <p>Covered</p>   | <p>Covered</p> <p>See Utah Medicaid plan for more information.</p>                   |

## MEDICAID-COVERED BENEFITS CHART

|   |         |   |
|---|---------|---|
| <b>Dental Services</b>  | Covered | Covered with Restrictions<br>See Utah Medicaid plan for more information.   |
| <b>Diabetes Programs and Supplies</b>   | Covered | Covered with Restrictions<br>See Utah Medicaid plan for more information.   |
| <b>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>   | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| <b>Doctor Office Visits</b>   | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| <b>Durable Medical Equipment (DME)</b><br>(Includes wheelchairs, oxygen, etc.)  | Covered | Covered with restrictions. Your doctor will need to write an order for the supplies and may need to get approval from Medicaid or your health plan.<br>See Utah Medicaid plan for more information. |
| <b>Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)   | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| Hearing Services  | Covered | Covered with restrictions.<br>See Utah Medicaid plan for more information.  |
| <b>Home Health Service</b> (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.) | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| <b>Outpatient Mental Health Care</b>  | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| <b>Outpatient Rehabilitation Services</b><br>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)  | Covered | Covered with restrictions.<br>See Utah Medicaid plan for more information.  |
| Outpatient Substance Abuse Care   | Covered | Covered with restrictions.  |
| <b>Over-the-Counter Drugs/Items</b>   | Covered | Medicaid covers over-the-counter (OTC) medicines that are on the Medicaid OTC Drug List.<br>See Utah Medicaid plan for more information.  |

## MEDICAID-COVERED BENEFITS CHART

|  |         |   |
|--|---------|---|
| <b>Podiatry Services</b>   | Covered | Covered with Restrictions<br>See Utah Medicaid plan for more information.   |
| <b>Prosthetic Devices</b> (Includes braces, artificial limbs and eyes, etc.)             | Covered | Covered with restrictions. Your doctor will need to write an order for the supplies and may need to get approval from Medicaid or your health plan.<br>See Utah Medicaid plan for more information. |
| <b>Transportation Services</b>   | Covered | Covered with Restrictions<br>See Utah Medicaid plan for more information.   |
| <b>Urgently Needed Services</b>  | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| <b>Vision Services</b>   | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| <b>INPATIENT CARE</b>  |         |   |
| <b>Inpatient Hospital Care</b> (Includes Substance Abuse and Rehabilitation Services)    | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| <b>Inpatient Mental Health Care</b>  | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| <b>Skilled Nursing Facility (SNF)</b> (In a Medicare-certified skilled nursing facility) | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| <b>PREVENTIVE SERVICES</b>   |         |   |
| <b>Kidney Disease and Conditions</b>   | Covered | Covered<br>See Utah Medicaid plan for more information.   |
| <b>Preventive Services</b>   | Covered | Covered with Restrictions<br>See Utah Medicaid plan for more information.   |

# MEDICAID-COVERED BENEFITS CHART

## HOSPICE

### Hospice

Hospice is covered by Original Medicare, outside of our plan. You pay nothing for hospice care from any Medicare approved hospice. You may have to pay part of the costs for drugs and respite care.

Covered  
See Utah Medicaid plan for more information.

## PRESCRIPTION DRUG BENEFITS

### Outpatient Prescription Drugs

Covered

If you have or are eligible for Medicare, Medicaid does not pay for most of your prescriptions. Medicare Part D covers prescriptions for people with Medicare.  
See Utah Medicaid plan for more information.

For Members who are entitled to full benefits under Medicaid, listed below are additional benefits that you may be entitled to. These are additional Medicaid benefits that are covered by your state Medicaid program but may not be covered under the **Health Choice Generations Utah** Plan:

## ADDITIONAL MEDICAID BENEFITS

| BENEFITS                                       | MEDICAID COVERAGE   |
|--|---|
| <b>Home and Community Based Services</b>       | Covered restrictions may apply. Available only for eligible individuals. See Utah Medicaid plan for more information. |
| <b>Interpreter Services for Medical Visits</b> | Covered<br>See Utah Medicaid plan for more information.   |
| <b>Long-Term Care Services</b>                 | Covered restrictions may apply. Available only for eligible individuals. See Utah Medicaid plan for more information. |

**Customer Service**  
1-844-457-8943 (TTY: 711)  
Monday – Friday, 8AM – 8PM  
(7days a week, October – March)

[HealthChoiceGenerations.com](http://HealthChoiceGenerations.com)

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