

2019



KANSAS HEALTH  
ADVANTAGE

# Summary of Benefits

Kansas Health Advantage (HMO-SNP) H2392 001

January 1, 2019 – December 31, 2019

Toll-free: 1-800-399-7524 (TTY/TDD users call 711)

Hours: 8:00 a.m. to 8:00 p.m., 7 days a week

[www.kansashealthadvantage.com](http://www.kansashealthadvantage.com)

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

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

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling Member Services at 1-800-399-7524. Hours October 1<sup>st</sup> through March 31<sup>st</sup> are 8:00 A.M. to 8:00 P.M. seven (7) days a week; April 1<sup>st</sup> through September 30<sup>th</sup> are 8:00 A.M. to 8:00 P.M. Monday to Friday. TTY users call 711, or visit our website at <https://kansashealthadvantage.com>.

To join Kansas Health Advantage (HMO-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. You must live in one of our network nursing homes. Our service area includes the following Kansas Counties: Allen, Atchison, Bourbon, Butler, Chautauqua, Cherokee, Clay, Cowley, Crawford, Edwards, Franklin, Geary, Greenwood, Harvey, Jackson, Jefferson, Johnson, Kingman, Labette, Leavenworth, Miami, Nemaha, Neosho, Osage, Pottawatomie, Reno, Russell, Sedgwick, Shawnee, Sumner, Wabaunsee, Wilson and Wyandotte.

Kansas Health Advantage has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

| Premiums and Benefits   | Kansas Health Advantage (HMO SNP)  | What You Should Know  |
|---|--|---|
| Monthly Plan Premium  | You pay \$32.50  | You must continue to pay your Medicare Part B premium.  |
| Deductible  | \$185  |   |
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs)  | \$6,700 annually   | The most you pay for copays, coinsurance and other costs for medical services in a year.  |
| Inpatient Hospital (including mental health services)   | <ul style="list-style-type: none"> <li>• You pay a \$1,364 deductible each benefit period</li> <li>• \$0 copayment for each day for days 1 to 60;</li> <li>• \$341 copayment each day for days 61 to 90;</li> <li>• \$682 copayment each day for days 91 to 150 (lifetime reserve days)</li> </ul>   | <p>Prior authorization is required.</p> <p>Cost sharing is applied starting on the first day of admission and does not include the date of discharge.</p> |
| Outpatient Hospital   | 20% of the cost for Medicare-covered services  | Prior authorization is required.  |
| Doctor Visits <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialist Care</li> </ul>   | 20% of the cost for Medicare-covered services  |   |
| Preventive Care (e.g. flu vaccine, diabetic screenings)   | You pay nothing  | Any additional preventive services approved by Medicare during the contract year will be covered. There are some covered services that have a cost.       |
| Emergency Care  | 20% of the cost for Medicare-covered services up to \$90   | If you are admitted to the hospital within one (1) day, you do not have to pay \$90.  |
| Urgently Needed Services  | 20% of the cost for Medicare-covered services up to \$65   | If you are admitted to the hospital within three (3) days, you do not have to pay \$65.   |
| Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> <li>• Diagnostic Radiology Services (e.g. MRI)</li> <li>• Lab Services</li> <li>• Diagnostic Tests and Procedures</li> <li>• Outpatient X-Rays</li> </ul> | <ul style="list-style-type: none"> <li>• 20% of the cost for Medicare-covered Diagnostic Radiology Services (e.g. MRI)</li> <li>• 20% of the cost for Medicare-covered Lab Services</li> <li>• 20% of the cost for Medicare-covered Diagnostic Tests and Procedures</li> <li>• 20% of the cost for Medicare-covered Outpatient X-Rays</li> </ul> | Prior authorization is required for some services.  |
| Hearing Services  | 20% of the cost for Medicare-covered services  |   |
| Dental Services   | 20% of the cost for Medicare-covered services  | In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays)  |

| Premiums and Benefits  | Kansas Health Advantage (HMO SNP)  | What You Should Know  |
|--|--|---|
|  |  | are not covered by Original Medicare.   |
| Vision Services<br><br><i>Supplemental Benefit:</i> <ul style="list-style-type: none"> <li>• Routine Eye Exam</li> <li>• Eyewear [contact lenses and eyeglasses (frame and lenses)]</li> </ul> | <ul style="list-style-type: none"> <li>• 20% of the cost for Medicare-covered Vision Services</li> <li>• You pay nothing</li> </ul>                              | One routine eye exam per year.<br><br>Up to \$210 per year for eyewear.                                   |
| Mental Health Services <ul style="list-style-type: none"> <li>• Outpatient Group Therapy Visit</li> <li>• Outpatient Individual Therapy Visit</li> </ul>                                       | 20% of the cost for Medicare-covered services  |   |
| Skilled Nursing Facility (SNF)   | You pay nothing for the first 20 days of each benefit period<br><br>You pay \$170.50 per day for days 21-100<br><br>You pay all costs for each day after day 100 | Prior authorization is required.<br><br>Zero (0) hospital days required prior to SNF admission.           |
| Physical Therapy Services  | 20% of the cost for Medicare-covered Physical Therapy services   | Prior authorization is required.  |
| Ambulance  | 20% of the cost for Medicare-covered services  | Prior authorization is required for Medicare-covered non-emergent ambulance.                              |
| Transportation (Non-Emergent) <ul style="list-style-type: none"> <li>• Van or Medical Transport</li> </ul>   | You pay nothing for up to twelve (12) one-way trips per year to any health-related location  |   |
| Medicare Part B Drugs  | 20% of the cost for Medicare-covered services  | Prior authorization is required for billed charges in excess of \$250.<br>May be subject to step therapy. |

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

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

## Anti-Discrimination Notice

### English

Kansas Health Advantage (HMO-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kansas Health Advantage (HMO-SNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Kansas Health Advantage (HMO-SNP):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Kansas Health Advantage Member Services. If you believe that Kansas Health Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Kansas Health Advantage, ATTN: Appeals & Grievances, 909 S. Meridian Avenue, Suite 425, Oklahoma City, Oklahoma 73108, or 1-800-399-7524, (TTY/TDD users call 711), hours of operation October 1<sup>st</sup> through March 31<sup>st</sup> 8:00 A.M. to 8:00 P.M. seven days a week (April 1<sup>st</sup> through September 30<sup>th</sup> 8:00 A.M. to 8:00 P.M. Monday through Friday), fax: 1-844-280-5360. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kansas Health Advantage Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

## Multi-language Interpreter Services

### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

Call 1-866-583-4649 (TTY: 711).

### Español (Spanish)

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

### Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Rufnummer: 1-866-583-4649 (TTY: 711).

### Tiếng Việt (Vietnamese)

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

### Français (French)

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

### tsalagi gawonihisdi (Cherokee)

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi].

Call 1 – 866-583-4649 (TTY: 711)

### 繁體中文 (Chinese)

注意如果您使用繁體中文，您可以免費獲得語言援助服務。

請致電 1-866-583-4649 (TTY: 711).

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-866-583-4649 (TTY: 711) 번으로 전화해 주십시오.

### Chahta (Choctaw)

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

### تبرعل (Arabic)

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

### Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa 1-866-583-4649 (TTY: 711).

### 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。  
1-866-583-4649 (TTY:711) まで、お電話にてご連絡ください。

### ٺو (Urdu)

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

### हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।  
1-866-583-4649 (TTY: 711) पर कॉल करें।

### Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.  
Chiamare il numero 1-866-583-4649 (TTY: 711).

### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните 1-866-583-4649 (телетайп: 711).

For more information, contact Kansas Health Advantage (HMO SNP) from 8:00 a.m. to 8:00 p.m. October 1<sup>st</sup> through March 31<sup>st</sup>, 7 days a week (April 1<sup>st</sup> through September 30<sup>th</sup> 8:00 a.m. to 8:00 p.m. Monday to Friday) at 1-800-399-7524 (TTY/TDD user's call 711) or visit our website at: <https://kansashealthadvantage.com>.

You can access the Kansas Health Advantage (HMO SNP) provider or pharmacy directory on our website at <https://kansashealthadvantage.com>.

For coverage and costs of Original Medicare look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE 24 hours per day/7 days per week (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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



You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please call Member Services at 1-800-399-7524 (TTY/TDD user's call 711) from October 1<sup>st</sup> through March 31<sup>st</sup>, 7 days per week, 8 a.m. to 8 p.m.; April 1<sup>st</sup> through September 30<sup>th</sup>, Monday to Friday, 8:00 a.m. to 8:00 p.m.

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

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

**KANSAS HEALTH  
ADVANTAGE**



**Toll-free: 1-800-399-7524 (TTY/TDD users call 711)**  
**Hours: 8:00 a.m. to 8:00 p.m., 7 days a week**  
**[www.kansashealthadvantage.com](http://www.kansashealthadvantage.com)**