



**KANSAS HEALTH  
ADVANTAGE**  
*plus*

## Summary of Benefits

**Kansas Health Advantage Plus (HMO I-SNP) H2392 002  
January 1, 2020-December 31, 2020**

For more information, contact Kansas Health Advantage Plus (HMO I-SNP) from 8:00 a.m. to 8:00 p.m., 7 days a week October 1 through March 31; 8:00 a.m. to 8:00 p.m. Monday to Friday April 1 through September 30 at 1-800-399-7524 (TTY/TDD users call 711) or visit [KansasHealthAdvantage.com](http://KansasHealthAdvantage.com).

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**This is a summary of drug and health services covered by**  
**Kansas Health Advantage Plus (HMO I-SNP)**  
**January 1, 2020 – December 31, 2020**

Kansas Health Advantage Plus (HMO I-SNP), offered by Kansas Superior Select, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the Kansas Health Advantage Plus 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 (TTY/TDD user’s call 711). Hours October 1 through March 31 are 8:00 A.M. to 8:00 P.M. seven (7) days per week; April 1 through September 30 are 8:00 A.M. to 8:00 P.M. Monday to Friday. You may also visit our website at [KansasHealthAdvantage.com](http://KansasHealthAdvantage.com).

To join Kansas Health Advantage Plus 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 or live in a contracted assisted living facility and Kansas has certified that you need the type of care that is usually provided in a nursing home. Our service area includes the following Kansas Counties: Allen, Atchison, Bourbon, Butler, Chautauqua, Cherokee, Clay, Cowley, Crawford, Douglas, Edwards, Franklin, Geary, Greenwood, Harvey, Jackson, Jefferson, Johnson, Kingman, Kiowa, Labette, Leavenworth, Miami, Nemaha, Neosho, Osage, Pottawatomie, Reno, Riley, Russell, Sedgwick, Shawnee, Sumner, Wabaunsee, Wilson, and Wyandotte.

Kansas Health Advantage Plus 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 Plus (HMO I-SNP)	What You Should Know
Monthly Plan Premium	You pay \$180.00	You must continue to pay your Medicare Part B premium.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$4,500 annually	The most you pay for copays, coinsurance and other costs for medical services in a year.
Inpatient Hospital (including mental health services)	<p>You pay a \$150 copay for days 1 through 10 and \$0 copay for days 11 to 90 for a Medicare-covered inpatient hospital stay</p> <p>You pay a \$0 copay for an additional 60 lifetime reserve days</p>	<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	<p>\$100.00 copay for each Medicare-covered outpatient hospital observation stay</p> <p>\$250 copay for each Medicare-covered outpatient hospital visit</p>	Prior authorization is required.
Ambulatory Surgery Center	\$250 copay for each Medicare-covered ambulatory surgery center visit	Prior authorization is required.
<p>Doctor Visits</p> <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialist Care</li> </ul>	<p>\$20 copay per visit for Medicare covered primary care physician services</p> <p>\$40 copay per visit for Medicare-covered physician specialist and other healthcare professional services</p> <p>\$20 copay per visit for Medicare-covered telehealth services</p>	
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.

Premiums and Benefits	Kansas Health Advantage Plus (HMO I-SNP)	What You Should Know
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>	\$50 copay for Medicare-covered Diagnostic or Therapeutic Radiology Services (e.g. MRI)  You pay nothing for Medicare-covered lab services  \$20 copay for Medicare-covered Diagnostic Tests and Procedures  \$0 copay for Medicare-covered Outpatient X-Ray	Prior authorization is required for some services.
Hearing Services  <i>Supplemental Benefit:</i> <ul style="list-style-type: none"> <li>• Routine hearing exam for fitting/evaluation for hearing aid</li> <li>• Hearing aid (all types)</li> </ul>	20% of the cost for Medicare-covered services  You pay nothing  You pay nothing	One Routine Hearing Exam per year  Up to \$1,000 limit for Hearing Aids (both ears combined) every two years
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) are not covered by Original Medicare.
Vision Services  <i>Supplemental Benefit:</i> <ul style="list-style-type: none"> <li>• Routine Eye Exam</li> <li>• Eyewear (contact lenses and eyeglasses (lenses and/or frames); upgrades</li> </ul>	20% of the cost for Medicare-covered services  You pay nothing You pay nothing	One Routine Eye xam per year. Up to \$210 limit per year on Eyewear.



Premiums and Benefits	Kansas Health Advantage Plus (HMO I-SNP)	What You Should Know
Mental Health Services <ul style="list-style-type: none"> <li>• Outpatient Group Therapy Visit</li> <li>• Outpatient Individual Therapy Visit</li> </ul>	\$40 copay per visit for Medicare-covered services	
Skilled Nursing Facility (SNF)	<p>You pay nothing for the first 20 days of each benefit period</p> <p>You pay \$170.50 per day for days 21-100</p> <p>You pay all costs for each day after day 100</p>	<p>This is the 2019 cost sharing amount and may change for 2020. Kansas Health Advantage Plus (HMO I-SNP) will provide the updated rate as soon as they are released.</p> <p>Prior authorization is required.</p> <p>Zero (0) hospital days required prior to SNF admission.</p>
Physical Therapy Services	15% of the cost for Medicare-covered Physical Therapy Services	Prior authorization is required.
Ambulance	\$100 copay for Medicare-covered services	Prior authorization is required for Medicare-covered non-emergent ambulance transport.
Medicare Part B Drugs	20% of the cost for Medicare covered services	Prior authorization is required for billed charges in excess of \$250.

<b>Outpatient Prescription Drugs</b>		
	<b>Standard Retail Cost-Sharing</b> <ul style="list-style-type: none"> <li>• Network Retail Pharmacy, up to 30-day supply</li> <li>• Out-of-Network pharmacy, up to 14-day supply</li> </ul>	<b>Long-Term Care (LTC) Cost-Sharing</b> <ul style="list-style-type: none"> <li>• LTC Pharmacy, (up to 31-day supply)</li> </ul>
Yearly Deductible (Stage 1)	\$435 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 \$435.</li> <li>• You stay in this stage until you have paid \$435 for your prescription drugs.</li> </ul>	
Initial Coverage (Stage 2) Tier 1: Preferred Generic Tier 2: Non-Preferred Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Brand Tier 5: Specialty Tier	You pay \$4.00  You pay \$15.00  You pay \$45.00  You pay \$98.00  You pay 25% <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 \$4,020.</li> </ul>	
Coverage Gap (Stage 3)	After your drug costs (including what our Plan has paid and what you have paid) reach \$4,020, you pay no more than 25% 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 \$6,350. This amount and rules for counting costs toward this amount have been set by Medicare.</li> </ul>	
Catastrophic Coverage (Stage 4)	After your yearly out-of-pocket drug costs reach \$6,350 you pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance; or</li> <li>• \$3.60 copayment for generics (including brand drugs treated as generics); or</li> <li>• \$8.95 copayment for all other drugs</li> </ul>	

<b>Other Covered Benefits</b>		
<b>Benefits</b>	<b>Kansas Health Advantage Plus (HMO I-SNP)</b>	<b>What You Should Know</b>
Occupational Therapy and Speech-Language Therapy	15% of the cost for Medicare-covered services	Prior authorization is required.
Foot Care (Podiatry Services)	\$40 copay per visit for Medicare-covered services	
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>• Diabetic Supplies</li> </ul>	20% of the cost for Medicare-covered services	Prior authorization is required for billed charges in excess of \$250.

For more information, contact Kansas Health Advantage Plus 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 [KansasHealthAdvantage.com](https://www.kansashealthadvantage.com).

You can access the Kansas Health Advantage Plus provider or pharmacy directory on our website at [KansasHealthAdvantage.com](https://www.kansashealthadvantage.com) or call Member Services and ask us to send you a provider or pharmacy directory.

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

This information is not a complete description of benefits. Call 1-800-399-7524 (TTY/TDD user's call 711) for more information.

You must continue to pay your Medicare Part B premium.

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.

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.

Kansas Health Advantage (HMO I-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2023 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.

Out-of-network/noncontracted providers are under no obligation to treat members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



## **Anti-Discrimination Notice and Multi-Language Interpreter Services**

Kansas Health Advantage Plus (HMO I-SNP), offered by Kansas Superior Select, Inc, 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 does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Kansas Health Advantage:

- 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, 201 Jordan Road, Suite 200, Franklin, TN 37067, telephone: 1-800-399-7524 (TTY/TDD users call 711) 8:00 A.M. to 8:00 P.M. seven days a week October 1 through March 31; Monday to Friday April 1 through September 30; fax: 1-844-280-5360; email: [compliance@amhealthplans.com](mailto:compliance@amhealthplans.com).

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 509 F, 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>

English

ATTENTION: If you speak limited English, language assistance services, free of charge, are available to you. Call 1-800-399-7524 (TTY/TDD: 711).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-399-7524 (TTY/TDD: 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 1-800-399-7524 (TTY/TDD: 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 1-800-399-7524 (TTY/TDD: 711)。

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-399-7524 (TTY/TDD: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-399-7524 (TTY/TDD: 711)번으로 전화해 주십시오.

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-399-7524 (TTY/TDD: 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-993-4257 (رقم هاتف الصم والبكم: 117).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-399-7524 (TTY/TDD: 711).

မြန်မာစာ (Burmese)

သတိပြုရန် - အကယုၣ် သဠုၣ် ဝုမနွာစကား ကို ဝေၣ်ဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သဒ္ဒါအကြံကု စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-800-399-7524 (TTY: 711) သို့မူ ဝေၣ်ဆိုင်ပါ။

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-399-7524 (ATS : 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。1-800-399-7524 (TTY/TDD: 711) まで、お電話にてご連絡ください。

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-399-7524 (телетайп: 711).

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-399-7524 (TTY/TDD: 711).

فارسی (Farsi)

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-399-7524 (TTY/TDD: 711) تماس بگیرید.

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-399-7524 (TTY/TDD: 711).



**Member Services:** 1-800-399-7524 (TTY/TDD users call 711)

**Hours of Operation:**

October 1 through March 31 - 8:00 a.m. to 8:00 p.m., 7 days a week;  
April 1 through September 30 – 8:00 a.m. to 8:00 p.m., Monday to Friday

**Website:** [KansasHealthAdvantage.com](http://KansasHealthAdvantage.com)