

## 2025 Summary of Benefits Alterwood Advantage Select (HMO)

H9306, Plan 009-002

This is a summary of drug and health services covered by Alterwood Advantage Select from January 1, 2025 – December 31, 2025.

Alterwood Advantage is an HMO and HMO-SNP plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Alterwood Advantage depends on contract renewal.

Our plan(s) may offer supplemental benefits in addition to Part C benefits and Part D benefits. Some of the extra benefits are outlined in this booklet.

The benefit information provided 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.” You can access this document by visiting our website at [www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com) or by calling the number on the back of this booklet.

To join Alterwood Advantage Select you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area for this plan include the following counties in Maryland: Baltimore City.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

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 (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, audio, or large print.

For more information, please call us at 1-866-550-1011 (TTY users should call 711), or visit us at [www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com). We are available 8am to 8pm ET, 7 days a week, from October 1 to March 31 and 8am to 8pm ET, Monday through Friday, from April 1 to September 30.

You can access the Evidence of Coverage (EOC), which provides a full listing of our plan’s benefits and services, on our website at [www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com), or by calling the telephone number listed below.

You may view our plan’s Provider & Pharmacy Directory, complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com)

## 2025 Summary of Benefits

| BENEFITS   | Alterwood Advantage Select<br>H9306-009-002                       |
|--|---|
| <b>Service Area</b>  | Baltimore City  |
| <b>Monthly Plan Premium*</b>   | \$0   |
| <b>Medicare Part B Buy-Down</b>  | Up to \$0.20 per month  |
| <b>Plan Level Deductible</b>   | No Deductible   |
| <b>Maximum Out-of-Pocket (MOOP)</b><br>(does not include prescription drugs) | \$9,350   |
| <b>Inpatient Hospital Coverage<sup>1</sup></b>                               | Days 1 - 4: \$425 copay per day<br>Days 5 - 90: \$0 copay per day |
| <b>Outpatient Hospital Coverage<sup>1</sup></b>                              | \$400 copay   |
| <b>Ambulatory Surgical Center (ASC)<sup>1</sup></b>                          | \$195 copay   |
| <b>Doctor Visits</b><br>Primary Care Physician (PCP)                         | \$0 copay   |
| Specialist   | \$25 copay  |

\* Premium includes Part C and Part D premium combined.

<sup>1</sup> May require prior authorization

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| BENEFITS  | Alterwood Advantage Select<br>H9306-009-002  |
|---|--|
|   | \$0 copay  |
|   | Our plan covers many preventive screenings at no cost (listed below). Any additional preventive services approved by Medicare during the contract year will be covered.  |
| <b>Preventive Care</b>  | <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screening &amp; counseling</li> <li>• Annual wellness visit</li> <li>• Barium enemas</li> <li>• Bone mass measurement (bone density)</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, FOBT and FIT kit)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Immunizations</li> <li>• Medical nutrition therapy services</li> <li>• Medicare diabetes prevention program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (Counseling to stop smoking or tobacco use)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul> |
| <b>Emergency Care</b>   | \$110 copay  |
| <b>Urgently Needed Services</b>   | \$0 copay  |
| <b>Diagnostic Tests, Lab and Radiology Services, and X-Rays<sup>1</sup></b> | <ul style="list-style-type: none"> <li>• Diagnostic radiology services (such as MRIs, CT scans): \$210 copay</li> <li>• Diagnostic test and procedures: \$15 copay</li> <li>• Lab services: \$0 copay</li> <li>• Outpatient x-rays: \$20 copay</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance</li> </ul>  |

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| BENEFITS  | Alterwood Advantage Select<br>H9306-009-002  |
|---|--|
| <b>Hearing Services</b>                           | <ul style="list-style-type: none"> <li>• Medicare-covered exam: \$40 copay</li> <li>• Routine hearing exam: \$0 copay - Limited to 1 exam per year</li> <li>• 1 fitting and evaluation with 3 follow up visits within the first year from date of initial fitting: \$0 copay</li> <li>• Hearing Aids: \$475 - \$1,950 copay per hearing aid, available annually</li> </ul> |
| <b>Dental Services<sup>1</sup></b>                | Medicare-covered: \$40 copay   |
|   | \$4,000 annual allowance towards preventive and comprehensive dental services.   |
|   | Preventive Dental Services: \$0 copay for exams, cleanings, fluoride treatment, and x-rays.  |
|   | Comprehensive Dental Services: 20% coinsurance for restorative services, crowns, endodontics, periodontics, extractions, dentures, & other services.   |
| <b>Vision Services</b>                            | <ul style="list-style-type: none"> <li>• Medicare-covered exam: \$40 copay</li> <li>• Medicare-covered eyewear after cataract surgery: 20% coinsurance</li> <li>• Routine eye exam: \$0 copay - Limited to 1 exam per year</li> <li>• \$400 annual allowance towards eyewear - includes contact lenses, eyeglass frames, eyeglass lenses, or any combination</li> </ul>    |
| <b>Mental Health Services<sup>1</sup></b>         | Inpatient:<br>Days 1 - 4: \$425 copay per day<br>Days 5 - 90: \$0 copay per day  |
|   | Outpatient:<br><ul style="list-style-type: none"> <li>• Group therapy visit: \$35 copay</li> <li>• Individual therapy visit: \$45 copay</li> </ul>   |
| <b>Skilled Nursing Facility (SNF)<sup>1</sup></b> | Days 1 - 20: \$0 copay per day<br>Days 21 - 100: \$214 copay per day   |
| <b>Physical Therapy<sup>1</sup></b>               | \$50 copay   |
| <b>Ambulance<sup>1</sup></b>                      | <ul style="list-style-type: none"> <li>• Ground: \$240 copay</li> <li>• Air: \$300 copay</li> </ul>  |
| <b>Transportation</b>                             | \$0 copay for 10 one-way trips   |
| <b>Medicare Part B Drugs<sup>1</sup></b>          | 0% - 20% coinsurance<br>Insulin: \$35 copay  |

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## 2025 Summary of Benefits

| <b>PART D</b>                              | <b>Alterwood Advantage Select<br/>H9306-009-002</b>  |  |
|--|--|--|
| <b>Deductible</b>                          | \$295 on Tiers 3, 4, & 5   |  |
| <b>Initial Coverage Period</b>             | <p>You begin this stage when you fill your first prescription on Tier 1 or Tier 2. If your prescription is on Tiers 3, 4, or 5, you will pay the drug cost up to the \$295 deductible. After you meet your \$295 deductible, you will pay the applicable cost-share(s) below.</p> <p>During this stage, our plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total \$2,000.</p> |  |
| Retail Pharmacy and Mail Order Cost-Shares | <ul style="list-style-type: none"> <li>• <b>Tier 1 (Preferred Generics)</b><br/>30-day Supply: \$0<br/>90-day Supply: \$0</li> <li>• <b>Tier 2 (Generics)</b><br/>30-day Supply: \$0<br/>90-day Supply: \$0</li> <li>• <b>Tier 3 (Preferred Brands)</b><br/>30-day Supply: \$47<br/>90-day Supply: \$141</li> </ul>  | <ul style="list-style-type: none"> <li>• <b>Tier 4 (Non-Preferred Drugs)</b><br/>30-day Supply: \$100<br/>90-day Supply: \$300</li> <li>• <b>Tier 5 (Specialty)</b><br/>30-day Supply: 29%<br/>90-day Supply: not covered</li> </ul> |
| Long Term Care Cost-Shares                 | <ul style="list-style-type: none"> <li>• <b>Tier 1 (Preferred Generics)</b><br/>31-day Supply: \$0</li> <li>• <b>Tier 2 (Generics)</b><br/>31-day Supply: \$0</li> <li>• <b>Tier 3 (Preferred Brands)</b><br/>31-day Supply: \$47</li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Tier 4 (Non-Preferred Drugs)</b><br/>31-day Supply: \$100</li> <li>• <b>Tier 5 (Specialty)</b><br/>31-day Supply: 29%</li> </ul>   |
| <b>Catastrophic Coverage</b>               | If you reach this stage, you pay nothing for covered Part D drugs.   |  |
| <b>Insulin</b>                             | You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.   |  |
| <b>Vaccines</b>                            | Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.  |  |

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| BENEFITS   | Alterwood Advantage Select<br>H9306-009-002  |
|--|--|
| <b>Outpatient Rehabilitation<sup>1</sup></b>                             | <ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions over a period of up to 36 weeks): \$35 copay</li> <li>• Occupational therapy visit: \$35 copay</li> <li>• Speech and language therapy visit: \$50 copay</li> </ul> |
| <b>Dialysis Services<sup>1</sup></b>                                     | 20% coinsurance  |
| <b>Durable Medical Equipment<sup>1</sup></b>                             | 20% coinsurance  |
| <b>Diabetic Supplies, Shoes, or Inserts<sup>1</sup></b>                  | <ul style="list-style-type: none"> <li>• Diabetic Supplies: 0% - 20% coinsurance</li> <li>• Diabetic Shoes or Inserts: 20% coinsurance</li> </ul>  |
| <b>Home Health Care<sup>1</sup></b>                                      | \$0 copay  |
| <b>Telehealth</b>  | \$0 copay for eligible Primary Care Physician, Specialist, Mental Health individual and group, and Urgent Care services.   |
| <b>Health &amp; Wellness Program</b>                                     | \$500 annual reimbursement towards the purchase of a fitness tracker, at-home fitness equipment, participation in a fitness class, or gym membership.  |
| <b>Home Delivered Meals</b>  | Receive 14 healthy meals delivered to your home after discharge from an inpatient hospital stay or skilled nursing facility stay - Limited to 8 times per year.  |
| <b>Chiropractic Care<sup>1</sup></b>                                     | <ul style="list-style-type: none"> <li>• Medicare-covered visit: \$15 copay</li> <li>• Routine visit: \$15 copay - Limited to 4 visits per year</li> <li>• Routine Chiropractic Evaluation: \$0 copay - Limited to 1 visit per year</li> </ul>   |
| <b>Acupuncture<sup>1</sup></b>   | Medicare-covered visit: \$20 copay   |
| <b>Foot Care (Podiatry Services)</b>                                     | <ul style="list-style-type: none"> <li>• Medicare-covered services: \$35 copay</li> <li>• Routine visit: \$35 copay - Limited to 4 visits per year</li> </ul>  |
| <b>Over-the-Counter (OTC) Products &amp; Essential Food Pantry Items</b> | \$95 quarterly allowance, items ordered through the plan's catalog   |

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## Pre-Enrollment Checklist

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 1-866-550-1011 (TTY: 711).

### Understanding the Benefits:

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com) or call 1-866-550-1011 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.
- Review the formulary to make sure your drugs are covered.

### Understanding Important Rules:

- 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/coinsurance may change on January 1, 2026.
- 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).
- If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.