

Healthy Blue Dual Advantage (HMO D-SNP) participating provider CY 2025 benefit cost sharing resource

This communication applies to Medicaid and Dual Advantage plans from Healthy Blue.

Introduction/purpose

We are providing this information to our D-SNP plan participating providers to be used as a resource to ensure the accurate collection of applicable cost sharing.

	Benefit	Medicaid	H1947-001	H1947-003	H1947-004
1	Premium and other important information	Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.	\$0 per month Your Part B premium is covered by your state's Medicaid agency for D-SNP enrollees.	\$0 to \$19.80 per month Your Part B premium may be covered by your state's Medicaid agency for D-SNP enrollees. If you receive Extra Help, your monthly plan premium will be adjusted by the amount of help you receive.	\$0 per month Your Part B premium is covered by your state's Medicaid agency for D-SNP enrollees.
2	Doctor and hospital choice (for more information, see 15. Emergency and 16. Urgently Needed Care.	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare. (Members should follow original Medicare			

<https://provider.healthyblueia.com>

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		guidelines related to hospital and doctor choice.)			
3	Inpatient hospital care (includes substance abuse and rehabilitation services)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	<p>Inpatient hospital facilities in our plan</p> <p>\$0 copay per stay</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 <i>lifetime reserve days</i>. These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>	<p>Inpatient hospital facilities in our plan</p> <p>Days 1 to 7: \$295 per day, per admission; days 8 to 90: \$0 per day, per admission</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay. Per-day cost sharing applies to each new inpatient admission.</p> <p><i>Note: a transfer to an inpatient rehabilitation hospital is considered a new admission, and cost sharing per day applies.</i></p>	<p>Inpatient hospital facilities in our plan</p> <p>\$0 copay per stay</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 <i>lifetime reserve days</i>. These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
4	Inpatient mental health care	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	<p>Inpatient visit</p> <p>Doctors and facilities in our plan: \$0 copay per stay</p> <p>Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.</p>	<p>Inpatient visit</p> <p>Doctors and facilities in our plan: days 1 to 7: \$295 per day, per admission; days 8 to 90: \$0 per day, per admission</p> <p>Our plan covers unlimited inpatient days. Per-day cost sharing applies to each new inpatient admission.</p> <p><i>Note: transfers to an inpatient rehabilitation</i></p>	<p>Inpatient visit</p> <p>Doctors and facilities in our plan: \$0 copay per stay</p> <p>Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.</p>

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			<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 <i>lifetime reserve days</i>. These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>	<p><i>hospital is considered a new admission and cost sharing per day applies.</i></p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 <i>lifetime reserve days</i>. These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
5	<p>Skilled nursing facility (SNF) (in a Medicare- certified skilled nursing facility)</p>	<p>For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.</p>	<p>Skilled nursing facility (SNF)</p> <p>Doctors and facilities in our plan: \$0 copay per stay</p> <p>Our plan covers up to 100 days in a SNF.</p>	<p>Skilled nursing facility (SNF)</p> <p>Doctors and facilities in our plan: Days 1 to 20: \$0 per day; days 21 to 100: \$214 per day</p> <p>Our plan covers up to 100 days in a SNF. Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit</p>	<p>Skilled nursing facility (SNF)</p> <p>Doctors and facilities in our plan: \$0 copay per stay</p> <p>Our plan covers up to 100 days in a SNF.</p>

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				period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.	
6	Home healthcare (includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, and so on)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Home healthcare Doctors and facilities in our plan: \$0 copay		
7	Hospice	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal condition are paid for by original Medicare, not our plan. In-network: \$0 copay if you get a hospice consultation by a primary care provider (PCP) before you elect hospice \$0 copay if you get a hospice consultation by a specialist before you elect hospice.	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal condition are paid for by original Medicare, not our plan. In-network: \$0 copay if you get a hospice consultation by a primary care provider (PCP) before you elect hospice \$30 copay if you get a hospice consultation by a specialist before you elect hospice.	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal condition are paid for by original Medicare, not our plan. In-network: \$0 copay if you get a hospice consultation by a primary care provider (PCP) before you elect hospice \$0 copay if you get a hospice consultation by a specialist before you elect hospice.

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			Additional services may be covered in accordance with your Medicaid benefits and guidelines.	Additional services may be covered in accordance with your Medicaid benefits and guidelines.	Additional services may be covered in accordance with your Medicaid benefits and guidelines.
8	Doctor office visits	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	PCP visit PCPs in our plan: \$0 copay Specialist visit Doctors in our plan: \$0 copay	PCP visit PCPs in our plan: \$0 copay Specialist visit Doctors in our plan: \$30 copay	PCP visit PCPs in our plan: \$0 copay Specialist visit Doctors in our plan: \$0 copay
9	Chiropractic services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Medicare- covered chiropractic services Providers in our plan: \$0 copay Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position). Routine chiropractic services Providers in our plan: \$0.00 copay for 12 visits each year	Medicare- covered chiropractic services Providers in our plan: \$20 copay Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).	Medicare- covered chiropractic services Providers in our plan: \$0 copay Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position). Routine chiropractic services Providers in our plan: \$0.00 copay for 12 visits each year
10	Podiatry services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays	Medicare-covered podiatry Doctors in our plan: \$0 copay	Medicare-covered podiatry Doctors in our plan: \$0 or \$30 copay	Medicare-covered podiatry Doctors in our plan: \$0 copay

	Benefit	Medicaid	H1947-001	H1947-003	H1947-004
		coinsurance, copayments, and deductibles for services covered by original Medicare.	<p>Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>Routine foot care: doctors in our plan: \$0 copay</p> <p>This plan covers unlimited routine foot care visits each year.</p>	<p>Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>You pay nothing for Medicare-covered routine podiatry services. For all other Medicare-covered podiatry services, you pay the higher copay above.</p> <p>Routine foot care: doctors in our plan: \$0 copay</p> <p>This plan covers unlimited routine foot care visits each year.</p>	<p>Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>Routine foot care: doctors in our plan: \$0 copay</p> <p>This plan covers unlimited routine foot care visits each year.</p>
11	Outpatient mental healthcare	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Outpatient individual and group therapy services Doctors and facilities in our plan: \$0 copay		
12	Outpatient substance abuse care	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for	Outpatient substance abuse Individual and group therapy visit Doctors and facilities in our plan: \$0 copay	Outpatient substance abuse Individual and group therapy visit Doctors and facilities in our plan: \$30 copay	Outpatient substance abuse Individual and group therapy visit Doctors and facilities in our plan: \$0 copay

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		services covered by original Medicare.			
13	Outpatient services/surgery	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Outpatient hospital Doctors and facilities in our plan: \$0 copay Ambulatory surgical center Doctors and facilities in our plan: \$0 copay	Outpatient hospital Doctors and facilities in our plan: \$250 copay Ambulatory surgical center Doctors and facilities in our plan: \$195 copay	Outpatient hospital Doctors and facilities in our plan: \$0 copay Ambulatory surgical center Doctors and facilities in our plan: \$0 copay
14	Ambulance services (medically necessary ambulance services)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Ground/water ambulance Emergency transportation services in our plan: \$0 copay per trip Air ambulance Emergency transportation services in our plan: \$0 copay per trip	Ground/water ambulance Emergency transportation services in our plan: \$250 copay per trip Air ambulance Emergency transportation services in our plan: \$250 copay per trip	Ground/water ambulance Emergency transportation services in our plan: \$0 copay per trip Air ambulance Emergency transportation services in our plan: \$0 copay per trip
15	Emergency care (You may go to any emergency room if you reasonably believe you need emergency care.)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Emergency care \$0 copay Emergency and urgent care worldwide coverage: \$0 copay This plan covers urgent care and emergency services when traveling outside the U.S. for less than six months. This benefit is limited to \$100,000 per year.	Emergency care \$110 copay Emergency and urgent care worldwide coverage \$0 copay This plan covers urgent care and emergency services when traveling outside the U.S. for less than six months. This benefit is limited to \$100,000 per year.	Emergency care \$0 copay Emergency and urgent care worldwide coverage \$0 copay This plan covers urgent care and emergency services when traveling outside the U.S. for less than six months. This benefit is limited to \$100,000 per year.

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16	Urgently needed care (this is <i>not</i> emergency care and, in most cases, is out of the service area.)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Urgently needed services \$0 copay	Urgently needed services \$20 copay	Urgently needed services \$0 copay
17	Outpatient rehabilitation services (occupational therapy, physical therapy, speech and language therapy, respiratory therapy, social/psychological services, and more)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	In-network: \$0 copay for each covered physical, occupational, and speech therapy visit.	In-network: \$30 copay for each covered physical, occupational, and speech therapy visit.	In-network: \$0 copay for each covered physical, occupational, and speech therapy visit.
18	Durable medical equipment (includes wheelchairs, oxygen, and so on)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Durable medical equipment Suppliers in our plan: \$0 copay	Durable medical equipment Suppliers in our plan: \$0 copay, 20% coinsurance	Durable medical equipment Suppliers in our plan: \$0 copay
19	Prosthetic devices (includes braces, artificial limbs and eyes, and so on)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays	Medical supplies and prosthetic devices Suppliers in our plan: \$0 copay	Medical supplies and prosthetic devices Suppliers in our plan: 20% coinsurance	Medical supplies and prosthetic devices Suppliers in our plan: \$0 copay

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		coinsurance, copayments, and deductibles for services covered by original Medicare.			
20	Diabetes programs and supplies	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Diabetic supplies and services Suppliers in our plan: \$0 copay Covered diabetic supplies include glucose monitors, test strips, and lancets. See your <i>Evidence of Coverage</i> for all supplies covered.		
21	Diagnostic tests, X-rays, lab services, and radiology services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Diagnostic radiology services (such as MRIs, CT scans) Doctors' offices in our plan: \$0 copay Outpatient facilities in our plan: \$0 copay Diagnostic tests and procedures Doctors' offices in our plan: \$0 copay Outpatient facilities in our plan: \$0 copay Lab services Doctors' offices in our plan: \$0 copay Outpatient facilities in our plan: \$0 copay	Diagnostic radiology services (such as MRIs, CT scans) Doctors' offices in our plan: \$175 copay Outpatient facilities in our plan: \$250 copay Diagnostic tests and procedures Doctors' offices in our plan: \$50 copay Outpatient facilities in our plan: \$50 copay Lab services Doctors' offices in our plan: \$0 copay Outpatient facilities in our plan: \$0 copay	Diagnostic radiology services (such as MRIs, CT scans) Doctors' offices in our plan: \$0 copay Outpatient facilities in our plan: \$0 copay Diagnostic tests and procedures Doctors' offices in our plan: \$0 copay Outpatient facilities in our plan: \$0 copay Lab services Doctors' offices in our plan: \$0 copay Outpatient facilities in our plan: \$0 copay

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			<p>Outpatient X-rays Doctors’ offices in our plan: \$0 copay Outpatient hospitals or facilities in our plan: \$0 copay Freestanding facility or at-home portable X-ray services in our plan: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer) Doctors and facilities in our plan: \$0 copay</p>	<p>Outpatient X-rays Doctors’ offices in our plan: \$50 copay Outpatient hospitals or facilities in our plan: \$50 copay Freestanding facility or at-home portable X-ray services in our plan: \$50 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer) Doctors and facilities in our plan: 20% coinsurance</p>	<p>Outpatient X-rays Doctors’ offices in our plan: \$0 copay Outpatient hospitals or facilities in our plan: \$0 copay Freestanding facility or at-home portable X-ray services in our plan: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer) Doctors and facilities in our plan: \$0 copay</p>
22	<p>Cardiac and pulmonary rehabilitation services</p>	<p>For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.</p>	<p>Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period) Doctors and facilities in our plan: \$0 copay</p> <p>Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions)</p>	<p>Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period) Doctors and facilities in our plan: \$35 copay</p> <p>Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions)</p>	<p>Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period) Doctors and facilities in our plan: \$0 copay</p> <p>Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions)</p>

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			Doctors and facilities in our plan: \$0 copay	Doctors and facilities in our plan: \$15 copay	Doctors and facilities in our plan: \$0 copay
23	Preventive services and education/wellness programs	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	In-network: no coinsurance, copayment, or deductible for preventive visits		
24	Kidney disease and conditions	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	Renal dialysis Doctors and facilities in our plan: \$0 copay	Renal dialysis Doctors and facilities in our plan: 20% coinsurance	Renal dialysis Doctors and facilities in our plan: \$0 copay
25	Prescription drugs	Louisiana Medicaid provides coverage for Medicare-excluded drugs or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit — Part D. Medicaid usual limits and copays for this service are:	You pay nothing (\$0) for Part D drugs for the entire year. There may be limitations on the type of drugs covered. See list of covered drugs (formulary) for more information.		

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		<p>\$0.50 to \$3 copayment for Medicaid-covered prescription drugs not covered by a Medicare Prescription Drug Plan</p> <p>Limit of four prescriptions per month unless recipient is in long-term care, is under age 21, or is pregnant</p> <p>Prior authorization is required for some drug categories if the medication is not on the <i>Preferred Drug List</i>.</p>			
26	Dental services	<p>For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.</p>	<p>Medicare-covered dental services (this does not include services for care, treatment, filling, removal, or replacement of teeth)</p> <p>Doctors and dentists in our plan: \$0 copay</p> <p>Preventive and comprehensive dental combined allowance</p> <p>This plan covers up to \$4,000 for covered preventive and comprehensive dental services every year. You</p>	<p>Medicare-covered dental services (this does not include services for care, treatment, filling, removal, or replacement of teeth)</p> <p>Doctors and dentists in our plan: \$0 copay</p> <p>Preventive dental services</p> <p>Dentists in our plan: \$0 copay</p> <p>This plan covers 1 oral exam and 1 cleaning.</p>	<p>Medicare-covered dental services (this does not include services for care, treatment, filling, removal, or replacement of teeth)</p> <p>Doctors and dentists in our plan: \$0 copay</p> <p>Preventive and comprehensive dental combined allowance</p> <p>This plan covers up to \$4,000 for covered preventive and comprehensive dental services every year. You</p>

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			<p>can use our coverage for these services and more: exams, cleanings, fluoride treatments, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges, implants, and dentures. Any amount not used at the end of the calendar year will expire.</p> <p>Preventive dental services Dentists in our plan: \$0 copay</p> <p>Comprehensive dental services Doctors and dentists in our plan: \$0 copay</p> <p>We cover more dental care than what original Medicare covers</p>	<p>We cover more dental care than what original Medicare covers</p>	<p>can use our coverage for these services and more: exams, cleanings, fluoride treatments, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges, implants, and dentures. Any amount not used at the end of the calendar year will expire.</p> <p>Preventive dental services Dentists in our plan: \$0 copay</p> <p>Comprehensive dental services Doctors and dentists in our plan: \$0 copay</p> <p>We cover more dental care than what original Medicare covers</p>
27	Hearing services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	<p>Medicare-covered hearing services (exam to diagnose and treat hearing and balance issues) Doctors in our plan: \$0 copay</p> <p>Routine hearing services This plan covers:</p>	<p>Medicare-covered hearing services (exam to diagnose and treat hearing and balance issues) Doctors in our plan: \$30 copay</p> <p>Routine hearing services This plan covers:</p>	<p>Medicare-covered hearing services (exam to diagnose and treat hearing and balance issues) Doctors in our plan: \$0 copay</p> <p>Routine hearing services This plan covers:</p>

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			<p>1 routine hearing exam every year \$300 maximum plan benefit for over-the-counter hearing aids <i>or</i> 1 routine hearing aid fitting evaluation and a \$3,000 maximum plan benefit for prescribed hearing aids every year.</p> <p>Doctors in our plan: \$0 copay for routine hearing exam(s).</p> <p>\$0 copay for hearing aids up to the maximum plan benefit amount.</p>	<p>1 routine hearing exam every year \$300 maximum plan benefit for over-the-counter hearing aids <i>or</i> 1 routine hearing aid fitting evaluation and a \$1,500 maximum plan benefit for prescribed hearing aids every year.</p> <p>Doctors in our plan: \$0 copay for routine hearing exam(s).</p> <p>\$0 copay for hearing aids up to the maximum plan benefit amount.</p>	<p>1 routine hearing exam every year \$300 maximum plan benefit for over-the-counter hearing aids <i>or</i> 1 routine hearing aid fitting evaluation and a \$3,000 maximum plan benefit for prescribed hearing aids every year.</p> <p>Doctors in our plan: \$0 copay for routine hearing exam(s).</p> <p>\$0 copay for hearing aids up to the maximum plan benefit amount.</p>
28	Vision services	<p>For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare. Medicaid usual limits and copays for examinations and treatment of eye conditions such as infections, cataracts, and so on.</p>	<p>Medicare-covered vision services</p> <p>Exam to diagnose and treat diseases and conditions of the eye</p> <p>Doctors in our plan: \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery</p> <p>Doctors in our plan: \$0 copay</p> <p>Routine vision services</p>	<p>Medicare-covered vision services</p> <p>Exam to diagnose and treat diseases and conditions of the eye</p> <p>Doctors in our plan: \$30 copay</p> <p>Eyeglasses or contact lenses after cataract surgery</p> <p>Doctors in our plan: \$0 copay</p> <p>Routine vision services</p>	<p>Medicare-covered vision services</p> <p>Exam to diagnose and treat diseases and conditions of the eye</p> <p>Doctors in our plan: \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery</p> <p>Doctors in our plan: \$0 copay</p> <p>Routine vision services</p>

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			<p>Routine vision exam: This plan covers 1 routine eye exam every year.</p> <p>Doctors in our plan: \$0 copay</p> <p>Routine eyewear (lenses and frames): This plan covers up to \$500 for eyeglasses or contact lenses every year.</p> <p>Doctors in our plan: \$0 copay</p>	<p>Routine vision exam: This plan covers 1 routine eye exam every year.</p> <p>Doctors in our plan: \$0 copay</p> <p>Routine eyewear (lenses and frames): This plan covers up to \$125 for eyeglasses or contact lenses every year.</p> <p>Doctors in our plan: \$0 copay</p>	<p>Routine vision exam: This plan covers 1 routine eye exam every year.</p> <p>Doctors in our plan: \$0 copay</p> <p>Routine eyewear (lenses and frames): This plan covers up to \$375 for eyeglasses or contact lenses every year.</p> <p>Doctors in our plan: \$0 copay</p>
29	<p>Over-the-counter items</p>	<p>For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare. When Medicare — Part D reimburses, Medicaid will not pay.</p>	<p>Everyday options allowance for groceries and over-the-counter (OTC)</p> <p>This benefit provides a combined spending allowance of \$165 each month for eligible food items and OTC health and wellness products.</p> <p>Monthly allowance does not roll over.</p> <p>You have a variety of convenient ways to use the benefit:</p> <p>Shop in-store at participating retailers near</p>	<p>Not covered</p> <p>Additional services may be covered in accordance with your Medicaid benefits and guidelines.</p>	<p>Everyday options allowance for groceries and over-the-counter (OTC)</p> <p>This benefit provides a combined spending allowance of \$195 each month for assistive devices, eligible food items, OTC health and wellness products, and utilities.</p> <p>Monthly allowance does not roll over.</p> <p>You have a variety of convenient ways to use the benefit:</p> <p>Shop in-store at participating retailers near</p>

	Benefit	Medicaid	H1947-001	H1947-003	H1947-004
			<p>you (groceries and OTC only). Shop online on the approved vendor website. Shop on the approved vendor mobile app. Call to place an order. Order by mail (OTC only).</p>		<p>you (groceries and OTC only). Shop online on the approved vendor website. Shop on the approved vendor mobile app. Call to place an order. Order by mail (OTC and assistive devices only). Use the benefit with your utility provider.</p>
30	Health/wellness education	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.	In-network: \$0 copay for health and wellness programs covered by this plan.		
31	Transportation (routine)		<p>Transportation \$0 copay This plan offers coverage for 96, one-way, routine transportation services every year. Trips are limited to 60 miles. Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted</p>	<p>Transportation \$0 copay This plan offers coverage for 36, one-way, routine transportation services every year. Trips are limited to 60 miles. Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted</p>	<p>Transportation \$0 copay This plan offers coverage for 96, one-way, routine transportation services every year. Trips are limited to 60 miles. Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted</p>

	Benefit	Medicaid	H1947-001	H1947-003	H1947-004
			<p>transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).</p> <p>This plan allows you to select additional transportation benefits as part of the Essential Extras benefit. See that benefit description for more information.</p>	<p>transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).</p> <p>This plan allows you to select additional transportation benefits as part of the Essential Extras benefit. See that benefit description for more information.</p>	<p>transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).</p>
32	Acupuncture	<p>For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments, and deductibles for services covered by original Medicare.</p>	<p>In-network: \$0 copay for each Medicare-covered acupuncture visit</p>		

What if I need assistance?

Contact Provider Services at **844-521-6942** for Medicaid Managed Care or **844-895-8160** for Dual Advantage.



Email is the quickest and most direct way to receive important information from us.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using our QR code or via our online form: