



**Medicare Advantage Flex  
(HMO-POS Plan 003)  
2019 Benefit Highlights**

<b>Benefits</b>	<b>In-Network See a Fidelis Care Doctor</b>	<b>Out-of-Network See Any Doctor who Accepts Medicare+</b>
<b>Monthly Plan Premium</b>	\$30.30	
<b>Flex Benefit</b>	\$400	
<b>PCP Visits</b>	\$5 copay	Not Covered
<b>Specialist Visits</b>	\$30 copay	50% coinsurance
<b>Clinical/Diagnostic Services:</b>		
Lab	\$20 copay	Not Covered
Radiation Therapy	20% coinsurance	Not Covered
X-ray	\$10 copay	Not Covered
MRI/CT Scan/PET Scan	20% coinsurance	Not Covered
<b>Inpatient Hospital - Acute</b>	\$370 copay per day for days 1 - 5 for each admission	Not Covered
<b>Inpatient Mental Health</b>	\$330 copay per day for days 1 - 5 for each admission	Not Covered
<b>Skilled Nursing Facility</b>	\$0 copay/day, days 1-20 \$165 copay/day, days 21-100	Not Covered
<b>Emergency Room (Worldwide)</b>	\$90 copay	\$90 copay
<b>Urgent Care</b>	\$30 copay	\$30 copay
<b>Ambulance</b>	\$250 copay per trip	\$250 copay per trip
<b>Outpatient Surgery</b>	\$400 copay	Not Covered
<b>Ambulatory Surgery Center</b>	\$400 copay	50% coinsurance
<b>PT/OT/ST</b>	\$30 copay	50% coinsurance
<b>Chiropractor</b>	\$20 copay	50% coinsurance
<b>Routine Eye Exams</b>	\$0 copay	Not Covered
<b>Glasses/Frames/Contacts</b>	Covered under Flex Benefit	Covered under Flex Benefit
<b>Podiatry Visits</b>	\$30 copay	50% coinsurance
<b>Durable Medical Equipment (DME)</b>	20% coinsurance	Not Covered
<b>Prosthetics</b>	20% coinsurance	Not Covered
<b>Dental</b>	\$0 copay Exam, Cleaning once/year X-ray once every two years	Not Covered
<b>Diabetic Supplies</b>	\$0 copay	Not Covered
<b>Prescription Drugs:</b>		
Deductible	\$415	
Initial Coverage Limit	\$3,820	
Preferred Generic Copay (Tier1)	\$0 copay (Tier 1)	
Non-preferred Generic Copay (Tier 2)	\$15 copay (Tier2)	
Preferred Brand (Tier 3)	22% copay (Tier 3)	
Non-preferred Brand Copay (Tier 4)	33% copay (Tier 4)	
Specialty Injectable (Tier 5)	25% coinsurance (Tier 5)	
Mail Order (90-day supply)	\$0/\$30/18%/29%	

+There is \$10,000 aggregate total allowance for all out-of-network benefits. Once the \$10,000 aggregate total is met, 100% of the cost for out-of-network care is paid by the member. A separate office visit copay may apply in some instances. Fidelis Legacy Plan is an HMO plan with a Medicare contract. Enrollment in Fidelis Legacy Plan depends on contract renewal. Applicants must be entitled to Part A and enrolled in Part B and must continue to pay Medicare Part B monthly premiums. All applicants eligible for Medicare residing in our service area may apply. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan or see our 2019 Summary of Benefits for further details.

**Medicare Advantage \$0 Premium  
(HMO Plan 021)  
2019 Benefit Highlights**

<b>See a Fidelis Care Doctor</b>	<b>In-Network See a Fidelis Care Doctor</b>	<b>Out-of-Network See Any Doctor who Accepts Medicare+</b>
\$0	\$0	
Not Available	Not Available	
\$15 copay	\$10 copay	Not Covered
\$45 copay	\$40 copay	50% coinsurance
\$20 copay 20% coinsurance \$10 copay 20% coinsurance	\$20 copay 20% coinsurance \$10 copay 20% coinsurance	Not Covered Not Covered Not Covered Not Covered
\$370 copay per day for days 1 - 5 for each admission \$330 copay for days 1-5 each admission	\$370 copay per day for days 1 - 5 for each admission \$330 copay per day for days 1 - 5 for each admission	Not Covered Not Covered
\$0 copay/day, days 1-20 \$165 copay/day, days 21-100	\$0 copay/day, days 1-20 \$165 copay/day, days 21-100	Not Covered
\$90 copay	\$90 copay	\$90 copay
\$45 copay	\$40 copay	\$40 copay
\$250 copay per trip	\$250 copay per trip	\$250 copay per trip
\$400 copay	\$400 copay	Not Covered
\$400 copay	\$400 copay	50% coinsurance
\$40 copay	\$40 copay	50% coinsurance
\$20 copay	\$20 copay	50% coinsurance
\$0 copay \$50/year allowance	\$0 copay Covered for cataracts only	Not Covered Not Covered
\$45 copay	\$40 copay	50% coinsurance
20% coinsurance	20% coinsurance	Not Covered
20% coinsurance	20% coinsurance	Not Covered
\$0 copay Exam, Cleaning twice/year X-ray once/year	Not covered	Not Covered
\$0 copay	\$0 copay	Not Covered
\$0 \$3,130 \$5 copay (Tier 1) \$20 copay (Tier 2) \$47 copay (Tier 3) \$100 copay (Tier 4) 33% coinsurance (Tier 5) \$10/\$40/\$94/\$200	Part B drugs covered at a 20% coinsurance No Part D prescription drug coverage	

Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments or coinsurance may change on January 1, 2020. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week or call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778 or your State Medicaid Office. Products not available in all areas. Please check with your Fidelis Legacy Plan representative or visit [www.fideliscare.org](http://www.fideliscare.org) for information on products available in your area.

**Fidelis Legacy Plan**  
**Summary of Items Eligible for Reimbursement**  
**(Up to \$400 Reimbursement in Medicare Advantage Flex Plan 003 Only)**

<p><b>Dental</b></p> <p>Cleanings Crowns Extractions False Teeth Fillings</p> <p>Fluoride Treatments Partials Root Canals Routine Exams X-rays</p> <p><b>Durable Medical Equipment</b></p> <p>Grab Bars Canes or Crutches Bed Alarms Rib Belts Orthopedic Supports (not arch and insole inserts)</p> <p><b>Health Club/Fitness Center</b></p> <p>Fitness Classes (Cardiovascular, strength training, etc.) Health Club/Fitness Center Annual Memberships Health-related Classes (Pilates, yoga, tai chi, etc.) Health-related Courses (Stress management, etc.) Water Fitness Classes</p> <p><b>Hearing Aids</b></p> <p>Analog or Digital Hearing Aids (installed behind-the-ear or in-the-ear) Hearing Aid Batteries</p> <p><b>Holistic Programs</b></p> <p>Acupuncture</p>	<p><b>Medically Necessary Transportation</b></p> <p>Taxi service, bus fare, subway fare, and transportation vans are covered when traveling to and from: Clinics Dentists Doctor Offices</p> <p>Hospitals Medical Centers Pharmacies</p> <p><b>Over-the-Counter Medications</b></p> <p>Acetaminophen Allergy Medications Antacid Liquids and Tablets Anti-fungal Medications Aspirin Athlete's Foot Medications Cough/Cold/Flu Medications Diarrhea Medicine</p> <p><b>Prescription Eye Wear</b></p> <p>Bifocals (Lined or progressive) Contact Lenses Photo-Gray Lenses</p> <p><b>Weight Loss Programs</b></p> <p>Exercise-related Programs (food will not be covered)</p> <p><b>Other</b></p> <p>Incontinence supplies</p>
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Fidelis Legacy Plan offers preventive services to help keep you well and they are provided to you with \$0 copay. These services include: Abdominal Aortic Aneurysm Screening, Annual Physical Exam, Bone Mass Measurement, Cardiovascular Screenings, Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam), Colon Cancer Screening (Colorectal), Diabetic Education, Diabetes Self-Management Training, EKG Screening, Flu Shots, Glaucoma Tests, HIV Screening, Hepatitis B Shots, Intensive Behavioral Counseling for Cardiovascular Disease (biannual), Intensive Behavioral Therapy for Obesity, Breast Cancer Screening (Mammograms), Medical Nutrition Therapy Services, Pneumococcal Shot, Prostate Cancer Screenings, Prostate Specific Antigen (PSA) Test, Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, Screening for Depression in Adults, Sexually Transmitted Infection (STI) Counseling, Smoking Cessation (counseling to stop smoking), and Welcome to Medicare Physical Exam (one-time physical exam).

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**FIDELIS**  
LEGACY PLAN

**1-800-860-8707 TTY: 711**

Monday-Sunday, 8:00 a.m.-8:00 p.m. from October 1-March 31  
Monday-Friday, 8:00 a.m.-8:00 p.m. from April 1-September 30

**www.fideliscare.org**



# Benefit Highlights

Fidelis Medicare Advantage Plans 2019