**Summary of Benefits**

**McKesson Medicare Advantage Flex (HMO-POS Plan 022-Segment 1) 2020 Benefit Highlights**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In-Network See a Fidelis Care Doctor</th>
<th>Out-of-Network See Any Doctor who Accepts Medicare+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Plan Premium</td>
<td>$22.50</td>
<td></td>
</tr>
<tr>
<td>Flex Benefit</td>
<td>$400</td>
<td></td>
</tr>
<tr>
<td>PCP Visits</td>
<td>$5 copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Specialist Visits</td>
<td>$30 copay/10% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Clinical/Diagnostic Services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab</td>
<td>$20 copay/20% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>$10 copay/20% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>X-ray</td>
<td>$10 copay/20% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>MRI/CT Scan/PET Scan</td>
<td>$390 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Inpatient Hospital - Acute</td>
<td>$350 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Inpatient Mental Health</td>
<td>$90 copay/5% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>$0 copay/day/1-20</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Emergency Room (Worldwide)</td>
<td>$175 copay/day, days 21-100</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$30 copay</td>
<td>$90 copay</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$250 copay per trip</td>
<td>$250 copay per trip</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$390 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Ambulatory Surgery Center</td>
<td>$390 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>PT/OT/ST</td>
<td>$30 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>$390 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Routine Eye Exams Goggles/Frames/Contacts</td>
<td>$0 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Podiatry Visits</td>
<td>$30 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>$50/year allowance/10% coinsurance</td>
<td>Covered for cataracts only</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>$45 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Dental</td>
<td>$0 copay/20% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Prescription Drugs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td>Initial Coverage Limit</td>
<td>$4,020</td>
<td></td>
</tr>
<tr>
<td>Preferred Generic (Tier 1)</td>
<td>$0 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Preferred Brand (Tier 3)</td>
<td>$15 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Specialty Injectable (Tier 5)</td>
<td>$47 copay/10% coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Mail Order (90-day supply)</td>
<td>$10 copay/3% coinsurance/18% coinsurance</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

**Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments or coinsurance may change on January 1, 2021. 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/medicare for information on products available in your area.**
# Summary of Items Eligible for Reimbursement

**Fidelis Legacy Plan**

## Dentals
- Cleanings
- Fluoride Treatments
- Crowns
- Partial
- Extractions
- Root Canals
- False Teeth
- Routine Exams
- Fillings
- X-rays

## Durable Medical Equipment
- Grab Bars
- Bath Seat/Shower Seat
- Canes or Crutches
- Pressure Stockings
- Bed Alarms
- Incontinence Pads/Supplies
- Rib Belts
- Braces
- Orthopedic Supports (not arch and insole inserts)

## Health Club/Fitness Center
- Fitness Classes (Cardiovascular, strength training, etc.)
- Health Club/Fitness Center Annual Memberships
- Health-related Courses (Stress management, etc.)
- Water Fitness Classes

## Hearing Aids
- Analog or Digital Hearing Aids (installed behind-the-ear or in-the-ear)
- Hearing Aid Batteries

## Holistic Programs
- Acupuncture
- Acupuncture

## Medically Necessary Transportation
- Taxi service, bus fare, subway fare, and transportation vans are covered when traveling to:
  - Clinics
  - Hospitals
  - Dental
  - Medical Centers
  - Dentists
  - Doctor Offices
- Medications
  - Acetaminophen
  - Ear Drops
  - Allergy Medications
  - Ear Wax Removal
  - Antacid Liquids and Tablets
  - Eye Drops
  - Anti-fungal Medications
  - Ibuprofen
  - Aspirin
  - Laxatives
  - Athlete’s Foot Medications
  - Nausea Medications
  - Cough/Cold/Flu Medications
  - Smoking Cessation
  - Diarrhea Medicine
  - Vitamins

## Prescription Eye Wear
- Bifocals (Lined or progressive)
- Trifocals (Lined or progressive)
- Contact Lenses
- Frames
- Photo-ray Lenses
- Prescription Glasses

## Weight Loss Programs
- Exercise-related Programs (food will not be covered)

## Other
- Incontinence supplies

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
- 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
- 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)
- Welcome to Medicare Physical Exam