

2023



GEORGIA HEALTH
ADVANTAGE

Summary of Benefits

Georgia Health Advantage (HMO I-SNP) H8093 001

January 1, 2023 – December 31, 2023

Toll-free: 1-844-917-0645 (TTY/TDD users call 1-833-312-0046)

Hours: October 1st through March 31st 8:00 A.M. to 8:00 P.M., seven days a week;
April 1st through September 30th 8:00 A.M. to 8:00 P.M., Monday through Friday

[GeorgiaHealthAdvantage.com](https://www.GeorgiaHealthAdvantage.com)

This page intentionally left blank

**This is a summary of drug and health services covered by
Georgia Health Advantage (HMO I-SNP)
January 1, 2023 – December 31, 2023**

Georgia Health Advantage (HMO I-SNP), offered by Georgia Assurance, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the Georgia Health Advantage (HMO I-SNP) 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 1-844-917-0645 (TTY/TDD users call 1-833-312-0046). 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 GeorgiaHealthAdvantage.com.

To join Georgia Health Advantage (HMO I-SNP) 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 at home and/or in a contracted assisted living facility and Georgia has certified that you need the type of care that is usually provided in a nursing home. Our service area includes the following Georgia Counties: Appling, Bacon, Baker, Baldwin, Banks, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Bulloch, Burke, Calhoun, Candler, Chatham, Chattahoochee, Chattooga, Cherokee, Clay, Clinch, Coffee, Colquitt, Columbia, Coweta, Crawford, Crisp, Dade, Dawson, Dougherty, Douglas, Echols, Emanuel, Evans, Fayette, Franklin, Gilmore, Glascock, Gordan, Greene, Habersham, Hancock, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lee, Liberty, Lincoln, Long, Lumpkin, McDuffie, McIntosh, Macon, Madison, Marion, Meriwether, Miller, Mitchell, Monroe, Montgomery, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Polk, Putman, Quitman, Randolph, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Sumter, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Terrell, Tift, Toombs, Treutlen, Turner, Twiggs, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, Wilcox, Wilkes, Wilkinson, and Worth..

Georgia Health Advantage (HMO I-SNP) 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	Georgia Health Advantage (HMO I-SNP)	What You Should Know
Monthly Plan Premium (includes both medical and drugs)	You pay \$37.30	You must continue to pay your Medicare Part B premium.
Deductible	<p>\$203</p> <p>These are the 2022 cost-sharing amounts and may change for 2023. The plan will provide updated rates as soon as they are released.</p>	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,300 annually	The most you pay for copays, coinsurance and other costs for In-Network Medicare-covered services in a year.
Inpatient Hospital (including mental health services)	<p>You pay a \$1,556 deductible each benefit period.</p> <p>\$0 copayment for each day for days 1-60.</p> <p>\$389 copayment each day for days 61-90.</p> <p>\$778 copayment each day for days 91 & beyond.</p> <p>These are the 2022 cost sharing amounts and may change for 2023. The plan will provide updated rates as soon as they are released.</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	20% of the cost for Medicare covered services.	Prior authorization is required.
Ambulatory Surgery Center	20% of the cost for Medicare covered services.	Prior authorization is required.
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary Care • Specialist Care 	<p>Primary care visits: \$0 copayment per visit.</p> <p>Specialist visits: 20% of the cost for Medicare-covered services.</p>	

Premiums and Benefits	Georgia Health Advantage (HMO I-SNP)	What You Should Know
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.
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.
Urgently Needed Services	20% of the cost for Medicare-covered services up to \$60.	If you are admitted to the hospital within one (1) day, you do not have to pay.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic Radiology Services (e.g. MRI) • Lab Services • Diagnostic Tests and Procedures • Outpatient X-Rays 	20% of the cost for Medicare-covered Diagnostic Radiology Services (e.g. MRI). You pay nothing for Medicare-covered lab services. 20% of the cost for Medicare-covered Diagnostic Tests and Procedures. 20% of the cost 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"> • Routine Hearing Exam • Fitting/Evaluation • Hearing Aids 	20% of the cost for Medicare-covered services. You pay nothing for Routine Hearing Exam and Fitting/Evaluations.	One routine Hearing Exam per year. The plan will cover two hearing aids per year, one per each ear. There is an annual maximum amount up to \$500 per each ear, per year. Must use a Plan approved provider/supplier.
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.

Premiums and Benefits	Georgia Health Advantage (HMO I-SNP)	What You Should Know
<p>Vision Services</p> <p><i>Supplemental Benefit:</i></p> <ul style="list-style-type: none"> • Routine Eye Exam • Eyewear (contact lenses and eyeglasses (lenses and/or frames); upgrades) 	<p>20% of the cost for Medicare-covered services.</p> <p>You pay nothing for routine eye exam.</p> <p>You pay nothing for eyewear.</p>	<p>One exam per year.</p> <p>Up to \$235 per year for eyewear.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Outpatient Group Therapy Visit • Outpatient Individual Therapy Visit 	<p>20% of the cost for Medicare-covered services.</p>	
<p>Skilled Nursing Facility (SNF)</p>	<p>Services rendered in member's residence setting:</p> <p>You pay nothing.</p> <p>Services rendered outside member's residence setting:</p> <ul style="list-style-type: none"> • You pay nothing for the first 20 days of each benefit period. • You pay nothing per day for days 21-100. • You pay all costs for each day after day 100. 	<p>Prior authorization is required.</p> <p>Zero (0) hospital days required prior to SNF admission.</p>
<p>Physical Therapy Services</p>	<p>You pay nothing for Medicare-covered Physical Therapy (PT) services rendered at a long-term care (LTC) residence or contracted SNF setting.</p> <p>20% of the cost of the cost for Medicare-covered PT services in another outpatient setting.</p>	<p>Prior authorization is required for any Medicare-covered services not performed at the long-term care (LTC) residence or other SNF Therapy setting.</p>

Premiums and Benefits	Georgia Health Advantage (HMO I-SNP)	What You Should Know
Ambulance	20% of the cost for Medicare-covered services.	Prior authorization is required for Medicare-covered non-emergent ambulance transport (excludes nursing home to/from hospital).
<i>Supplemental Benefit:</i> Transportation Services (Non-Emergent) <ul style="list-style-type: none"> • Van or Medical Transport 	Not Covered	
Medicare Part B Drugs	20% of the cost for Medicare-covered services.	Prior authorization is required for each service/transaction for billed charges in excess of \$250.

Outpatient Prescription Drugs		
	Standard Retail Cost-Sharing (up to 30-day supply)	Long-Term Care Cost-Sharing (up to 31-day supply)
	Mail Order coverage: <ul style="list-style-type: none"> • Standard Mail-Order - 1-month supply (30 days) • Standard Mail-Order - 2-month supply (60 days) • Standard Mail-Order - 3-month supply (90 days) 	
Yearly Deductible (Stage 1)*	\$505 for all Part D prescription drugs <ul style="list-style-type: none"> • You begin in this payment stage when you fill first prescription for the year. • During this stage, you pay the full cost for your prescription drugs until you have paid \$505. • You stay in this stage until you have paid \$505 for your prescription drugs. 	
Initial Coverage (Stage 2)*	25% coinsurance cost-sharing for covered prescription drugs <ul style="list-style-type: none"> • During this stage, the Plan pays its share of the cost of your prescription drugs and you pay your share of the cost. • You stay in this stage until your year-to-date “total prescription drug costs” (your payments plus any Plan payments) total \$4,660. 	
Coverage Gap (Stage 3)*	After your drug costs (including what our Plan has paid and what you have paid) reach \$4,660, 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"> • You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$7,400. This amount and rules for counting costs toward this amount have been set by Medicare. 	
Catastrophic Coverage (Stage 4)*	After your yearly out-of-pocket drug costs reach \$7,400 you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance; or • \$4.15 copayment for generics (including brand drugs treated as generics); or • \$10.35 copayment for all other drugs. 	

Other Covered Benefits		
Benefits	Georgia Health Advantage (HMO I-SNP)	What You Should Know
Occupational Therapy and Speech Language Therapy	<p>You pay nothing for Medicare-covered Occupational Therapy (OT) and Speech Language Therapy (ST) services rendered at a long-term care (LTC) residence or contracted SNF setting.</p> <p>20% of the cost for Medicare-covered OT/ST services in another outpatient setting.</p>	Prior authorization is required for any Medicare-covered services not performed at the long-term care (LTC) residence or other SNF Therapy setting.
<p>Foot Care (Podiatry Services)</p> <p><i>Supplemental Benefit:</i></p> <p>Up to six (6) non-Medicare-covered routine podiatry services per year</p>	<p>20% of the cost for Medicare-covered services.</p> <p>You pay nothing for the supplemental benefit.</p>	
<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g. wheelchairs, oxygen) • Prosthetics (e.g. braces, artificial limbs) • Diabetic Supplies 	<p>20% of the cost for Medicare-covered services</p> <p>You pay nothing for Diabetic Supplies.</p>	Prior authorization is required for each service/transaction billed charges in excess of \$250.
<p><i>Supplemental Benefit:</i></p> <p>In Home Support Services</p> <ul style="list-style-type: none"> • Companion to assist with medical appointments outside of facility • Supervised visits • Assistance with activities of daily living (ADL) 	You pay nothing for up to seventy-nine (79) hours per calendar year.	
Important Message About What You Pay for Vaccines	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.	Call Member Services for more information.

Other Covered Benefits

**Important Message About
What You Pay for Insulin**

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.

For more information, contact Georgia Health Advantage (HMO I-SNP) from 8:00 A.M. to 8:00 P.M. October 1 through March 31, 7 days a week (April 1 through September 30 8:00 A.M. to 8:00 P.M., Monday to Friday) at 1-844-917-0645 (TTY/TDD users call 1-833-312-0046) or visit our website at GeorgiaHealthAdvantage.com.

You can access the Georgia Health Advantage (HMO I-SNP) provider or pharmacy directory on our website at GeorgiaHealthAdvantage.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 or get a copy by calling 1-800-MEDICARE (1-800-633-4227) 24 hours per day/7 days per week. TTY users should call 1-877-486-2048.

This information is not a complete description of benefits. Call 1-844-917-0645 (TTY/TDD users call 1-833-312-0046) 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.

Georgia 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 12/31/2025 based on a review of the Georgia Health Advantage (HMO I-SNP) 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 customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

GEORGIA HEALTH
ADVANTAGE



Toll-free: 1-844-917-0645 (TTY/TDD users call 1-833-312-0046)
Hours: October 1st through March 31st 8:00 A.M. to 8:00 P.M., seven days a week;
April 1st through September 30th 8:00 A.M. to 8:00 P.M., Monday through Friday
GeorgiaHealthAdvantage.com