

**2017 Summary of Benefits  
Fidelis Medicare Advantage Flex Plan (HMO-POS),  
Fidelis Medicare \$0 Premium Plan (HMO) and  
Fidelis Medicare Advantage Without Rx (HMO-POS)  
CMS Contract # H3328**

**January 1, 2017 – December 31, 2017**

Thank you for your interest in Fidelis Medicare Advantage Plans. Our plans are offered by New York State Catholic Health Plan Inc. /Fidelis Care, a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS) that contracts with the Federal government.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Fidelis Care and ask for the "Evidence of Coverage."

**You have choices in your health care**

One choice is to get your Medicare benefits through Original Medicare (fee-for-service). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan, like a Fidelis Medicare Advantage Plan.

**Tips for comparing your Medicare choices**

This Summary of Benefits booklet gives you a summary of what Fidelis Medicare Advantage Plans cover and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>. If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <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.

**Who might these plans be best suited for?**

Fidelis Medicare Advantage Flex Plan - This plan may be the optimal choice for you if you qualify for Part D Low Income Premium Subsidies or the state Pharmacy Assistance Program's Part D premium subsidy (but are not a Full Medicaid Dual Eligible or Qualified Medicare Beneficiary in which case please consider one of our Dual Special Needs Plans); however, it is available to those that do not qualify for premium subsidies and are willing to pay the monthly premium.

Fidelis Medicare \$0 Premium - This plan may be the optimal choice for you if you do not qualify for Part D Low Income Premium Subsidies or for the state Pharmacy Assistance Program's Part D premium subsidy. If you do, please consider the Low Income Premium Subsidy Target plan. This

plan offers the convenience of not having to pay an additional monthly premium (other than your normal monthly Part B premium) for those members that do not qualify for Part D premium relief.

Fidelis Medicare Advantage Without Rx – This plan has been maintained for those that do not wish to participate in Medicare's Part D program.

### **Sections in this booklet**

- Things to know about Fidelis Medicare Advantage Plans
- Monthly Premium, Deductible, and Limits on how much you pay for covered services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un idioma que no sea inglés. Para más información, llame a Servicios al Socio al número telefónico antes mencionado.

### **Things to know about Fidelis Medicare Advantage plans:**

#### **Hours of Operation:**

- Customer Services Hours for October 1 – February 14. You can call us 7 days a week from, 8:00 a.m. - 8:00 p.m. Eastern Time.
- Customer Services Hours for February 15 – September 30. You can call us Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Time.

#### **Fidelis Medicare phone numbers and website**

- If you are a member of this plan, call toll-free (800) 247-1447. (TTY/TDD (800) 695-8544)
- If you are not a member of this plan, call toll-free (800) 860-8707. (TTY/TDD (800) 558-1125)
- Our website: <http://www.fideliscare.org>

#### **Who can join?**

You can join Fidelis Medicare Advantage Plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, and live in the service area.

The service area for **Fidelis Medicare Advantage Without Rx** (HMO-POS) Plan 001 includes: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Kings, Lewis, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Orleans, Otsego, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Westchester, Wyoming, and Yates Counties, NY. You must live in one of these areas to join the plan.

The service area for **Fidelis Medicare Advantage Flex** (HMO-POS) Plan 003 includes: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Kings, Lewis, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Orleans, Otsego, Oswego, Queens, Rensselaer, Richmond, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Tioga, Warren, Washington, Westchester, Wyoming, and Yates Counties, NY. You must live in one of these areas to join the plan.

The service area for **Fidelis Medicare \$0 Premium** (HMO) Plan 020 Segment 001 includes: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Kings, Lewis, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Orleans, Otsego, Oswego, Queens, Rensselaer, Richmond, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Tioga, Warren, Washington, Wyoming, and Yates Counties, NY. You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Member Service for more information.

### **Which doctors, hospitals and pharmacies can I use?**

Fidelis Care has a network of doctors, hospitals, pharmacies and other providers. You can use any doctor who is part of our network. For *Fidelis Medicare Advantage Without Rx* and *Fidelis Medicare Advantage Flex*, some services you may use providers that are not in our network.

For *Fidelis Medicare \$0 Premium*, you can only use doctors who are part of our network. If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's Provider and Pharmacy Directory at our website ([www.fideliscare.org](http://www.fideliscare.org)). Or, call us and we will send you a copy of the Provider and Pharmacy Directory.

## **What do we cover?**

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less. Our plan members also get *more than what* is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs, for *Fidelis Medicare Advantage Flex* (HMO-POS) and *Fidelis Medicare \$0 Premium* (HMO). In addition we cover Part B drugs including chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.fideliscare.org>. Or call us and we will send you a copy of the formulary.

We do not cover counseling or referral services that our Plan objects to based on moral or religious grounds. In the case of our Plan, we won't give counseling or referral services related to reproductive and family planning services, including but not limited to abortion, sterilization, tubal ligations, and artificial contraception, nor receive premium dollars from the Federal Government for such services. To the extent these services are covered by Medicare, they will be covered under the Original Medicare Plan. For further information, please call Member Services.

## **How will I determine my drug costs?**

*Fidelis Medicare Advantage Flex* (HMO-POS) and *Fidelis Medicare \$0 Premium* (HMO) cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

*Fidelis Medicare Advantage Without Rx* (HMO-POS) does cover Medicare Part B prescription drugs. *Fidelis Medicare Advantage Without Rx* (HMO-POS) does NOT cover Medicare Part D prescription drugs.

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**Summary of Benefits for Fidelis Medicare Advantage Flex, Fidelis Medicare \$0 Premium  
and Fidelis Medicare Advantage Without Rx for Year 2017**

<b>Benefit Category</b>	<b>Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)</b>	<b>Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)</b>	<b>Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)</b>
<b>Monthly Premium, Deductible, and Limits on How Much You Pay For Covered Services</b>			
Monthly Plan Premium, including Part C and Part D Premium	\$41 per month in addition to your monthly Medicare Part B premium.	\$0 per month in addition to your monthly Medicare Part B premium.	\$0 per month in addition to your monthly Medicare Part B premium.
Deductibles, including plan level and category level deductible	\$250 per year for Part D prescription drugs in tiers 2 through 5. (No deductible on Tier 1.)	This plan does not have a deductible.	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit in this plan is \$6,700 for services you receive from in-network providers.</p> <p>If you reach the limit on out of pocket costs, you keep getting covered hospital and medical</p>	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit in this plan is \$6,700 for services you receive from in-network providers.</p> <p>If you reach the limit on out of pocket costs, you keep getting covered hospital and medical</p>	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit in this plan is \$6,700 for services you receive from in-network providers.</p> <p>If you reach the limit on out of pocket costs, you keep getting covered hospital and medical</p>

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	<p>services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>Our plan has a coverage limit for certain benefits from any provider. Contact us for services that apply.</p> <p>Non emergency out of network provider services will only be covered if described as covered in one of the below sections and is further subject to an annual allowed benefit consideration that will consider gross allowed costs up to \$10,000 but will generally only cover 50% of these allowed costs with some exceptions (generally limited to \$5,000 in paid benefits per year).</p>	<p>services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums.</p> <p>Our plan has a coverage limit for certain benefits from any provider. Contact us for services that apply.</p> <p>Non emergency out-of-network provider services will only be covered if described as covered in one of the below sections and is further subject to an annual allowed benefit consideration that will consider gross allowed costs up to \$10,000 but will generally only cover 50% of these allowed costs with some exceptions (generally limited to \$5,000 in paid benefits per year).</p>

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
<b>Covered Medical and Hospital Benefits</b> <b>Note: Services with a 1 may require authorization</b>			
Inpatient Care			
Inpatient Hospital Coverage <sup>1</sup>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use the extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network:</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1-5: \$350 copay per day</p> <p>Days 6-90: \$0 copay per day</p> <p>Except in an emergency, your doctor must tell the plan that</p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use the extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network:</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1-5: \$350 copay per day</p> <p>Days 6-90: \$0 copay per day</p> <p>Except in an emergency, your doctor must tell the plan that</p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use the extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network:</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1-5: \$350 copay per day</p> <p>Days 6-90: \$0 copay per day</p> <p>Except in an emergency, your doctor must tell the plan that</p>

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	you are going to be admitted to the hospital.	you are going to be admitted to the hospital.	you are going to be admitted to the hospital.
Outpatient Care			
Doctor Visits (Primary and Specialists)	<p>In-Network:</p> <p>\$0 copay for each Medicare-covered primary care doctor visit.</p> <p>\$25 copay for each Medicare-covered specialist visit.</p> <p>Out of Network:</p> <p>50% of the cost</p>	<p>In-Network:</p> <p>\$15 copay for each Medicare-covered primary care doctor visit.</p> <p>\$45 copay for each Medicare-covered specialist visit.</p>	<p>In-Network:</p> <p>\$10 copay for each Medicare-covered primary care doctor visit.</p> <p>\$40 copay for each Medicare-covered specialist visit.</p> <p>Out of Network:</p> <p>50% of the cost</p>
Preventive Care	<p>In-Network and Out-of-Network:</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventative services approved by Medicare for zero cost sharing will be covered by the plan at zero cost sharing. If you believe that</p>	<p>In-Network:</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventative services approved by Medicare for zero cost sharing will be covered by the plan at zero cost sharing. If you believe that you have inappropriately been</p>	<p>In-Network and Out-of-Network:</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventative services approved by Medicare for zero cost sharing will be covered by the plan at zero cost sharing. If you believe that</p>



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	you have inappropriately been charged cost sharing for a service please contact Member Services.	charged cost sharing for a service please contact Member Services.	you have inappropriately been charged cost sharing for a service please contact Member Services.
Emergency Care	<p>\$75 copay for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within 24 hour(s) for the same condition, you do not have to pay your share for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>Worldwide coverage: The reimbursement for worldwide emergency care is the lesser of negotiated charges or the amount that the service would have paid if rendered in the member's home county of residence at 100% of the Medicare fee schedule less cost sharing. The standard ambulance copay may apply as it would within the United</p>	<p>\$75 copay for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within 24 hour(s) for the same condition, you do not have to pay your share for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>Worldwide coverage: The reimbursement for worldwide emergency care is the lesser of negotiated charges or the amount that the service would have paid if rendered in the member's home county of residence at 100% of the Medicare fee schedule less cost sharing. The standard ambulance copay may apply as it would within the United</p>	<p>\$75 copay for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within 24 hour(s) for the same condition, you do not have to pay your share for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>Worldwide coverage: The reimbursement for worldwide emergency care is the lesser of negotiated charges or the amount that the service would have paid if rendered in the member's home county of residence at 100% of the Medicare fee schedule less cost sharing. The standard ambulance copay may apply as it would within the United</p>

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	States and its territories. Covered ambulance services include air ambulance (fixed-wing, rotary-wing) and ground ambulance services.	States and its territories. Covered ambulance services include air ambulance (fixed-wing, rotary-wing) and ground ambulance services.	States and its territories. Covered ambulance services include air ambulance (fixed-wing, rotary-wing) and ground ambulance services.
Urgently Needed Services	<p>\$25 copay for Medicare-covered urgently-needed-care visits.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	<p>\$45 copay for Medicare-covered urgently-needed-care visits.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	<p>\$40 copay for Medicare-covered urgently-needed-care visits.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Diagnostic Services/ Labs/ Imaging <sup>1</sup>	<p>Diagnostic radiology services (such as MRIs, CT scans)</p> <p>In-Network:</p> <p>20% coinsurance for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p>	<p>Diagnostic radiology services (such as MRIs, CT scans)</p> <p>In-Network:</p> <p>20% coinsurance for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p>	<p>Diagnostic radiology services (such as MRIs, CT scans)</p> <p>In-Network:</p> <p>20% coinsurance for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p>

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	<p>\$10 copay for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Out of Network:</p> <p>50% of the cost, depending on the service</p> <p>Authorization rules may apply.</p>	<p>\$10 copay for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Authorization rules may apply.</p>	<p>\$10 copay for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Out of Network:</p> <p>50% of the cost, depending on the service</p> <p>Authorization rules may apply.</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues.</p> <p>In-Network:</p> <p>\$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p>	<p>Exam to diagnose and treat hearing and balance issues.</p> <p>In-Network:</p> <p>\$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p>	<p>Exam to diagnose and treat hearing and balance issues.</p> <p>In-Network:</p> <p>\$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p>

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	Non Medicare–covered Routine hearing exams and hearing aids are covered up to the annual limit of the Flex Benefit.		
Dental Services <sup>1</sup>	<p>Limited Dental Services (this does not include services in connection with care, treatment, filing, removal or replacement of teeth)</p> <p>In-Network:</p> <p>\$25 copay for Medicare-covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- up to 1 cleaning(s) every 12 months</li> <li>- up to 1 dental X-ray(s) every 24 months</li> <li>- up to 1 oral exam(s) every 12 months</li> </ul> <p>Plan will cover additional dental services beyond the scope and</p>	<p>Limited Dental Services (this does not include services in connection with care, treatment, filing, removal or replacement of teeth)</p> <p>In-Network:</p> <p>\$45 copay for Medicare-covered dental benefits</p> <p>\$20 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- up to 1 cleaning(s) every 12 months</li> <li>- up to 1 dental X-ray(s) every 24 months</li> <li>- up to 1 oral exam(s) every 12 months</li> </ul>	<p>Limited Dental Services (this does not include services in connection with care, treatment, filing, removal or replacement of teeth)</p> <p>In-Network:</p> <p>\$40 copay for Medicare-covered dental benefits.</p> <p>Preventive Dental is Not Covered.</p>

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	frequency described above subject to the annual Flex benefit limit.		
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening for high risk individuals)</p> <p>In-Network:</p> <p>\$0 to \$25 copay, depending on the service</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>- up to 1 supplemental routine eye exam(s) every 12 months.</li> <li>- one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery.</li> <li>- eyeglasses (lenses and frames)</li> <li>- contact lenses</li> <li>- eyeglass lenses</li> </ul>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening for high risk individuals)</p> <p>In-Network:</p> <p>\$0 to \$45 copay, depending on the service</p> <p>\$20 copay for:</p> <ul style="list-style-type: none"> <li>- up to 1 supplemental routine eye exam(s) every 12 months.</li> <li>- one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery.</li> </ul> <p>Vision benefits must be obtained from Davis Vision providers.</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening for high risk individuals)</p> <p>In-Network:</p> <p>\$0 to \$40 copay, depending on the service</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>- up to 1 supplemental routine eye exam(s) every 12 months.</li> <li>- one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery.</li> </ul> <p>Vision benefits must be obtained from Davis Vision providers.</p>

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	<p>- eyeglass frames</p> <p>Vision benefits must be obtained from Davis Vision providers.</p> <p>Additional benefits are available up to the annual maximum flex benefit.</p>		
Mental Health Services (including inpatient) <sup>1</sup>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental health services provided in a general hospital.</p> <p>Plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental health services provided in a general hospital.</p> <p>Plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental health services provided in a general hospital.</p> <p>Plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60</p>

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	<p>days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network:</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1-5: \$300 copay per day</p> <p>Days 6-90: \$0 copay per day</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Outpatient:</p> <p>In-Network:</p> <p>\$25 copay for each Medicare-covered individual therapy visit.</p> <p>\$25 copay for each Medicare-covered group therapy visit.</p> <p>\$25 copay for each</p>	<p>days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network:</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1-5: \$300 copay per day</p> <p>Days 6-90: \$0 copay per day</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Outpatient:</p> <p>In-Network:</p> <p>\$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$40 copay for each Medicare-covered group therapy visit.</p> <p>\$40 copay for each Medicare-</p>	<p>days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network:</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1-5: \$300 copay per day</p> <p>Days 6-90: \$0 copay per day</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Outpatient:</p> <p>In-Network:</p> <p>\$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$40 copay for each Medicare-covered group therapy visit.</p> <p>\$40 copay for each</p>

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	<p>Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$25 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$25 copay for Medicare-covered partial hospitalization program services.</p> <p>Out of Network:</p> <p>You pay 50% of the cost.</p> <p>Authorization rules may apply.</p>	<p>covered individual therapy visit with a psychiatrist.</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$40 copay for Medicare-covered partial hospitalization program services.</p> <p>Authorization rules may apply.</p>	<p>Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$40 copay for Medicare-covered partial hospitalization program services.</p> <p>Out of Network:</p> <p>You pay 50% of the cost.</p> <p>Authorization rules may apply.</p>
Skilled Nursing Facility (SNF) <sup>1</sup>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-Network:</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> <li>- Days 1 – 20: \$0 copay per day</li> <li>- Days 21 – 100: \$150 copay per day</li> </ul>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-Network:</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> <li>- Days 1 – 20: \$0 copay per day</li> <li>- Days 21 – 100: \$150 copay per day</li> </ul>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-Network:</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> <li>- Days 1 – 20: \$0 copay per day</li> <li>- Days 21 – 100: \$150 copay per day</li> </ul>



Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	<p>No prior hospital stay is required.</p> <p>Authorization rules may apply.</p>	<p>No prior hospital stay is required.</p> <p>Authorization rules may apply.</p>	<p>No prior hospital stay is required.</p> <p>Authorization rules may apply.</p>
Rehabilitation Services <sup>1</sup>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). \$25 copay</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network:</p> <p>\$25 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$25 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p> <p>Out-of-Network:</p> <p>You pay 50% of the cost.</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). \$40 copay</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network:</p> <p>\$40 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$40 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p> <p>Authorization rules may apply.</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). \$40 copay</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network:</p> <p>\$40 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$40 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p> <p>Out-of-Network:</p> <p>You pay 50% of the cost.</p>

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	Authorization rules may apply.		Authorization rules may apply.
Ambulance <sup>1</sup>	<p>\$250 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p> <p>Authorization rules may apply.</p>	<p>\$250 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p> <p>Authorization rules may apply.</p>	<p>\$250 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p> <p>Authorization rules may apply.</p>
Transportation	<p>In-Network:</p> <p>Transportation is covered up to the annual limit under the Flex benefit. The member pays for the benefit upfront and submits to Fidelis for reimbursement.</p>	Not Covered	Not Covered
Foot Care (Podiatry Services) <sup>1</sup>	<p>Foot Exams and treatment if you have diabetes-related nerve damage and/or meet certain criteria conditions.</p> <p>In-Network:</p> <p>\$25 copay for Medicare-</p>	<p>Foot Exams and treatment if you have diabetes-related nerve damage and/or meet certain criteria conditions.</p> <p>In-Network:</p> <p>\$45 copay for Medicare-</p>	<p>Foot Exams and treatment if you have diabetes-related nerve damage and/or meet certain criteria conditions.</p> <p>In-Network:</p> <p>\$40 copay for Medicare-</p>

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	<p>covered podiatry visits.</p> <p>Out of Network:</p> <p>50% of the cost.</p> <p>Medicare-covered podiatry visits are for medically-necessary foot care.</p> <p>Authorization rules may apply.</p>	<p>covered podiatry visits.</p> <p>Medicare-covered podiatry visits are for medically-necessary foot care.</p> <p>Authorization rules may apply.</p>	<p>covered podiatry visits.</p> <p>Out of Network:</p> <p>50% of the cost.</p> <p>Medicare-covered podiatry visits are for medically-necessary foot care.</p> <p>Authorization rules may apply.</p>
Medical Equipment/Supplies <sup>1</sup>	<p>In-Network:</p> <p>20% of the cost for Medicare-covered durable medical equipment.</p> <p>20% of the cost for Medicare-covered prosthetic devices.</p> <p>20% of the cost for Medicare-covered related medical supplies.</p> <p>Authorization rules may apply.</p>	<p>In-Network:</p> <p>20% of the cost for Medicare-covered durable medical equipment.</p> <p>20% of the cost for Medicare-covered prosthetic devices.</p> <p>20% of the cost for Medicare-covered related medical supplies.</p> <p>Authorization rules may apply.</p>	<p>In-Network:</p> <p>20% of the cost for Medicare-covered durable medical equipment.</p> <p>20% of the cost for Medicare-covered prosthetic devices.</p> <p>20% of the cost for Medicare-covered related medical supplies.</p> <p>Authorization rules may apply.</p>
Wellness Programs	\$250 annual Flex Benefit for the purchase of non-Medicare	Not Covered.	Not Covered.

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	<p>healthcare items.</p> <p>Payment for non-Medicare healthcare expenditures including but not limited to:</p> <ul style="list-style-type: none"> <li>• Dental care – preventive and comprehensive</li> <li>• Prescription eyewear</li> <li>• Over-the-counter items</li> <li>• Over-the counter medicines (non-prescription)</li> <li>• Medical services transportation</li> <li>• Health club membership or fitness classes</li> <li>• Weight loss programs</li> <li>• Smoking cessation programs</li> <li>• Hearing aids</li> <li>• Acupuncture services</li> <li>• Durable medical equipment</li> </ul> <p>As indicated above for non Medicare covered services, claims may be submitted and covered as flex spend claims. They will be subject to an</p>		

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	<p>annual shared paid benefit allowance of \$250. The benefit allowance is for all non Medicare benefits combined and not for each type.</p> <p>A member obtains the service and submits a form describing the service and the date received to have payment remitted by the plan.</p>		
Medicare Part B Drugs <sup>1</sup>	<p>Drugs covered under Medicare Part B such as chemotherapy drugs</p> <p>In-Network:</p> <p>20% of the cost for Medicare Part B drugs.</p>	<p>Drugs covered under Medicare Part B such as chemotherapy drugs</p> <p>In-Network:</p> <p>20% of the cost for Medicare Part B drugs.</p>	<p>Drugs covered under Medicare Part B such as chemotherapy drugs</p> <p>In-Network:</p> <p>20% of the cost for Medicare Part B drugs.</p>
Prescription Drug Benefits			
Deductible Stage	<p>\$250 per year for Part D prescription drugs in tiers 2 through 5.</p> <p>(No deductible on Tier 1.)</p>	This plan does not have a deductible.	This plan does not offer prescription drug coverage.

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
Initial Coverage	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.fideliscare.org">www.fideliscare.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>The plan may require you to</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.fideliscare.org">www.fideliscare.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>The plan may require you to</p>	<p>This plan does not offer prescription drug coverage.</p>

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	<p>first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fidelis Medicare Advantage Flex (HMO-POS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not</p>	<p>first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fidelis Medicare \$0 Premium (HMO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not</p>	

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	<p>the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Fidelis Medicare Advantage Flex (HMO-POS) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost-sharing for that drug.</p> <p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,400. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>Standard Retail Cost-Sharing:</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$0 copay for a three-month (90-day) supply of drugs in this tier</li> </ul>	<p>the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Fidelis Medicare \$0 Premium (HMO) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost-sharing for that drug.</p> <p>You pay the following until your total yearly drug costs reach \$3,025. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>Standard Retail Cost-Sharing:</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$0 copay for a three-month (90-day) supply of drugs in this tier</li> </ul>	



Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	<p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$15 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$45 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$35 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$105 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$100 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$300 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier</p>	<p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$20 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$60 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$47 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$141 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$100 copay for a one-month (30-day) supply of drugs in this tier</li> <li>- \$300 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier</p>	

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	<ul style="list-style-type: none"> <li>- 28% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- Not offered for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Standard Mail Order Cost-Sharing:</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- \$0 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- \$30 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- \$70 copay for a three-month</li> </ul>	<ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- Not offered for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Standard Mail Order Cost-Sharing:</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- \$0 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- \$40 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- \$94 copay for a three-month</li> </ul>	

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	<p>(90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- \$200 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> <li>- 28% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- 3 month supply not offered for drugs in this tier.</li> </ul> <p>Long Term Care Pharmacy:</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more that you pay at an in-network pharmacy.</p> <p>Fidelis does not cover certain</p>	<p>(90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- \$200 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>- 3 month supply not offered for drugs in this tier.</li> </ul> <p>Long Term Care Pharmacy:</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more that you pay at an in-network pharmacy.</p> <p>Fidelis does not cover certain</p>	

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	family planning services, including prescription contraceptives. You may request to transfer to another Medicare Advantage Plan or Part D Prescription Drug Plan that covers prescription birth control and other family planning services not covered under this Plan by Fidelis. For further information or to request a transfer to another Plan, please call Member Services.	family planning services, including prescription contraceptives. You may request to transfer to another Medicare Advantage Plan or Part D Prescription Drug Plan that covers prescription birth control and other family planning services not covered under this Plan by Fidelis. For further information or to request a transfer to another Plan, please call Member Services.	
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug costs (including what our plan has paid and what you have paid) reaches \$3,400.</p> <p>After you enter the coverage gap, you pay 40% of the plan’s costs for the covered brand name drugs and 51% of the</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug costs (including what our plan has paid and what you have paid) reaches \$3,025.</p> <p>After you enter the coverage gap, you pay 40% of the plan’s costs for the covered brand name drugs and 51% of the</p>	This plan does not offer prescription drug coverage.

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 003)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 020 Segment 001)	Fidelis Medicare Advantage Without Rx (HMO-POS) (Plan 001)
	plan's cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage cap. Not everyone will enter the coverage gap.	plan's cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage cap. Not everyone will enter the coverage gap.	
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- 5% coinsurance, or</li> <li>- \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copay for all other drugs.</li> </ul>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- 5% coinsurance, or</li> <li>- \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copay for all other drugs.</li> </ul>	This plan does not offer prescription drug coverage.

## **Additional Notes to the Summary of Benefits for Fidelis Medicare Advantage Plans for Year 2017**

**A Flexible Reimbursement Account:** Additional dollars to help offset the cost of many common items. You must pay for the item up front and submit a copy of the receipt with a Flex Reimbursement Form to Fidelis Care to receive reimbursement. If you have purchased an approved item, we will send you a check for the cost, up to the maximum per calendar year as listed below. A list of approved items is included in your pre-enrollment packet and on our website. Items must be purchased in 2017 and must be submitted within ninety (90) days from the receipt date to be eligible for payment.

Fidelis \$0 Premium Plan:	No Flexible Reimbursement Account
Fidelis Medicare Advantage Flex:	\$250 maximum per calendar year
Fidelis Medicare Advantage w/o Rx:	No Flexible Reimbursement Account

**My Advocate Program:** A unique service designed to connect you to money-saving programs, discounts, and services that may be available to you. These include but are not limited to Medicare Savings Programs, Energy Assistance, Prescription Drug Discounts, Telephone Assistance, Emergency Assistance and Nutritional Assistance. This program is free for members of Fidelis Care plans and is offered through a company called (Altegra). To find out what discounts are available to you, simply call 1-866-319-2359 / TTY 1-877-644-3244.

**Out-of-Network Benefit - *Fidelis Medicare Advantage Flex* and *Fidelis Medicare Advantage Without Rx*** plans have the option available to use out-of-network providers for services. You will pay more to have services rendered by an out-of-network provider. Some out-of-network services must be prior authorized **before** you have the service. There is no out-of-network option with the *Fidelis \$0 Premium* plan. Be sure to ask your provider to call 1-888-FIDELIS (1-888-343-3547) to obtain prior authorization for the service. The services you receive must be covered by Medicare in order to be eligible for reimbursement, according to the schedule of benefits. The chart on the next page shows your costs when you see an out-of-network provider.

### **Obtaining Services**

When you become a member of Fidelis Care, show your Fidelis Care Identification Card to any provider who is treating you. Your provider will make sure that the bill for services rendered is sent directly to Fidelis Care.

As long as you are a member of a Fidelis Care plan, **do not use your red, white, and blue Medicare card** to get covered medical services (with the exception of routine clinical research studies and hospice services). If you get covered medical services using your red, white, and blue Medicare card instead of using your Fidelis Care Identification Card while you are a member of Fidelis Care, you may have to pay the full cost for the service yourself.

If your Fidelis Care Identification Card is damaged, lost, or stolen, call Member Services right away and we will send you a new card.

### **Online Enrollment Center**

If you are interested in enrolling in any Fidelis Medicare Advantage Plan, you may either schedule an appointment with a Fidelis Care Sales Representative and fill out a paper application, or enroll through the Internet at the Centers for Medicare and Medicaid Services Online Enrollment Center. The website address is [www.medicare.gov](http://www.medicare.gov). You can also enroll using the Fidelis Care website at <http://www.fideliscare.org/> and click on "Click Here to Enroll". For more information, please call Fidelis Care at the number on the back of this booklet.

Fidelis Care is an HMO plan with a Medicare contract. Enrollment in Fidelis Care depends on contract renewal.

Fidelis Care es un plan HMO con un contrato de Medicare. La inscripción en Fidelis Care depende de la renovación del contrato.

Fidelis Care is a Coordinated Care plan with a Medicare contract and a contract with the New York State Department of Health Medicaid program. Enrollment in Fidelis Care depends on contract renewal.

Fidelis Care es un plan de Cuidado Coordinado con un contrato de Medicare y un contrato con el programa del Departamento de Salud de Medicaid del Estado de Nueva York. La inscripción en Fidelis Care depende de la renovación del contrato.

This information is available for free in other languages. Please contact our Member Services number at 1-800-247-1447 for additional information. (TTY users should call 1-800-695-8544). Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1st through February 14th and Monday through Friday, 8:00 a.m. to 8:00 p.m. from February 15th through September 30th. Member Services has free language interpreter services available for non-English speakers.

Esta información está disponible de forma gratuita en otros idiomas. Por favor comuníquese con nuestro número de Servicios al Socio al 1-800-247-1447 para obtener información adicional. Los usuarios con deficiencia auditiva (TTY) deberán llamar al 1-800-695-8544. El horario de atención es de 8:00 a.m. a 8:00 p.m. los siete días de la semana desde el 1 de octubre hasta el 14 de febrero, y de lunes a viernes, de 8:00 a.m. hasta las 8:00 p.m. desde el 15 de febrero hasta el 30 de setiembre. Servicios al Socio también tiene servicios gratuitos de intérprete disponibles para personas que no hablan inglés.