Medicare Overview 
& Benefits Training

AlohaCare Advantage Plus (ACAP) (HMO SNP)
What is Medicare?

Medicare is health insurance for the following:

- People 65 and older
- People under age 65 with certain disabilities or who receive Supplemental Security Income (SSI)
- People of any age with End-Stage Renal Disease (ESRD), permanent kidney failure requiring dialysis or a kidney transplant
- People of any age with Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's Disease
What is Medicare?

Medicare includes coverage for the following:

- Hospital Insurance
- Medical Insurance
- Medicare Advantage
- RX Benefit
Medicare Special Needs Plan (SNP)

A Special Needs Plan is for those eligible for both Medicare and QUEST Integration.

A Special Needs Plan covers all Medicare Part A, B and D benefits, including hospital, medical, and prescription drug coverage.

Having both Medicare and Medicaid means both plans share the cost for covered services/benefits including most member deductibles, cost shares and co-insurance.

AlohaCare’s SNP is AlohaCare Advantage Plus (ACAP)
Who is eligible?

Must have Medicare Part A & Part B

Reside in Hawaii

Have both Medicare and Full Medicaid benefits

To Join AlohaCare Advantage Plus:

Must not have ESRD (End-Stage Renal Disease) or ALS (Amyotrophic Lateral Sclerosis) at time of enrollment

If enrolling on behalf of someone, member must provide proof of Power of Attorney or Legal Guardianship for the Medicare beneficiary
ACAP PLAN BENEFIT OVERVIEW

01. ACAP must cover Original Medicare benefits (sometimes called Fee-For-Service (FFS) Medicare) which include:
   - PLAN A (Hospital Insurance)
   - PLAN B (Medical Insurance)

02. ACAP also covers Supplemental (value-added, extra) Benefits not covered by Original Medicare.

03. ACAP also includes Prescription Drug coverage (Part D).

04. Resources:
   - Centers for Medicare & Medicaid Services (CMS) website: [www.cms.gov](http://www.cms.gov); and
   - Beneficiary Medicare website: [www.medicare.gov](http://www.medicare.gov)
There is No premium for our plan

Part B Premium - The original Medicare Part B premium is paid directly to Medicare by the member.

Part D Premium - Is covered by Low Income Subsidy (LIS, also called “Extra Help”) program which helps members with limited incomes pay for their Part D Premiums and lowers their prescription drug copayments.

Part C benefits: $0 copay if service is covered by ACAP and QI

Dual eligible members have Medicare and Medicaid. QUEST Integration covers any copayment or coinsurances for Medical services that QI also covers.

A member is responsible for the co-pay or co-insurance for a service that QI does not cover. (Ex.: ACAP includes Chiropractic benefits but QI does not. The 20% coinsurance per chiropractor visit is the member’s responsibility.

Part C Maximum out-of-pocket (MOOP) remains at $6,700

To protect the member, CMS sets a limit on the member’s annual out-of-pocket expenses of $6,700 for covered Part A and Part B (medical) services. When the member has reached this limit, the member will pay nothing further for covered Part A and B (medical) services for the rest of the year. Our members typically do not meet this because Medicaid covers the member co-pay or co-insurance for QI covered medical benefits/services, leaving the member with very little out-of-pocket expenses.

Part D benefits: Member must cover co-pays for covered drugs as they are not picked up by Medicaid.
Evidence of Coverage

Provides detailed information about covered ACAP benefits, copayments/coinsurances and other information.

The EOC also contains information about how to file a Grievance or Appeal and other legal information for members.

New for 2019, members will not be receiving a hard copy of the EOC in the mail. They will receive one upon request.

Found online at: https://www.alohacare.org/Medicare/MemberDocuments
<table>
<thead>
<tr>
<th><strong>BENEFIT HIGHLIGHTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONTHLY PREMIUM</strong></td>
</tr>
<tr>
<td><strong>MONTHLY PREMIUM</strong></td>
</tr>
<tr>
<td>$0 premium per month</td>
</tr>
<tr>
<td>(you must continue to pay Medicare Part B premium)</td>
</tr>
<tr>
<td><strong>ADDED VALUE BENEFITS NOT COVERED BY ORIGINAL MEDICARE</strong></td>
</tr>
<tr>
<td><strong>★ Dental Services</strong></td>
</tr>
<tr>
<td>$2,000 per plan year</td>
</tr>
<tr>
<td><strong>★ Over-the-Counter (OTC) items</strong></td>
</tr>
<tr>
<td>(Delivery services may be available when medically necessary and prior authorized)</td>
</tr>
<tr>
<td>You pay nothing</td>
</tr>
<tr>
<td>$75 every 3 months</td>
</tr>
<tr>
<td><strong>★ Emergency &amp; Urgent Care</strong></td>
</tr>
<tr>
<td>(Worldwide)</td>
</tr>
<tr>
<td>Plan covers up to $1,000 per plan year</td>
</tr>
<tr>
<td><strong>Podiatry (Routine)</strong></td>
</tr>
<tr>
<td>Plan covers up to 8 routine visits per plan year</td>
</tr>
<tr>
<td><strong>Acupuncture</strong>*</td>
</tr>
<tr>
<td>Plan covers up to 15 treatments or $1,000 per plan year</td>
</tr>
<tr>
<td><strong>Nurse Advice Line</strong></td>
</tr>
<tr>
<td>Available 24 hours a day, 7 days a week</td>
</tr>
</tbody>
</table>

★ AlohaCare’s most popular items

*Services may require a prior authorization from your doctor.
<table>
<thead>
<tr>
<th>MEDICAL AND HOSPITAL BENEFITS</th>
<th>ALOHACARE ADVANTAGE PLUS</th>
<th>MEDICAID (QUEST INTEGRATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician (PCP) Visit</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
</tr>
<tr>
<td>Specialist Visit*</td>
<td>You pay nothing for covered services</td>
<td>You pay nothing for covered services</td>
</tr>
<tr>
<td>Behavioral/Mental Health Visits*</td>
<td>You pay nothing for covered services</td>
<td>You pay nothing for covered services</td>
</tr>
<tr>
<td>Lab Services*</td>
<td>You pay nothing for covered services</td>
<td>You pay nothing for covered services</td>
</tr>
<tr>
<td>Diagnostic Tests and Procedures*</td>
<td>You pay nothing for covered services</td>
<td>You pay nothing for covered services</td>
</tr>
<tr>
<td>Emergency and Urgent Care (U.S.)</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
</tr>
<tr>
<td>Inpatient Hospital Care*</td>
<td>You pay nothing for covered services Plan covers 90 days each benefit period</td>
<td>You pay nothing for covered services No limit on number of days of service</td>
</tr>
<tr>
<td>Outpatient Hospital Visit or Outpatient Surgery Visit*</td>
<td>You pay nothing for covered services</td>
<td>You pay nothing for covered services</td>
</tr>
<tr>
<td>Skilled Nursing Facility*</td>
<td>You pay nothing for covered services Plan covers 100 days each benefit period</td>
<td>You pay nothing for covered services No limit on number of days of service</td>
</tr>
<tr>
<td>Home Health Services*</td>
<td>You pay nothing for covered services</td>
<td>You pay nothing for covered services</td>
</tr>
<tr>
<td>Durable Medical Equipment*</td>
<td>You pay nothing for covered services</td>
<td>You pay nothing for covered services</td>
</tr>
<tr>
<td>Hearing Services*</td>
<td>You pay nothing for covered services</td>
<td>You pay nothing for covered services For adults, covered every two years. This includes the costs for lenses, frames, or other parts of the glasses.</td>
</tr>
<tr>
<td>Routine Vision</td>
<td>Medicaid covered benefit only</td>
<td>Medicaid covered benefit only</td>
</tr>
<tr>
<td>Transportation*</td>
<td>Medicaid covered benefit only</td>
<td>You pay nothing for covered services</td>
</tr>
<tr>
<td>PRESCRIPTION DRUG BENEFITS</td>
<td>ALOHACARE ADVANTAGE PLUS</td>
<td>MEDICAID (QUEST INTEGRATION)</td>
</tr>
<tr>
<td>----------------------------</td>
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<td>-----------------------------</td>
</tr>
</tbody>
</table>
| Retail Pharmacy (30-day supply) | Generic Drugs: $0, $1.25, or $3.40 copay  
All Other Drugs: $0, $3.80, or $8.50 copay | Your copays are not covered |
AlohaCare’s SNP also pays for value-added extra benefits that are not covered by Original Medicare. These extra benefits are called Supplemental Benefits.

Supplemental Benefits that are staying the same:

- **$2000 Dental offering**
- **OTC Card $75/quarter**
- **Acupuncture Services**
  - up to 15 visits or $1000 maximum, whichever is reached first.
- **24/7/365 Nurse Advice Line**
- **Podiatry services**
  - up to 8 routine foot care visits per year
Everyone deserves a beautiful smile!

AlohaCare offers preventive and comprehensive dental coverage for our members. Your Medicaid plan only covers emergency dental services, but as a member of our Medicare plan, you’ll be covered for a wide range of dental services that will keep you smiling!

- Oral Exams
- Routine Cleaning
- X-rays
- Root Canals
- Extractions
- Dentures

You will be covered for up to $2,000 per plan year for preventive and comprehensive dental services.
Save money on everyday items!

AlohaCare offers our members a pre-paid debit card to pay for OTC eligible items at the pharmacy. You will get a quarterly benefit (every 3 months) of $75 to spend. You can use this card to purchase the following:

- Adult Cough, Cold and Flu Medicine
- Allergy and Sinus medications
- Bandages (Band-Aids)
- Diabetes Care Accessories
- First Aid Kits and Supplies
- Toothbrushes and Toothpaste
- Vitamins, Multi-Vitamins and Minerals
- And much more!

This debit card will be sent to you upon your enrollment into AlohaCare Advantage Plus. It will be automatically replenished every three months. Unused money will not transfer over to the next three months.
World Wide Benefit for Emergency Care and Urgent Care

Urgent Care has been added to the World Wide coverage (services provided outside the U.S.).

The benefit maximum is $1,000 for either Emergency Care or Urgent Care, per year.

Process is the same as in previous years:

- Member pays the facility or provider directly.
- Member files a claim using form from AC website or letter with itemized bill and receipts for services.
- AlohaCare will reimburse the member up to the benefit limit of $1,000.
PART D BENEFIT: Prescription Drug Coverage

- Stages of Prescription Drug Coverage
- Changes to LIS copayment for 2019
- Why our members bypass the Coverage Gap Stage
# STAGES OF PRESCRIPTION DRUG COVERAGE

<table>
<thead>
<tr>
<th>STAGE 1</th>
<th>STAGE 2</th>
<th>STAGE 3</th>
<th>STAGE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEARLY DEDUCTABLE</td>
<td>INITIAL COVERAGE</td>
<td>COVERAGE GAP</td>
<td>CATASTROPHIC COVERAGE</td>
</tr>
<tr>
<td>Because there is no deductible for the plan, this payment stage does not apply to you.</td>
<td>You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach $5,100.</td>
<td>Because there is no coverage gap for the plan, this payment stage does not apply to you.</td>
<td>During this stage, the plan will pay all of the costs of your drugs for the rest of the calendar year (through December 31, 2019)</td>
</tr>
</tbody>
</table>
PART D BENEFITS AT-A-GLANCE

PART D BENEFITS:

Copayments:

Generic Drugs - $0, $1.25 or $3.40
Brand Drugs - $0, $3.80 or $8.50

Members are responsible for these co-pays as they are not covered by QUEST Integration

PART D OUT-OF-POCKET COST LIMIT- $5,100

• This amount is a combination of the member’s copayment for the drug and what the plan pays for the drug.

• Once a member has reached this amount, he/she pays $0 for prescriptions for the rest of the year.
### ACAP PART D BENEFITS: INITIAL COVERAGE STAGE COPAYMENTS

<table>
<thead>
<tr>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug Tier 1:</strong></td>
<td><strong>Drug Tier 1:</strong></td>
</tr>
<tr>
<td>For Generic Drugs</td>
<td>For Generic Drugs</td>
</tr>
<tr>
<td>$0 or $1.25 or $3.35 copay**</td>
<td>$0 or $1.25 or $3.40 copay**</td>
</tr>
<tr>
<td>For all other Drugs</td>
<td>For all other Drugs</td>
</tr>
<tr>
<td>$0 or $3.70 or $8.35 copay**</td>
<td>$0 or $3.80 or $8.50 copay**</td>
</tr>
</tbody>
</table>

**Members are responsible for these co-pays. They are not covered by QUEST Integration.**
Why no coverage gap stage?

Most Medicare drug plans have a coverage gap (also called the "donut hole"). It begins after the member and the drug plan have spent a certain amount for covered drugs ($3750 in 2018). In the donut hole, there's a temporary limit on the drug plan's payment for drugs. The member must cover the gap which significantly increases their share of the drug cost. The member bears the increased drug costs until the Catastrophic Coverage threshold of $5100 is met.

AlohaCare Advantage Plus members do not go into the Coverage Gap Stage, or the Donut Hole. Why?
Why no coverage gap stage?

- All of our SNP members also have Medicaid coverage which automatically makes them eligible to receive some Low Income Subsidy (LIS or “Extra Help”). LIS or Extra Help is a federal program that helps eligible individuals with limited income pay for Medicare Part D costs such as premiums, deductibles, and copayments.
  - Members go from the Initial Coverage Stage to the Catastrophic Coverage Stage, bypassing the Coverage Gap Stage altogether.

- A member can apply for the program through the state’s Medicaid department or the Social Security Administration.
WHEN CAN A MEMBER ENROLL?

Initial Enrollment Period: Three chances to sign up
- 3 months before
- 65th Birthday month
- 3 months after

Medicare Open Enrollment Period or Annual Election Period (AEP)
- Oct 15th through December 7th

Medicare Advantage Open Enrollment Period “NEW*
- One-time “like plan” change between:
  - MAPD → MAPD
  - MAPD → Original Medicare
  - Part D, MA Only Plan → MA Only Plan
- January 1 to March 31

Special Election Period
- Case-by-case basis, depending on your situation. Some examples are:
  - SEP for Dual Eligibles “New” – Allows a person to join or change their Part D or MA Plan outside of Open Enrollment Period. You stay enrolled for a quarter before you can switch plans January to March; April to June; July to September
  - Moving in or out of the State or Country
  - Gaining or losing Medicaid status
  - Gaining or losing “Extra Help”
  - Loss of Employer coverage
  - For 2018 only: Enroll between 10/15/18 - 12/31/18

For example: If you sign up on February 15th, your effective date would be March 1st. You would be eligible to switch on April 1st (the start of the second quarter of the year).
Who is a Medicare Prospect?

- A dual-eligible member who has both Medicare and Medicaid (QUEST Integration)

- Someone who is aging into Medicare (turning 65) or who has been on disability for 2 or more years and is under age 65

- Some enrolled in a MAPD (Medicare Advantage Prescription Drug Plan e.g. “HMSA Akamai Advantage”), MA Only (Medicare Advantage {medical only} Plan, other health insurance company’s MAPD SNP (Medicare Advantage Special Needs Plan)

Goal: Convert existing AlohaCare QI (QUEST Integration) Members who are Medicare eligible to AlohaCare Medicare Advantage SNP members!

Tip: Create interest through value added benefits ($2000.00 annual dental; $75.00 / quarter OTC benefit) and additional Medicare covered services such as acupuncture and approved diabetes management programs.

AlohaCare is targeting AlohaCare QI members who also have Medicare parts A & B, but:

- Their Medicare coverage is currently with another plan or

- They have Original Medicare with a Part D Prescription Drug Plan (PDP).

Examples of other Medicare Coverage:

- United Health Care
- Humana
- Ohana Health Plan
- HMSA
- Original Medicare/PDP
- Kaiser Health Plan
Who is a Medicare Prospect?

When reviewing Member module in QNXT, you will see ELIGIBILITY and if someone has Original Medicare (A/B or A/B with PDP {prescription drug plan}) and QI coverage they are a prospect for our Medicare Advantage SNP plan.
Who is a Medicare Prospect?

When reviewing Member information in G8, you will see PROGRAMS and if someone has Original Medicare (A/B) or A/B with PDP (prescription drug plan) and QI coverage they are a prospect for our Medicare Advantage SNP plan.
Next steps after identifying a prospect:

If member says they are familiar with and want to enroll in the SNP plan, please send them to Customer Service for a telephonic enrollment (CS has staff trained to assist in online enrollment)

If a member wants to learn more about the SNP plan, refer them to the Medicare Sales Department, by either:

- Warm transfer to Hyun Joo the Medicare Benefits Consultant or Judy the Sales Sr. Administrative Assistant, or
- Email to Medicare Sales team
When you find a SNP prospect...

Refer to Sales! Here’s how:

Confirm the member’s current contact information (address and telephone number).

Use the “Medicare Prospects Talking Points” to talk about our Medicare plan.

If the member is interested, refer the member to our Medicare Sales Department (“SALES” - Scott, Hyun Joo, and Judy) via-email.
The image contains a slide titled "REFERRAL TO MEDICARE SALES". Below the title, there is a note stating:

Email "SALES" with the following information:

Subject: **Medicare Prospect**

- Member Name
- Member ID Number
- Member's updated phone number (if applicable)
- Member's updated address (if applicable)
You play a key role!

10/1/18 - 12/31/18 is the Medicare open enrollment period. This is a crucial time to gain members.

You are important to the growth and strength of AlohaCare, the plans we administer, and most importantly, the members we serve.

- Every time we treat our members and prospective members with respect and aloha, we earn their trust and loyalty.
- Show why we are the best plan to choose and partner with.

At AlohaCare, the difference is Aloha.
QUESTIONS?

MAHALO!