2027 Summary of Benefits

Medicare Advantage



BayCarePlus **Rewards** (HMO)
BayCarePlus **Complete** (HMO)

Serving Hillsborough, Pasco, Pinellas and Polk Counties

BayCarePlus®
Medicare Advantage



Summary of Benefits

January 1, 2027-December 31, 2027

This booklet gives you a summary of what we cover and what you pay. It doesn't list every limitation, exclusion or covered service. To get a complete list of services we cover, call us and ask for the Evidence of Coverage. You can also view it on BayCarePlus.org.

This Summary of Benefits booklet gives you a summary of what **BayCare**Plus® **Rewards** (HMO) and **BayCare**Plus **Complete** (HMO) plans cover and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on 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 Medicare.gov, or get a copy by calling 1-800-Medicare (1-800-633-4227), seven days a week, 24 hours a day. TTY users can call (877) 486-2048.

Sections in This Booklet

- Things to Know About **BayCare**Plus Medicare Advantage
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Part D Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats, such as Braille and large print. This document may be available in a non-English language. **For additional information, call (833) 571-8100 (TTY: 711) to speak with a health care advisor.** You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.



Edward B.,
BayCarePlus member

Things to Know About **BayCare**Plus Medicare Advantage (HMO)

Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8am to 8pm.
- From April 1 to September 30, you can call us Monday through Friday from 8am to 8pm.

Phone Numbers and Website

- If you have questions, call toll-free: (833) 571-8100 (TTY: 711).
- Our website: BayCarePlus.org

Who can join?

To join **BayCare**Plus **Rewards** and **BayCare**Plus **Complete**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be a United States citizen or lawfully present in the United States and live in our service area. Our service area includes these Florida counties: Hillsborough, Pasco, Pinellas and Polk.

What's an HMO?

An HMO, or health maintenance organization, is a type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage.

Which doctors, hospitals and pharmacies can I use?

BayCarePlus has a network of doctors, hospitals, pharmacies and other providers. If you use providers that aren't in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Provider Directory at BayCarePlus.org or call us and we'll send you a copy.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers and more.

- **Our plan members get *all* 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's covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions at BayCarePlus.org.
- Or, call us and we'll send you a copy of the formulary.

How will I determine my drug costs?

Our plans group covered medications into tiers. You'll need to use your formulary to locate what tier your drug is on to determine how much it'll cost you. The amount you pay depends on the drug's tier and what stage of the benefit you've reached. Later in this document, we discuss the benefit stages that occur: deductible, initial coverage and catastrophic coverage. If you have questions about the different benefit stages, contact the plan for more information or view the Evidence of Coverage on our website.

Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Monthly Plan Premium	$0 per month	$0 per month
	You must continue to pay your Medicare Part B premium.	
Part B Premium Reduction	$120 per month	Not covered
Deductibles	A deductible isn't required for these plans.	
Maximum Out-of-Pocket (MOOP) Responsibility	The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services. Your yearly limit in this plan: **$3,700** for covered hospital and medical services you receive from in-network providers	The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services. Your yearly limit in this plan: **$2,000** for covered hospital and medical services you receive from in-network providers
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we pay the full cost for the rest of the year. You'll still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.	

Covered Medical and Hospital Benefits

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Inpatient Hospital Coverage	This plan covers an unlimited number of days for an inpatient hospital stay. $200 copay per day, per stay: days 1–5 $0 copay per day, per stay: day 6 and beyond Prior authorization is required.	This plan covers an unlimited number of days for an inpatient hospital stay. $150 copay per day, per stay: days 1–5 $0 copay per day, per stay: day 6 and beyond Prior authorization is required.
Outpatient Hospital Coverage	$225 copay Prior authorization is required.	$125 copay Prior authorization is required.
	A $0 copay applies for outpatient hospital services delivered by in-network hematology, oncology, rheumatology, endocrinology, gastroenterology and neurology providers who contract with the plan and are participating in the 340B drug pricing program. Standard cost-sharing applies elsewhere.	
Ambulatory Surgical Center (ASC)	$200 copay Prior authorization is required.	$100 copay Prior authorization is required.
Doctor Visits *(Primary care providers (PCPs) and specialists)*	PCP visit: $0 copay Specialist visit: $25 copay A referral is required for specialist visits except for an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist. Certain services may require prior authorization.	PCP visit: $0 copay Specialist visit: $15 copay A referral is required for specialist visits except for an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist. Certain services may require prior authorization.

Covered Medical and Hospital Benefits

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Virtual/Telehealth Visits	Telehealth visits are available with select primary care and specialist physicians as well as for therapy (occupational, physical, speech), mental health, psychiatry and substance abuse services. Members pay the same copay as if the services were provided at an in-person visit.	
	BayCareAnywhere® virtual visits for urgent care needs and doctor visits through a smartphone, tablet or computer using the **BayCare**Anywhere app. $20 copay per visit, up to four virtual visits per calendar year. Prior authorization may be required for mental health, psychiatry and substance abuse services.	
	A referral is required for therapy (occupational, physical, speech) or other health care professional services. The same prior authorization requirements and referral requirements for in-person visits apply to virtual/telehealth visits.	

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Preventive Care	**You pay nothing. Our plans cover many preventive services, including:** • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Computer tomography (CT) colonography or flexible sigmoidoscopy • Depression screening • Diabetes screening • Diabetes self-management training • Digital rectal exam • Glaucoma screening • Health and wellness education programs • HIV screening • Immunizations: COVID-19, pneumonia, hepatitis B and influenza • Medical nutrition therapy • Medicare-covered EKG • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • "Welcome to Medicare" preventive visit (one time) Any additional preventive services approved by Medicare during the contract year will be covered.	
Emergency Care	$150 copay If you're admitted to the same hospital within 24 hours for the same condition, you pay $0 for the emergency room visit. See the "Inpatient Hospital Care" section of this booklet for other costs. We provide worldwide coverage.	

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Urgently Needed Services	$20 copay within the U.S. $150 copay outside the U.S. We provide worldwide coverage.	
Diagnostic Services/Labs/Imaging *Costs for these services may vary based on the place of service.*	Lab services: $0 copay Diagnostic procedures and tests: $0 copay X-rays: $0 copay MRI, CT and PET scans: $175 copay Diagnostic mammograms: $0 copay Diagnostic colonoscopies: $0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance Some services may require prior authorization. See the Evidence of Coverage for more details and a complete list. There's no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.	Lab services: $0 copay Diagnostic procedures and tests: $0 copay X-rays: $0 copay MRI, CT and PET scans: $125 copay Diagnostic mammograms: $0 copay Diagnostic colonoscopies: $0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance Some services may require prior authorization. See the Evidence of Coverage for more details and a complete list. There's no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Hearing Services	Medicare-covered exam to diagnose and treat hearing and balance issues: $25 copay A referral is required for Medicare-covered exams. Routine hearing exam: $0 copay (one per calendar year) Up to two prescription hearing aids every calendar year (one per ear) Hearing aid copays: $699 for TruHearing Advanced or $999 for TruHearing Premium (copay is per hearing aid*) Rechargeable premium hearing aids are available for an additional $50 copay per aid. Every hearing aid purchase includes one year of follow-up provider visits for fitting and adjustments. These visits are available for 12 months following the hearing aid purchase and only with the purchase of a hearing aid: $0 copay	Medicare-covered exam to diagnose and treat hearing and balance issues: $15 copay A referral is required for Medicare-covered exams. Routine hearing exam: $0 copay (one per calendar year) Up to two prescription hearing aids every calendar year (one per ear) Hearing aid copays: $699 for TruHearing Advanced or $999 for TruHearing Premium (copay is per hearing aid*) Rechargeable premium hearing aids are available for an additional $50 copay per aid. Every hearing aid purchase includes one year of follow-up provider visits for fitting and adjustments. These visits are available for 12 months following the hearing aid purchase and only with the purchase of a hearing aid: $0 copay

*Amount you pay for these services doesn't count toward your maximum out-of-pocket amount.

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Dental Services	Medicare-covered dental services: $25-$200 copay $200 copay applies to Medicare-covered services in an inpatient setting and $25 is for all other Medicare-covered services. A referral and prior authorization are required to visit an oral surgeon.	Medicare-covered dental services: $15-$150 copay $150 copay applies to Medicare-covered services in an inpatient setting and $15 is for all other Medicare-covered services A referral and prior authorization are required to visit an oral surgeon.
	You pay 0% coinsurance for covered preventive dental services including: One comprehensive evaluation every three years per provider or location Two oral evaluations every calendar year Two routine cleanings every calendar year Two fluoride applications every calendar year One set of bitewing X-rays every calendar year One complete intra-oral series or panoramic film every two calendar years **0% coinsurance for covered comprehensive dental services including:** One periodontal deep cleaning per quadrant every two calendar years Two fillings per calendar year Two root canals per calendar year Two extractions per calendar year Two relines per calendar year **50% coinsurance for comprehensive dental services including:** Two crowns per calendar year One denture per arch every five calendar years Services for preventive and comprehensive dental are only covered when obtained through the Delta Dental Medicare Advantage network. Refer to the Evidence of Coverage for a complete list of services and limits	

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Dental Services *(Continued)*	Annual combined maximum of $2,000 for preventive and comprehensive dental. The amounts you pay for preventive and comprehensive dental don't apply to your out-of-pocket maximum.	Annual combined maximum of $3,000 for preventive and comprehensive dental. The amounts you pay for preventive and comprehensive dental don't apply to your out-of-pocket maximum.
Vision Services	Routine vision services are provided by EyeMed (vision care provider). One routine eye exam every calendar year: $0 copay	
	Medicare-covered eye exams: $25 copay	Medicare-covered eye exams: $15 copay

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Mental Health Services	**Inpatient stay: Our plan covers an unlimited number of days for an inpatient hospital stay.**	
	$200 copay per day, per stay: days 1–5 $0 copay per day, per stay: day 6 and beyond Outpatient individual visit: $25 copay Outpatient group visit: $20 copay Opioid treatment programs: $25 copay per visit for Medicare-covered services Partial hospitalization: $55 copay per day for Medicare-covered partial hospitalization services Prior authorization may be required.	$150 copay per day, per stay: days 1–5 $0 copay per day, per stay: day 6 and beyond Outpatient individual visit: $15 copay Outpatient group visit: $10 copay Opioid treatment programs: $15 copay per visit for Medicare-covered services Partial hospitalization: $55 copay per day for Medicare-covered partial hospitalization services Prior authorization may be required.
Skilled Nursing Facility	**The plan covers up to 100 days per admission. No prior hospital stay is required.**	
	$0 copay per day, per stay: days 1–20 $221 copay per day, per stay: days 21–100 Prior authorization is required.	$0 copay per day, per stay: days 1–20 $175 copay per day, per stay: days 21–100 Prior authorization is required.

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Physical Therapy	$25 copay A referral is required. Prior authorization is required.	$15 copay A referral is required. Prior authorization is required.
Ambulance	$250 copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.	$200 copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.
Transportation	Not covered	$0 copay Limited to 10 one-way trips to plan-approved locations every calendar year
Medicare Part B Drugs	Part B drugs such as chemotherapy drugs: 20% coinsurance Prior authorization is required for chemotherapy drugs. Insulin administered via a durable medical equipment insulin pump: 20% coinsurance up to a maximum copay of $35 for a one-month supply If a Part B prescription drug's price has increased at a rate faster than the rate of inflation, we'll reduce your coinsurance for that drug by a certain amount as directed by the Centers for Medicare & Medicaid Services (CMS). CMS will tell **BayCare**Plus what your coinsurance should be for that drug. The amount you pay will never exceed your coinsurance, but it could be lower based on information we receive from CMS. Amounts you pay for Part B drugs count toward your MOOP; they don't count toward your Part D initial coverage limit of $2,400.	

Part D Prescription Drug Benefits

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Deductible	**Tiers 1-2: $0** **Tiers 3-5: $700**	**Tiers 1-2: $0** **Tiers 3-5: $250**
Initial Coverage	You pay the amounts listed in the tables on the following pages until your total yearly drug costs reach $2,400. For insulins, you won't pay more than $35 for a one-month supply of each insulin product covered by our plans for all cost-sharing tiers.* If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out of network.	
Insulin Coverage	You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing tier,* the coverage phase or your Extra Help status.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach $2,400, the plan pays the full cost for your covered Part D drugs. You pay nothing.	

* For insulins with copays, you'll pay the lesser of the listed copay or 25% coinsurance. You won't pay more than $35.

Standard Retail Cost Sharing

*Coinsurance
N/O=Not offered

	BayCarePlus Rewards (HMO) H2235-002			BayCarePlus Complete (HMO) H2235-001		
	30/60/100-Day Supply					
	30	60	100	30	60	100
Tier 1 *(Preferred Generic)* Insulins**	$0 $0	$0 $0	$0 $0	$0 $0	$0 $0	$0 $0
Tier 2 *(Generic)* Insulins**	$0 $0	$0 $0	$0 $0	$5 $5	$10 $10	$15 $15
Tier 3 *(Preferred Brand)* Insulins**	$47 $35	$94 $70	$141 $105	$47 $35	$94 $70	$141 $105
Tier 4 *(Non-Preferred Brand)* Insulins**	25%* $35	25%* $70	25%* $105	25%* $35	25%* $70	25%* $105
Tier 5 *(Specialty Drug)* Insulins**	25%* $35	N/O N/O	N/O N/O	30%* $35	N/O N/O	N/O N/O
	Mail Order Pharmacy					
	30	60	100	30	60	100
Tier 1 *(Preferred Generic)* Insulins**	N/O N/O	N/O N/O	$0 $0	N/O N/O	N/O N/O	$0 $0
Tier 2 *(Generic)* Insulins**	N/O N/O	N/O N/O	$0 $0	N/O N/O	N/O N/O	$15 $15
Tier 3 *(Preferred Brand)* Insulins**	N/O N/O	N/O N/O	$121 $105	N/O N/O	N/O N/O	$121 $105
Tier 4 *(Non-Preferred Brand)* Insulins**	N/O N/O	N/O N/O	25%* $105	N/O N/O	N/O N/O	25%* $105
Tier 5 *(Specialty Drug)* Insulins**	25%* $35	N/O N/O	N/O N/O	30%* $35	N/O N/O	N/O N/O

**For insulins with copays, you'll pay the lesser of the listed copay or 25% coinsurance. You won't pay more than $35.

Other Covered Benefits

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Chiropractic Care	Manual manipulation of the spine to correct subluxation: $20 copay	
Diabetes Supplies and Services	Diabetes self-management training: $0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips): 10% coinsurance* When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Freestyle and Precision products.. Diabetic therapeutic custom-molded shoes including inserts: 20% coinsurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose monitors and insulin pumps).	Diabetes self-management training: $0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips): $0 copay* When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Freestyle and Precision products. Diabetic therapeutic custom-molded shoes including inserts: 20% coinsurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose monitors and insulin pumps).
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*	20% coinsurance for Medicare-covered items Prior authorization is required.	

*See the Evidence of Coverage for a complete list.

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Foot Care *(podiatry services)*	$25 copay for each Medicare-covered podiatry visit	$15 copay for each Medicare-covered podiatry visit
Home Health Care	$0 copay A referral is required. Prior authorization is required.	
Hospice	You pay nothing for hospice care from any Medicare-certified hospice program. Contact us for more details.	
Outpatient Substance Abuse	Individual visit: $25 copay Group visit: $20 copay Prior authorization is required.	Individual visit: $15 copay Group visit: $10 copay Prior authorization is required.
Over-the-Counter (OTC) Coverage	Not covered	$50 every three months to use on approved health products that can be ordered from in-network retailers, online, by phone or by mail Up to two orders per quarter are allowed and the leftover allowance doesn't roll over from quarter to quarter.
Prosthetic Devices	Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance Prior authorization is required.	

	BayCarePlus **Rewards (HMO)** H2235-002	**BayCare**Plus **Complete (HMO)** H2235-001
Meals	Not covered	Fourteen meals (two meals/day for seven days) delivered directly to the home after each discharge from an inpatient acute hospital stay or skilled nursing facility stay. Annual limit of two discharges for a total of 28 meals/calendar year
Outpatient Rehabilitation Services	Cardiac and pulmonary rehabilitation services: $25 copay per day Occupational, speech and language therapy visits: $25 copay A separate copay for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required. Prior authorization is required.	Cardiac and pulmonary rehabilitation services: $15 copay per day Occupational, speech and language therapy visits: $15 copay A separate copay for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required. Prior authorization is required.
Wellness Programs	Not covered	As a Silver&Fit® Program member, you have these options available at no cost: Fitness center membership, online workout videos, virtual events through the Well-Being club and specialized coaching sessions. In addition, members can choose one of five available home fitness kits per benefit year at no additional cost.
Acupuncture	Medicare-covered services (for chronic low back pain): $20 copay for up to 12 visits in 90 days* No more than 20 chronic low back pain visits per calendar year	

*See your Evidence of Coverage booklet for more details.

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BayCarePlus.org

Toll-free: (833) 571-8100 (TTY: 711)
Seven days a week, 8am to 8pm

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal. All BayCare Select Health Plans plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the plan service area.

Members must use plan providers except in emergency or urgent care situations. If a member obtains care from an out-of-network provider without prior approval from BayCare Select Health Plans, neither Medicare nor BayCare Select Health Plans will be responsible for the costs.

Information about our utilization management processes, including prior authorization, concurrent review, postservice review and appeals can be found online at Member.BayCarePlus.org.

BayCare Select Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

BayCarePlus®
Medicare Advantage