Healthy Mississippi Premier Advantage (HMO-POS)

Summary of Benefits

January 1, 2026 – December 31, 2026

To be a member of our plan, you must be entitled to Medicare Part A, have Medicare Part B, and reside in our service area. The Service area for Healthy Mississippi Premier Advantage (HMO-POS) includes the following counties: Alcorn, Amite, Attala, Benton, Calhoun, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Copiah, Covington, DeSoto, Forrest, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Issaquena, Itawamba, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Lowndes, Madison, Marion, Marshall, Monroe, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Wayne, Webster, Winston, Yalobusha, and Yazoo counties.

We're here to help

You may have questions as you read through this document, and that's OK. We are here to help. Please call us at 833-201-6413 (TTY users dial 711), 8:00 am – 8:00 pm CST 7 days a week from October 1 to March 31, and Monday through Friday from April 1 to September 30.

Comparing Coverage
If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits. Or you can use the Medicare Plan Finder on www.medicare.gov.

More about Original Medicare
If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare handbook.

View the handbook online at:
www.medicare.gov

Get a copy of the handbook 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**

About the Plan

Which doctors, hospitals, and pharmacies can I use?
The Healthy Mississippi Premier Advantage (HMO-POS) Plan has a network of doctors, hospitals, and other providers. Our plan also offers a Point-Of-Service (POS) out-of-network benefit. For all Medicare-covered services, you have out-of-network coverage. This means, for some services, you may go out-of-network. Please refer to your Evidence of Coverage (EOC) for more detailed information.

Our in-network providers have a tiering system. If you see a Tier 1 provider, you will have the lowest cost sharing. If you see a Tier 2 provider, you will have a higher cost sharing. You can check the tier of a provider on our website at www.healthy-ms.com, or you can call us at 833-201-6413 (TTY users dial 711), 8:00 am – 8:00 pm CST 7 days a week from October 1 to March 31, and Monday through Friday from April 1 to September 30.

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

What do we cover?

- We cover all benefits covered by Original Medicare
- We also cover some benefits that Original Medicare does not cover. Some of these benefits are highlights in this Summary of Benefits. For a complete list, please refer to your Evidence of Coverage (EOC).

- You can see the plan's Drug List, which is also called a formulary, which lists the Part D prescription drugs we cover, along with any restrictions on our website at www.healthy-ms.com
- You can also call us for a copy of the Drug List.

This benefit information is a brief summary of your benefits. It does not list every benefit, or every exclusion. To get a complete list, please refer to the EOC on our website at www.healthy-ms.com. You may also call us and ask us to mail you a copy of the EOC.

Benefits - Medical		
	In-network	Out-of-network
Monthly Plan premium	$0 You must continue to pay your Part B Premium	
Medical deductible	This plan has no medical deducible	
Maximum Out-of-pocket responsibility (MOOP)	$3,850. This is the most you will pay for in-network Medicare covered services* **The MOOP does not apply to in-network non-Medicare covered services*	The MOOP does not apply to out-of-network services. You are responsible for all out-of-network cost shares.
Inpatient hospital – Acute*	Tier 1: $0 copayment per stay Tier 2: $295 copayment per day, days 1-6, $0 copayment per day, days 7-90	$295 copayment per day, days 1-6, $0 copayment per day, days 7-90
Inpatient hospital – Mental health*	Tier 1: $0 copayment per stay Tier 2: $295 copayment per day, days 1-5, $0 copayment per day, days 6-90	$295 copayment per day, days 1-5, $0 copayment per day, days 6-90

Benefits - Medical		
	In-network	Out-of-network
Outpatient hospital observation*	Tier 1: $0 copayment per stay Tier 2: $225 copayment per stay	$225 copayment per stay
Outpatient hospital (Surgery)*	Tier 1: $0 copayment per surgery Tier 2: $225 copayment per surgery	$225 copayment per surgery
Ambulatory surgical center (ASC)*	Tier 1: $0 copayment per surgery Tier 2: $225 copayment per surgery	$225 copayment per surgery
Primary care (PCP)	$0 copayment per visit	
Specialist visit	Tier 1: $0 copayment per visit Tier 2: $30 copayment per visit	$30 copayment per visit
Preventive care (annual wellness visit, breast cancer screening, certain vaccines)	$0 copayment for all Medicare-covered preventive services	
Emergency care	$110 copayment per visit. Copay is waived if admitted within 24 hours	
Urgently needed services	Tier 1: $0 copayment per visit Tier 2: $40 copayment per visit	$40 copayment per visit

Benefits - Medical		
	In-network	Out-of-network
Diagnostic services*: Diagnostic tests and procedures* Lab services* Diagnostic radiology (CT, MRI)* Therapeutic radiology (radiation)* X-ray services*	**Diagnostic procedures and tests:** Tier 1: $0 copayment per visit Tier 2: $50 copayment per visit **Labs:** $0 copayment per visit **Diagnostic radiology (CT, MRI):** Tier 1: $0 copayment per visit Tier 2: $140 copayment per visit **Therapeutic Radiology (Radiation):** Tier 1: $0 copayment per visit Tier 2: $50 copayment per visit **X-rays:** Tier 1: $0 copayment per visit Tier 2: $15 copayment per visit	**Diagnostic procedures and tests:** $50 copayment per visit **Labs:** $0 copayment per visit **Diagnostic radiology (CT, MRI):** $140 copayment per visit **Therapeutic Radiology (Radiation):** $50 copayment per visit **X-rays:** $15 copayment per visit

Benefits - Medical		
	In-network	Out-of-network
Hearing services: Medicare covered hearing services Non-Medicare covered hearing services*: Routine hearing exam Hearing aid fitting/evaluation Prescription hearing aids	**Medicare covered hearing services**: Tier 1: $0 copayment Tier 2: $30 copayment **Non-Medicare covered hearing services:** Routine hearing exams: $0 copayment for one exam per year Hearing aid fitting/evaluation: $0 copayment for one fitting/evaluation per year Prescription hearing aids: $0 copayment $1,950 hearing aid allowance, both ears combined, per year. Limited to two aids per year. ***Members must use hearing vendor in order benefits. There is no out-of-network coverage for Non-Medicare covered hearing services.***	**Medicare covered hearing services**: $30 copayment **Non-Medicare covered hearing services:** Not covered

Benefits - Medical		
	In-network	Out-of-network
Dental services: Medicare covered dental services Non-Medicare covered dental services*: Routine dental visits Preventive services Comprehensive services	**Medicare covered Dental services**: Tier 1: $0 copayment per visit Tier 2: $30 copayment per visit **Non-Medicare covered dental services*:** $3,000 annual allowance for diagnostic, preventive, and comprehensive dental care. $0 copayment for covered preventive dental services including: routine exams, x-rays, cleanings, and fluoride treatment until the annual maximum is met. Two visits per year for routine exams and cleanings, one visit per year for x-rays and fluoride treatment. $0 copayment for covered comprehensive dental services until the annual maximum is met. ***Member must use dental vendor in order to receive diagnostic, preventive, or comprehensive dental benefits. There is no out-of-network coverage for Non-Medicare covered dental***.	**Medicare covered Dental services**: $30 copayment per visit **Non-Medicare covered dental services:** Not covered

Benefits - Medical		
	In-network	Out-of-network
Vision services Medicare covered vision services	**Medicare covered Glaucoma screening or diabetic retinal exam:** $0 copayment per visit **Medicare covered eye exam:** Tier 1: $0 copayment per visit Tier 2: $30 copayment per visit **Medicare covered eyewear:** $0 copayment for Medicare covered standard frames and lenses after cataract surgery	**Medicare covered Glaucoma screening or diabetic retinal exam:** $0 copayment per visit **Medicare covered eye exam:** $30 copayment per visit **Medicare covered eyewear:** $0 copayment for Medicare covered standard frames and lenses after cataract surgery
Non-Medicare covered vision services*	**Non-Medicare covered vision services*:** Routine Vision: $0 copayment for one routine eye exam per year $300 combined maximum plan allowance for glasses, frames, lenses, and contacts, and upgrades. ***Member must use vision vendor in order to receive routine vision benefits. There is no out-of-network coverage for Non-Medicare covered vision services.***	**Non-Medicare covered vision services*:** Not covered

Benefits - Medical		
	In-network	Out-of-network
Outpatient mental health	Psychiatrist and Mental health specialty outpatient services*: Tier 1: $0 copayment per visit Tier 2: $25 copayment per visit **Includes individual and group therapy sessions*	Psychiatrist and Mental health specialty outpatient services*: $25 copayment per visit **Includes individual and group therapy sessions*
Skilled nursing facility (SNF)*	Tier 1: $0 copayment per day, days 1-100 Tier 2: $0 copayment per day, days 1-20, $214 copayment per day, days 21-100	$0 copayment per day, days 1-20, $214 copayment per day, days 21-100
Diabetic supplies and services* Diabetic therapeutic shoes and inserts*	Diabetic supplies and services: $0 copayment Diabetic therapeutic shoes and inserts: 20% coinsurance	
Ambulance services (non-emergent)*	Ground and Air ambulance: $295 copayment, per one-way trip	
Transportation*	$0 copayment per trip Up to 48 one-way trips per year Members can travel up to 75 miles each one-way trip ****There is no out-of-network coverage for transportation. Member must utilize vendor in order to receive benefit.***	Not covered

Benefits - Medical		
	In-network	Out-of-network
Medicare Part B drugs*	**Medicare Part B drugs, including chemotherapy drugs**: Tier 1: 0% coinsurance Tier 2: 20% coinsurance **Medicare Part B insulin**: Tier 1: 0% coinsurance Tier 2: 20%, up to a $35 maximum	**Medicare Part B drugs, including chemotherapy drugs**: Tier 1: 0%-20% coinsurance Tier 2: 20% coinsurance **Medicare Part B insulin**: Tier 1: 0%-20% coinsurance, up to a $35 maximum Tier 2: 20% coinsurance, up to a $35 maximum
Outpatient rehabilitation including physical therapy, occupational therapy, and speech language therapy (PT, OT, ST)*	Physical therapy (PT), Speech therapy (ST), and Occupational therapy (OT): Tier 1: $0 copayment per visit Tier 2: $20 copayment per visit	Physical therapy (PT), Speech therapy (ST), and Occupational therapy (OT): $20 copayment per visit
Over-the-counter (OTC)	$115 quarterly allowance	
Fitness	$50 monthly allowance	
Bathroom safety devices*	$250 maximum allowance per year ***Must use our vendor. Please refer to your EOC for more detailed information.***	

Benefits - Medical		
	In-network	Out-of-network
Weight management programs*	$0 copayment per visit 6 sessions per year ***There is no out-of-network coverage for weight management programs***	Not covered
Special Supplemental Benefits		
If you are diagnosed with one or more of the chronic conditions listed within our EOC and meet the eligibility criteria, you may be eligible for additional benefits under our plan. Enrollment in our plan does not guarantee eligibility.		
SSBCI – Special Supplemental Benefits for the Chronically Ill*	$90 combined quarterly allowance Can be used on utilities or groceries. ***Member must qualify to receive benefit. Please refer to your EOC for more detailed information.***	

Services denoting an asterisk next to the benefit may require prior authorization and is the responsibility of your provider.

<table>
<tr><th colspan="2">Prescription drug benefits</th></tr>
<tr><td>Deductible</td><td>Prescription drug deductible: You do not have a deductible</td></tr>
<tr><td>Initial coverage</td><td>In this stage, you pay the following until your yearly out-of-pocket costs reach $2,100.
You won’t pay more than $35 for a one-month supply of insulin at non-preferred pharmacies. You won’t pay more than $0 for a one-month supply of insulin at preferred pharmacies.

<table>
<tr><th colspan="5">Retail and Mail order cost sharing</th></tr>
<tr><th>Tier</th><th>Preferred 30 days</th><th>Non-preferred* 30 days</th><th>Preferred 100 days</th><th>Non-preferred* 100 days</th></tr>
<tr><td>Tier 1 - Preferred Generic</td><td>$0 copayment</td><td>$0 copayment</td><td>$0 copayment</td><td>$0 copayment</td></tr>
<tr><td>Tier 2 - Generic</td><td>$0 copayment</td><td>$10 copayment</td><td>$0 copayment</td><td>$30 copayment</td></tr>
<tr><td>Tier 3 - Preferred Brand</td><td>$0 copayment</td><td>$47 copayment</td><td>$0 copayment</td><td>$141 copayment</td></tr>
<tr><td>Tier 4 - Non-preferred Drug</td><td>$0 copayment</td><td>$100 copayment</td><td>$0 copayment</td><td>$300 copayment</td></tr>
<tr><td>Tier 5 - Specialty</td><td>33% coinsurance</td><td>33% coinsurance</td><td>Tier 5 is only covered up to a 30-day supply</td><td>Tier 5 is only covered up to a 30-day supply</td></tr>
</table>

*Out-of-network and Long-term care pharmacies follow non-preferred pharmacy copayments/coinsurance.</td></tr>
<tr><td>Catastrophic coverage</td><td>After your yearly out-of-pocket costs reach $2,100, the plan pays the full costs of your Part D drugs, and you pay nothing.</td></tr>
</table>

Healthy Mississippi Premier Advantage (HMO-POS) is a Medicare Advantage HMO with a Medicare Contract. Enrollment in Healthy Mississippi Premier Advantage (HMO-POS) Plan depends on contract renewal.

Benefits, features, and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply. Contact the plan for more information. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

This information is not a complete description of benefits. Please see the Evidence of Coverage (EOC) for a complete description of benefits, exclusions, limitations, and conditions of coverage.

The formulary, pharmacy network, and/or provider network can change at any time. You will receive notice when necessary.

Healthy Mississippi, Inc.'s pharmacy network includes limited lower-cost, preferred pharmacies in our service area, including in suburban and rural counties across Mississippi. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 833-201-6413, and TTY 711 or consult the online pharmacy directory at www.healthy-ms.com.

Out-of-network/non-contracted providers are under no obligation to treat Healthy Mississippi, Inc. members, except in emergency situations. Please call our Member Services number or see your EOC for more information.