Western North Carolina

FirstMedicare Direct
FIRSTCAROLINACARE INSURANCE COMPANY

(800) 481-0496 (TTY 711)
Daily 8 a.m. to 8 p.m. local time.
Voicemail used on holidays and weekends,
April 1 – September 30
FirstMedicare.com

FirstCarolinaCare Insurance Company's FirstMedicare Direct plans are HMO and PPO health plans with Medicare contracts. Enrollment in FirstMedicare Direct depends on contract renewal. You must continue to pay your Medicare Part B premium. Out-of-network/non-contracted providers are under no obligation to treat FirstMedicare Direct members, except in emergency situations. For accommodations of persons with special needs at meetings call Member Services. Please contact our Member Services number at (800) 984-3510 (TTY 711), TTY: 711, 8 a.m. to 8 p.m. Eastern, seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Other pharmacies/physicians/providers are available in our network. This information is not a complete description of benefits. Call (800) 984-3510 (TTY: 711) for more information.

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Western North Carolina

2021 Medicare Advantage + Prescription Drug Coverage Guide

Buncombe, Henderson, Madison, McDowell, Transylvania, Yancey

FirstMedicare Direct
FIRSTCAROLINACARE INSURANCE COMPANY

How to Enroll

Online
Go to FirstMedicare.com to get started.

By Phone
Call (800) 481-0496 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

By Mail
Fill out and mail us the enrollment form in the back of this guide. You can also download it from FirstMedicare.com.

Mail to:
FirstMedicare Direct
Application Processing Center
3310 Fields South Dr.
Champaign, IL 61822

Through a Broker
If you attend a seminar, the person presenting can schedule an appointment to help you enroll.

If you enroll in a Medicare Advantage plan during the Annual Enrollment Period, your coverage will begin January 1, 2021. In the meantime, we'll mail you your member materials and your member ID card, which you'll use instead of your red, white and blue Medicare card at the doctor, hospital and pharmacy starting January 1.

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Forsyth
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Orange
Durham
Franklin
Nash
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Martin
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Clay
Union
Anson
Richmond
Hoke
Onslow
Carteret
Scotland
Robeson
Bladen
Pender
Columbus
New Hanover
Brunswick

Welcome to FirstMedicare Direct.

We're a health plan right in North Carolina that offers coverage with a hometown feel. We've been around since 1999, working with doctors you know and trust and creating plan options to fit the needs of you and your community. When you choose a FirstMedicare Direct plan, you know you have someone close by in your home state looking out for you through every step of the healthcare process.

Plan options

FirstMedicare Direct POS Plus (HMO-POS)

FirstMedicare Direct POS Standard (HMO-POS)

Pharmacy Basics and Benefits

Plans with pharmacy coverage built right in keep all your coverage in one place and help you save with special programs and discounts.

Pharmacy Basics

Drug Formulary
A formulary is the list of drugs we cover. You can find it at FirstMedicare.com. (Generally, we only cover drugs that are listed.)

Pharmacy Network
You must use an in-network pharmacy to get covered drugs unless it's an emergency. For a list of in-network pharmacies, view our pharmacy directory at FirstMedicare.com, or request a copy using the card in the back of this guide.

Savings for Members without Part D
Our Medicare Advantage members without Part D coverage get help paying for their prescription drug costs by showing their health plan ID card.

Late Enrollment Penalty
If you don't enroll in a prescription drug (Part D) plan when you're first eligible, you may have to pay a penalty for enrolling later. That penalty will increase for every month you didn't have prescription coverage.

You can't be enrolled in a Medicare Advantage plan and a stand-alone prescription drug plan (PDP) at the same time.

Benefits

Transferring Prescriptions Made Easy
You can transfer your prescriptions to a different in-network pharmacy. Many pharmacies let you transfer prescriptions over the phone, online or in person. Just make sure the new pharmacy is still in network. Remember, when transferring prescriptions, don't wait until the last minute.

Tier 1 Generics
Get access to low-cost Tier 1 generics. Cost varies by plan.

Medication Disposal Program
You have access to Deterra®, a safe and convenient way to get rid of unwanted medication. You must call OptumRx at (800) 562-6223 and register a home delivery account (but you don't have to agree to home delivery). Tell the OptumRx customer service rep you need a kit to dispose of unneeded meds. The kit should arrive in 7 – 10 business days.

Drug Compare Tool
See how much you'll pay each month and how much you could save by switching to a pharmacy with lower prescription costs or by taking a lower-cost drug.

You can check costs at different pharmacies and see the differences in costs between retail (pickup) or mail order (delivery of a 90-day supply). You can also estimate your total annual drug costs.

90 Day Supply Options
Limit your trips to the pharmacy with our convenient mail-order benefit. With this benefit, you can get a 90-day supply of your drugs delivered directly to you for $0 on Tier 1 and for 2.5 copays on Tiers 2 and 3.

If you prefer to get your drugs at a retail pharmacy, you can visit any in-network pharmacy and get a 90-day supply of drugs on Tiers 1 – 3 for three copays.

Medication Therapy Management
If you take multiple medications, this program can help you use them safely and effectively.

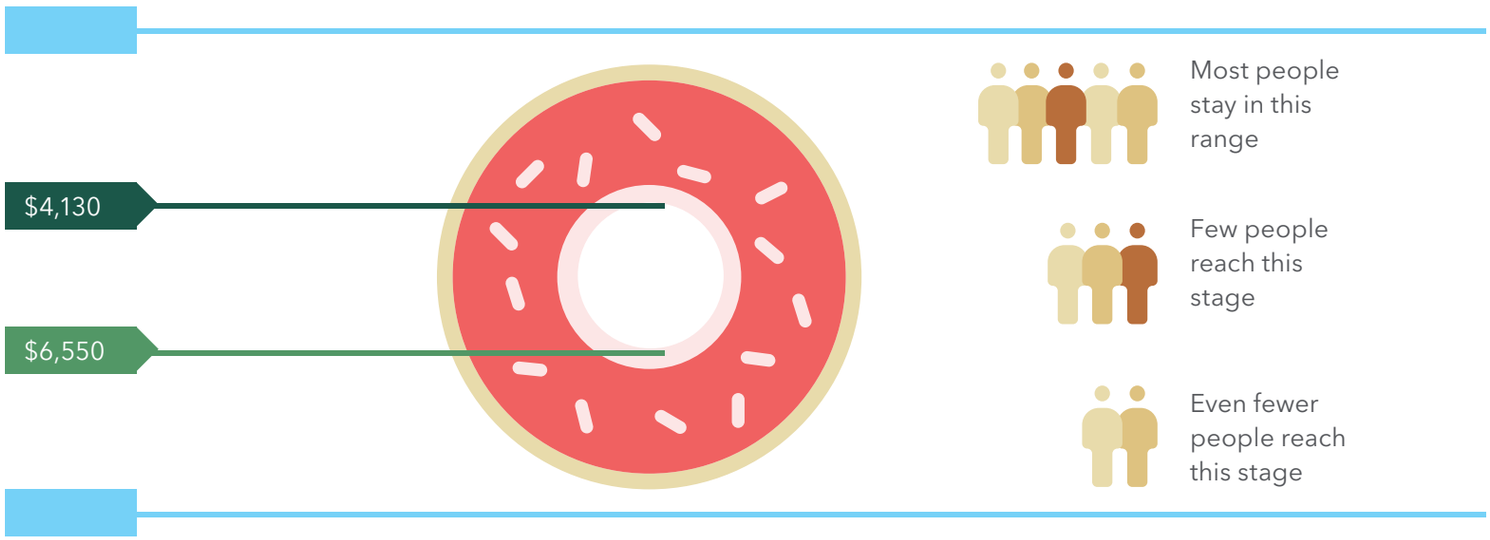
Extra Help

You might be able to get help paying for your prescription drug premiums and costs through the Extra Help program. To see if you qualify, call one of the following:

- (800) MEDICARE (800-633-4227), 24 hours a day, seven days a week (TTY 877-486-2048).
- The Social Security Administration at (800) 772-1213, 7 a.m. to 7 p.m., Monday through Friday (TTY 800-325-0778).
- The state's Medicaid office.

Stages of Pharmacy Coverage

There are three pharmacy coverage stages, but most people stay in the initial coverage stage.



Initial Coverage
You pay the copays in the chart below until the amount you pay plus the amount we pay reaches $4,130:

Coverage Gap
Also known as the "donut hole," this stage begins when the amount you pay plus the amount we pay for your prescription drugs reaches $4,130. Here, you pay the following until you reach $6,550:

- For Tier 1 preferred generic drugs, you pay the copay listed below.
- 25% for other covered generic drugs.
- 25% for covered brand-name drugs

Catastrophic Coverage
This stage begins when your out-of-pocket drug costs reach $6,550. Here, we pay for most of your drug costs for the rest of the year, while you pay the greater of the following:

- 5% of the cost.
  or
- $3.70 for covered generic drugs (including brand-name drugs treated as generic) and $9.20 for covered brand-name drugs.

Plan Name	Prescription Deductible	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Tier 4	Rx Tier 5
FirstMedicare Direct POS Standard (HMO-POS)	$150 (Tiers 3-5)	$5	$20	$47	$100	30%
FirstMedicare Direct POS Plus (HMO-POS)	$0	$2	$15	$47	50%	33%

Your Team

We do more than help you when you're sick. We help you stay healthy in the first place, so you have a team of health coaches, care coordinators and more to help you with both.

Care Coordinators

Whether you'd like to speak to a dietitian, want to quit smoking or need help understanding a recent diagnosis, we have teams to help you achieve your goals or get you back on track.

Connect to a team of providers, like nurse practitioners, social workers, health coaches, dietitians, pharmacists and more, who work with your doctor to make sure you have the resources you need to stay healthy or work through your medical issues.

The care coordination team reaches out to offer these services, but you can also request them if you'd like this personalized help.

Coverage Away from Home

No matter where sickness or injury strikes – even if you're traveling – you're covered for emergency care, urgent care (also called convenient care or a walk-in clinic) or an ambulance at the in-network cost-share amount.

You're also covered at the in-network cost-share if you're admitted to a hospital through the emergency department.

You have out-of-network coverage for routine care too, but you typically pay less when staying in network.

How You're Covered

- Break your ankle while hiking? Your emergency care is covered both in and out of network, and so is any emergency surgery you need as a result.
- Need a routine physical? You're covered, but you might pay more when you're out of network.
- Come down with a cold or flu? Urgent care (also called convenient care or a walk-in clinic) is covered at the in-network level regardless of where you get your care. Worldwide emergent and urgent care is also available.

If you have questions about other situations, give us a call.

Helpful Travel Reminders

Your plan includes perks that can make your travel easier, like the 24-hour Nurse Advice Line and virtual health coverage.

Perks and Programs

Your plan offers plenty of help in meeting your health goals.

Nurse Advice Line

Get 24/7 answers to your health questions, like whether you need to set up an appointment or see a doctor right away.

Fitness Program

Get fit at any Western North Carolina YMCA facility, where you'll have access to all programs available, including the coaching connection program. This is a one-on-one wellness coaching program that helps you set goals, instructs you on use of equipment and creates customized workout plans to fit your needs.

Dental

Get covered preventive dental services, including one annual cleaning, one annual exam and one annual X-ray visit, for a $0 copay is included at no additional cost.

We're pleased to partner with Delta Dental to offer optional buy-up dental plans. Refer to the Delta Dental fliers in the Medicare Advantage Guide for more information.

Disease Management Programs

Get help with programs and support if you have asthma, diabetes or high blood pressure.

Reminder: Get your yearly flu shot.

Help prevent getting or spreading the flu with your flu shot. The viruses that cause the flu can change yearly, so it's important to get your shot every year. You can get your shot for no extra cost at any in-network provider or pharmacy that offers it. You may have an office visit copay if you get it at the doctor's office.

Preventive Care

Focus on preventing sickness and catching problems before they get worse with these services and more:

- Yearly wellness visit.
- Routine screenings, like mammograms or colorectal cancer screenings.
- Flu shot.

Vision

Get coverage for one routine eye exam up to $130.

Your Health at Your Fingertips

Find helpful tools at hally.com.

Get access to plenty of resources to help you stay healthy with no login required at hally.com. You'll find:

- Classes on exercise, cooking and caring for your conditions.
- Hally™ Healthcast, a monthly podcast focused on health and wellness.
- Hally™ health blog.

Access secure member information.

Get secure, instant access to your coverage anytime by logging in to the Hally app or on hally.com. Manage your health plan and get the care you need anytime, anywhere with:

- All your account activities in one place.
- Virtual ID card access.
- Search functions.
- Quick access to virtual visits.
- Doctor match and cost estimates.

Visit the App Store or Google Play to download.

Download on the App Store

GET IT ON Google Play

Appeals and Grievances

Medicare Advantage plans offer safeguards to make sure you're treated fairly and have the chance to voice your opinion if you think you've been mistreated.

Appeal
This is a type of complaint you can file if you disagree with the plan's decision to not cover healthcare services you're trying to get or have already gotten.

You must file an appeal in writing within 60 days of the decision or as soon as you can.

Grievance
This is a type of complaint you can make about your plan. Some examples are poor quality of care, bad customer service or feeling like an employee is encouraging you to leave the plan.

You can file a grievance by calling our Member Services department within 60 days of the event or as soon as you can.

Enrollment Timelines and Requirements

The Centers for Medicare & Medicaid Services (CMS) sets certain times during the year when you can enroll in a Medicare Advantage or prescription drug plan.

Timelines and requirements

Annual Enrollment Period
From October 15 to December 7, you can enroll in Medicare Advantage or a stand-alone prescription drug plan, or you can switch plans. If you enroll during this period, your coverage begins January 1 of the following year.

Initial Enrollment Period
You have a seven-month initial enrollment period to enroll in Original Medicare, Medicare Advantage or a prescription drug plan. It starts three months before the month you turn 65, includes the month of your 65th birthday and ends three months after the month you turn 65.

- If you enroll one to three months before your 65th birthday, your coverage begins the first day of the month you turn 65.
- If you enroll during your birth month, your coverage begins the first day of the following month.
- If you enroll one to three months after the month you turn 65, your coverage begins the first day of the month after you enroll.

Open Enrollment Period
From January 1 to March 31, you can switch to Original Medicare and/or join a stand-alone prescription drug plan.

Special Enrollment Period
You can enroll in a new plan or change your plan in certain situations. Examples include:

- Permanent address change.
- Loss of coverage due to employment change.
- Becoming eligible for a low-income subsidy.

Contact us for other situations that qualify.

To be eligible for our plans you must:

- Have Medicare Parts A and B and live in the service area.
- Continue to pay your Medicare Part B premium if not otherwise paid for by Social Security or another third party.

Enrollment in a plan will automatically disenroll you from any other Medicare Advantage plan. But it won't automatically disenroll you from a Medicare Supplement plan. You must contact that plan to disenroll.

Enrollment Process

How to Enroll

Online
Go to FirstMedicare.com to get started.

By Phone
Call (888) 382-9781 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

By Mail
Fill out and mail us the enrollment form in the back of this guide. You can also download it from FirstMedicare.com.

Mail to:
FirstMedicare Direct
Application Processing Center
3310 Fields South Dr.
Champaign, IL 61822

Through a Broker
If you attend a seminar, the person presenting can schedule an appointment to help you enroll.

If you enroll in a Medicare Advantage plan during the Annual Enrollment Period, your coverage will begin January 1, 2021. In the meantime, we'll mail you your member materials and your member ID card, which you'll use instead of your red, white and blue Medicare card at the doctor, hospital and pharmacy starting January 1.

Your Plan

You deserve coverage that fits your lifestyle, so we offer plans made for your needs.

Point of Service (HMO-POS)

- Comfort of having an in-network PCP to oversee all your care.
- Flexibility to see out-of-network providers but may save money by staying in network.
- Balance between security and freedom.

POS Plans

POS plans give you the comfort of having a primary care provider with the freedom to see out-of-network providers.

FirstMedicare Direct

FIRSTCAROLINACARE INSURANCE COMPANY

FirstMedicare Direct POS Plus (HMO-POS) / FirstMedicare Direct POS Standard (HMO-POS)

2021 Summary of Benefits

January 1, 2021 – December 31, 2021

Call toll-free 1-800-481-0496 daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.
TTY 711
www.FirstMedicare.com

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This booklet gives you a summary of what our plans cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. For a complete list of covered services, call us and ask for the Evidence of Coverage.

Options for Getting Medicare Benefits
- Original Medicare (fee-for-service), which is run by the federal government
- Medicare Advantage through a private company, like FirstMedicare Direct

Tips for Comparing Medicare Options
This booklet allows you to compare costs and benefits for our plans.
- If you want to compare our plans with other Medicare Advantage plans, ask other plans for their Summary of Benefits booklets or use the Medicare Plan Finder at medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare and You* handbook. You can find it at medicare.gov. You can also 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.

Booklet Sections
- Things to Know
- Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Additional Covered Benefits
- About Us

This document is available in other formats, such as Braille and large print. For more information, call 1-800-984-3510 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

THINGS TO KNOW

Hours of Operation
Call daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

Contact Info
- If you’re a current member: 1-800-984-3510 (TTY 711)
- If you’re not yet a member: 1-800-481-0496 (TTY 711)
- www.FirstMedicare.com

Eligibility
To join any of our Medicare Advantage plans, you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area.

Our service area includes these counties in North Carolina: Buncombe, Henderson, Madison, McDowell, Transylvania and Yancey.

Doctors, Hospitals and Pharmacies
Our plans have a large network of doctors, hospitals, pharmacies, and other providers to choose from.

With our POS plans, we recommend having a primary care provider (PCP) to oversee your care and, if applicable, refer you to specialists, but you also have the flexibility to see out-of-network providers.

You must use network pharmacies to fill your prescriptions in most cases.

You can see our provider directory and pharmacy directory at our website (www.FirstMedicare.com). You can call us, and we will send you a copy.

What We Cover
Like all Medicare Advantage plans, we cover everything Original Medicare covers, but we also cover more.

For some benefits, you may pay less in our plan than you would in Original Medicare, and for some, you may pay more. This booklet outlines many of our extra benefits and perks that Original Medicare doesn't cover.

We cover the prescriptions drugs listed in our formulary at www.FirstMedicare.com. You can read it online or call us for a copy.

Determining Drug Costs
Each of the drugs we cover is grouped into one of five tiers. The amount you pay depends on the drug's tier and what stage of the benefit you've reached (Initial Coverage, Coverage Gap or Catastrophic Coverage). You can find out what tier your drug is on in our formulary at www.FirstMedicare.com, and we discuss the benefit stages later in this booklet.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-481-0496.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit FirstMedicare.com or call 1-800-481-0496 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY		
Premium Each Month You must continue to pay your Medicare Part B premium.	**$39**	**$0**
This plan includes prescription drug coverage. For information on non-Rx plans, contact your broker or FirstMedicare Direct.		
Medical Deductible	**$0**	**$0**
Prescription Drugs Deductible	**$0**	**$150**
Maximum Out-of-Pocket Each Year The most you pay for copays, coinsurance and other costs for medical services for the year. You still need to pay your monthly premiums.		
In-network providers	**$3,450**	**$6,700**
In-network and Out-of-network providers	**$10,000**	**$10,000**
COVERED MEDICAL AND HOSPITAL BENEFITS		
Inpatient Hospital Care (may require prior authorization)		
In-network:	**• $325 copay per day for days 1 through 4** **• $0 copay per day for days 5 through 90**	**• $450 copay per day for days 1 through 4** **• $0 copay per day for days 5 through 90**
Out-of-network:	**30% of the cost**	**30% of the cost**
Outpatient Hospital Care (may require prior authorization)		
In-network:	**$250 copay for Outpatient Surgery, $0 copay for other Outpatient Hospital Services**	**$300 copay for Outpatient Surgery, $0 copay for other Outpatient Hospital Services**
Out-of-network:	**30% of the cost**	**30% of the cost**

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
DOCTOR VISITS		
Primary Care Physician Office Visits		
In-network:	**$5 copay**	**$10 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Specialist Office Visits		
In-network:	**$45 copay**	**$45 copay**
Out-of-network:	**$65 copay**	**$65 copay**
Virtual Visits through FirstHealth on the Go Our plan covers visits with a provider by phone or online, 24/7.		
In-network:	**$0 copay**	**$0 copay**
Out-of-network:	**$0 copay**	**$0 copay**
Preventive Care Our plan covers many preventive services, including but not limited to: • Abdominal aortic aneurysm screening • Annual "Wellness" visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots • Medical nutrition therapy • Obesity screening and therapy • Prostate cancer screenings (PSA) • Screening and counseling to reduce alcohol misuse • 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)		
In-network:	**$0 copay**	**$0 copay**
Out-of-network:	**$0 copay**	**$0 copay**
EMERGENCY SERVICES		

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
Emergency Care If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.		
In-network:	**$120 copay**	**$90 copay**
Out-of-network:	**$120 copay**	**$90 copay**
Urgent Care Services		
In-network:	**$30 copay**	**$40 copay**
Out-of-network:	**$30 copay**	**$40 copay**
DIAGNOSTIC SERVICES Costs for these services may vary based on place of service and may require prior authorization.		
Diagnostic Tests, Procedures and Lab Services		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**30% of the cost**	**30% of the cost**
Diagnostic Radiology (such as MRIs, CT scans)		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**30% of the cost**	**30% of the cost**
Outpatient X-rays (such as x-rays and ultrasounds)		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**30% of the cost**	**30% of the cost**
HEARING, DENTAL AND VISION		

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
Medicare-covered Diagnostic Hearing Exam (Exam to diagnose and treat hearing and balance issues)		
In-network:	**$45 copay**	**$45 copay**
Out-of-network:	**$65 copay**	**$65 copay**
Medicare-covered Comprehensive Dental Services • Extractions of teeth to prepare jaw for radiation treatment of neoplastic disease • Non-covered procedures or services (e.g. tooth removal) if performed by a dentist incident to and as an integral part of an otherwise Medicare-covered procedure • Dental exams prior to kidney transplantation		
In-network:	**$45 copay**	**$45 copay**
Out-of-network:	**$65 copay**	**$65 copay**
Non-Medicare-covered Dental Services These benefit options are included with your plan through FirstMedicare Direct in partnership with Delta Dental of North Carolina. Benefits Include: oral exam, cleaning, and X-rays. You will be responsible for any cost above the dental services maximum benefit limit.		
1 Oral Exam, 1 Cleaning per Year, 1 set of x-rays per year:	**$0 copay**	**$0 copay**
Non-Medicare-covered Dental Comprehensive Services These benefit options are available as buy-up dental options through FirstMedicare Direct in partnership with Delta Dental of North Carolina for an additional Premium. See benefit information in Delta Dental attached Schedule of Benefits		
Premium for buy up dental options:	**$26 - $45**	**$26 - $45**
Medicare-covered Vision Services Exam to diagnose and treat diseases and conditions of the eye.		

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
In-network:	**$0 copay**	**$0 copay**
Out-of-network:	**$0 copay**	**$0 copay**
Eyewear After Cataract Surgery One pair of eyeglasses or contact lenses after each cataract surgery.		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**20% of the cost**	**20% of the cost**
Glaucoma Screening		
In-network:	**$0 copay**	**$0 copay**
Out-of-network:	**$0 copay**	**$0 copay**
Routine Eye Exam (1 exam per plan year subject to annual limits)		
In-network:	**$45 copay**	**$45 copay**
Out-of-network:	**Not Covered**	**Not Covered**
MENTAL HEALTH CARE		
Outpatient Individual Mental Health Therapy Visit		
In-network:	**$40 copay**	**$40 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Outpatient Group Mental Health Therapy Visit		
In-network:	**$40 copay**	**$40 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
Inpatient Mental Health Visit Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. 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 days, your inpatient hospital coverage will be limited to 90 days. (may require prior authorization)		
In-network:	**• $325 copay per day for days 1 through 4** **• $0 copay per day for days 5 through 90**	**• $450 copay per day for days 1 through 4** **• $0 copay per day for days 5 through 90**
Out-of-network:	**30% of the cost**	**30% of the cost**
SKILLED NURSING FACILITIES		
Skilled Nursing Facility (SNF) Our plan covers up to 100 days in an SNF. (may require prior authorization)		
In-network:	**• $0 copay per day for days 1 through 20** **• $184 copay per day for days 21 through 100**	**• $0 copay per day for days 1 through 20** **• $184 copay per day for days 21 through 100**
Out-of-network:	**30% of the cost**	**30% of the cost**
PHYSICAL THERAPY		
Outpatient Physical Therapy (may require prior authorization)		
In-network:	**$30 copay**	**$30 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
TRANSPORTATION SERVICES		
Ambulance Authorization for non-emergency transportation by ambulance is required.		
In- and out-of-network	**$250 copay**	**$350 copay**

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
emergent:		
Out-of-network non-emergent:	**$250 copay**	**$350 copay**
Transportation (within the U.S. and it's territories)	**Not Covered**	**Not Covered**
Worldwide Emergency Transportation (outside the U.S. and it's territories) There is a $10,000 lifetime limit for worldwide urgent or emergency coverage, including transportation outside of the United States.)	**$250 copay**	**$350 copay**
MEDICARE PART B DRUGS		
Medicare Part B Drugs such as Chemotherapy Drugs (may require prior authorization)		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**20% of the cost**	**20% of the cost**
Other Medicare Part B Drugs (may require prior authorization)		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**20% of the cost**	**20% of the cost**

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
PART D PRESCRIPTION DRUGS		
You pay the following until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Once you have reached this amount, you will move to the next stage (the Coverage Gap Stage).		
Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30 or 90 day supply. You may get your drugs at network retail pharmacies and mail-order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.		
Initial Coverage for Standard Retail Cost-Sharing		
Tier 1 - Preferred Generic		
30-day supply:	**$2 copay**	**$5 copay**
90-day supply:	**$6 copay**	**$15 copay**
Tier 2 - Generic		
30-day supply:	**$15 copay**	**$20 copay**
90-day supply:	**$45 copay**	**$60 copay**
Tier 3 - Preferred Brand		
30-day supply:	**$47 copay**	**$47 copay**
90-day supply:	**$141 copay**	**$141 copay**
Tier 4 - Non-Preferred Drug		
30-day supply:	**50% of the cost**	**$100 copay**
90-day supply:	**50% of the cost**	**$300 copay**
Tier 5 - Specialty Tier		
30-day supply:	**33% of the cost**	**30% of the cost**
90-day supply:	**Not Available**	**Not Available**

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
Initial Coverage for Standard Mail-Order Cost-Sharing		
Tier 1 - Preferred Generic		
30-day supply:	**$2 copay**	**$5 copay**
90-day supply:	**$0 copay**	**$0 copay**
Tier 2 - Generic		
30-day supply:	**$15 copay**	**$20 copay**
90-day supply:	**$37.50 copay**	**$50 copay**
Tier 3 - Preferred Brand		
30-day supply:	**$47 copay**	**$47 copay**
90-day supply:	**$117.50 copay**	**$117.50 copay**
Tier 4 - Non-Preferred Drug		
30-day supply:	**50% of the cost**	**$100 copay**
90-day supply:	**50% of the cost**	**$250 copay**
Tier 5 - Specialty Tier		
30-day supply:	**33% of the cost**	**30% of the cost**
90-day supply:	**Not Available**	**Not Available**

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
Coverage Gap		
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 cost (including what our plan has paid and what you have paid) reaches $4,130. After you enter the coverage gap, for Tier 1, you continue to pay your copay; for Tiers 2-5 you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total $6,550, which is the end of the coverage gap. Our plan offers additional coverage through the gap for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be $2 - $35 per month. Not everyone will enter the coverage gap.		
Catastrophic Coverage		
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay the greater of: 5% of the cost, or $3.70 copay for generic (including brand drugs treated as generic) and a $9.20 copayment for all other drugs.		
ADDITIONAL BENEFITS		
Chemotherapy For Part B chemotherapy drugs. (may require prior authorization)		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**20% of the cost**	**20% of the cost**
Chiropractic Care Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). (may require prior authorization)		
In-network:	**$20 copay**	**$20 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Durable Medical Equipment		

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
Wheelchairs, oxygen, etc. (may require prior authorization)		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**20% of the cost**	**20% of the cost**
Diabetes Monitoring Supplies Manufacturer (Abbott Laboratories) limitations apply only to Blood Glucose Meters and Strips, and these items have a member coinsurance of 0% in-network.		
In-network:	**0%-20% of the cost, depending on the supplier**	**0%-20% of the cost, depending on the supplier**
Out-of-network:	**20% of the cost**	**20% of the cost**
Diabetes Self-Management Training		
In-network:	**$0 copay**	**$0 copay**
Out-of-network:	**$0 copay**	**$0 copay**
Foot Care (Podiatry Services) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.		
In-network:	**$45 copay**	**$45 copay**
Out-of-network:	**$65 copay**	**$65 copay**
Home Health Care		
In-network:	**15% of the cost**	**$0 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Hospice $0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare. Please contact us for more details.		

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
In-network:	**$0 copay**	**$0 copay**
Outpatient Cardiac Rehabilitation Service For a maximum of two one-hour sessions per day for up to 36 sessions up to 36 weeks.		
In-network:	**$0 copay**	**$0 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Outpatient Occupational Therapy Visit (may require prior authorization)		
In-network:	**$30 copay**	**$30 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Outpatient Speech and Language Therapy Visit (may require prior authorization)		
In-network:	**$30 copay**	**$30 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Outpatient Substance Abuse Group Therapy Visit		
In-network:	**$40 copay**	**$40 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Outpatient Substance Abuse Individual Therapy Visit		
In-network:	**$40 copay**	**$40 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Outpatient Surgery at an Ambulatory Surgical Center (may require prior authorization)		

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
In-network:	**$250 copay**	**$300 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Outpatient Surgery at an Outpatient Hospital (may require prior authorization)		
In-network:	**$250 copay**	**$300 copay**
Out-of-network:	**30% of the cost**	**30% of the cost**
Over-the-Counter Items		
In-network:	**Not Covered**	**Not Covered**
Out-of-network:	**Not Covered**	**Not Covered**
Prosthetic Devices and Related Medical Supplies Braces, Artificial Limbs, etc. (may require prior authorization)		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**20% of the cost**	**20% of the cost**
Renal Dialysis		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**20% of the cost**	**20% of the cost**
Therapeutic Shoes or Inserts for Diabetics		
In-network:	**20% of the cost**	**20% of the cost**
Out-of-network:	**20% of the cost**	**20% of the cost**

	FirstMedicare Direct POS Plus (HMO-POS)	FirstMedicare Direct POS Standard (HMO-POS)
WELLNESS PROGRAMS		
Fitness Benefit Members have access to Western NC's YMCA facilities, a benefit worth up to $510 a year.		
FirstCarolinaCare Insurance Company's FirstMedicare Direct plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstMedicare Direct plan depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat FirstMedicare Direct members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Other Pharmacies/Physicians/Providers are available in our network. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.		

ABOUT US

FirstCarolinaCare Insurance Company has served North Carolina for over 20 years. We delight in working for our more than 21,000 members, serving Commercial and Medicare Advantage member needs.

True Service with a Local Touch

When you call, you speak with one of our helpful representatives, and when you visit our offices, you meet with folks who live right here in our community. They know our plans inside and out and can help you with the following:

- Answering questions
- Lead you to information available online at ***FirstMedicare.com***
- Arranging for someone to meet with you
- Guide you through the enrollment process and options

Some of Our Many Extra Perks and Programs

- 24-hour ***Nurse Advice*** Line to answer your health-related questions, day or night
- Fitness benefit covering membership at ***Western North Carolina YMCA facilities***
- Care coordination to help you deal with chronic conditions

Call 1-888-481-0496 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.