



2023 Medicare New Member Guide

Welcome to Prevea360 Health Plan

- Getting Started
- Extra Benefits
- Using Your Plan
- Plan Details

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Welcome to
Prevea360 Health Plan

Prevea360 Medicare Advantage Plans

- Essential (HMO-POS)
- FlexSpend (HMO-POS)
- Harmony (HMO-POS) MA-Only



Need to know
Where to go for care?



Call **Prevea Care After Hours**
(888) 277-3832 (TTY: 711)
Expert nurses available 24/7.

Due to licensing regulations, Prevea Care After Hours' triage phone services are only available to residents of Wisconsin.

Need to know
What's covered by your insurance?



Call the **Customer Care Center**
(877) 232-7566 (TTY: 711)
8 am to 8 pm weekdays (year-round)
and weekends (Oct. 1-March 31)
Local: **608-828-1978 (TTY: 711)**

Need a
Quick appointment?



Start a **Virtual Visit**
at **prevea360.com/virtualvisit**
Accessible 24/7. Get care from the comfort
of home by a local Prevea Provider.

Available to members through age 75. Those age 76 and above
should be seen at a clinic or doctor's office.



The Customer Care
Center is Here to Help!

Call our knowledgeable Medicare
Specialists to get answers to your
health plan coverage questions.

For more information
on membership, visit
prevea360.com/Advantage-Member

Keep the attached insert on your
refrigerator for easy reference.

Quality Matters

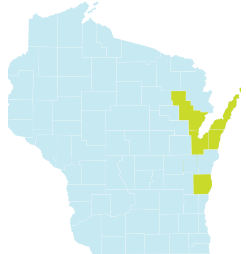
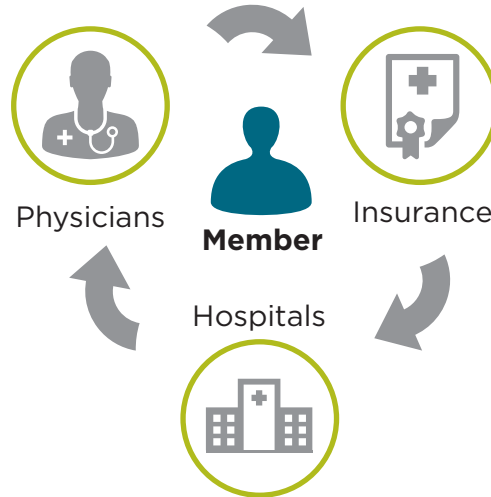
Our Medicare Advantage achievements
show our commitment to providing high-
quality care, coverage and services to you.
To learn about our quality efforts visit
prevea360.com/quality.

Coordinated, Physician-led
Coverage and Care.

Prevea360 Health Plan addresses the challenge
of creating a long-term, sustainable health care
solution by transforming the health care model.
With its coordinated approach and focus on
the doctor-patient relationship versus insurance
company profits, Prevea360 Health Plan brings
an innovative model of care and coverage
to Wisconsin. Primary care physicians and
specialists across Prevea360's network providers
collaborate to provide the best personalized care
possible. It's insurance that members can feel
great about.



Coordinated Network



Service Area

The service area for Prevea360 Medicare Advantage is Brown, Door, Kewaunee,
Oconto and Sheboygan counties. You must live in one of these counties to join
a plan.

Member Checklist

We encourage you to complete this checklist to take advantage of the benefits and services available to you as a member.

To find out more information...

visit prevea360.com/Advantage-Member



☐ **Schedule your \$0 Annual Wellness Visit and \$0 Annual Physical Exam**

You'll want to make an appointment to see your doctor so they can learn more about you and how to best care for you. You can schedule these appointments on the same day.

☐ **Transfer Your Medical Records (For members new to SSM Clinics)**

Once you've scheduled an appointment with your new doctor, you should transfer your medical records from your previous clinic to your new clinic. Contact your previous clinic to complete an authorization to release protected health information so your new doctor knows about your previous health conditions and medical treatments to better meet your medical needs.

☐ **Complete Your Health Assessment Survey**

Complete the short health assessment survey enclosed in this kit. This survey helps us provide you more personalized health care.

☐ **Review Your Benefits**

Make sure you understand your health plan benefits, including limitations and exclusions. Find information in Chapter 4 of your Evidence of Coverage, which can be found in the Member Portal or at prevea360.com/Advantage-Member

☐ **Review Your Drugs***

Check to make sure your medications are on the formulary and see which preferred network location is near you. Go to prevea360.com/Advantage-Member to see our formulary and pharmacy network.

☐ **Tell Us If You Have Other Health Insurance**

If you have more than one health insurance policy for your medical care, please contact the Customer Care Center to let us know. We will help you determine how your other health insurance works together with your Medicare Advantage plan.

☐ **Complete the Appointment of Representative Form**

This form ensures that your authorized representative can speak with Prevea360 Health Plan on your behalf.

☐ **Create a Member Portal Account**

Your member portal provides secure access to information about your health insurance benefits, access to make premium payments, view claims information and more. Find your login at prevea360.com/account-login

☐ **Create a MyPrevea Account**

MyPrevea gives you secure access to your health information. Use this portal to make appointments, message your provider, view lab results and more. Find your login at prevea360.com/account-login

▶ See log in resources on the next page.

* This does not apply to member on the Harmony plan, which does not include drug coverage.

Take Advantage of Tools and Resources

What you need, when you need it.
We want to take the stress out of finding the information you need to manage your health care and coverage.

Find helpful tools and information...

To activate your member portal account and sign up for MyChart visit member.prevea360.com

Visit prevea360.com/Advantage-Member to discover helpful tools that provide easy access to your coverage information, benefit details and answers to questions you might have along the way.



Your Online Health Record








Access your health information any time.
MyPrevea is a free service for Prevea Clinic patients, providing online access to information in your personal and family health records. Access MyPrevea at prevea360.com/login or the MyPrevea app*.

With MyPrevea, you can:

- Communicate with a physician and health care team through secure messaging
- Get answers to your medical questions from the comfort of your own home
- Get real time lab and test results – no more waiting for a phone call or letter – view your results and your doctor’s comments within days
- Request a prescription refill from your doctor
- View current medical records
- Manage your appointments – schedule your next appointment, or view details of your past and upcoming appointments
- Pay medical bills online

Your Online Member Portal

Access your plan information any time.
Discover a helpful tool that provides easy access to your coverage information. Access current portal features:

-  • View Personal Information
-  • Order Member ID Card
-  • Download Member Benefit Documents
-  • View Claims and Claim Details
-  • Direct Access to Pharmacy Information
-  • Direct Link to Living Healthy
-  • Pay Premium

3. Enter your account information:
 - a. Enter your **first and last name** as shown on your **Member ID Card**
 - b. Enter a valid **email address**
4. Following the password requirements, **create and confirm your password**
5. Complete the **Multi-factor Authentication process** by:
 - a. Selecting either **text or call** verification
 - b. Enter your **phone number** and click **“Request Code”**
 - c. The code will be sent to your phone. Once you receive your code, enter it in the **“Verification Code”** box, click on **“Verify Code”** and then on **“Continue”**
6. Complete the **“Member Details”** page using the information from your ID card
7. Read the **“Terms and Conditions”** and when finished click on **“Accept Terms & Conditions”** and then click **“Continue”**
8. The **“Registration Complete”** screen will appear, letting you know your registration was successful.



Common Questions

I forgot my password.
How do I find out what it is?

Click Login to member portal and select **“Forgot your password?”** to choose a new password.

I forgot my User ID.
How do I find out what it is?
IMPORTANT: Store your user ID in a handy place so you can easily access it when you need to login. If you forget your user ID, you will have to create a new account and re-register your account to access your information.

Who can I contact if I’m having issues or questions about the member portal?

Please call Dean Advantage the Customer Care Center at **877-232-7566 (TTY: 711)**, 8 am to 8 pm (year-round) and weekends (Oct. 1 - Mar. 31).

To Sign Up

You may only register for the Member Portal on or after the effective date of your Dean Advantage policy.
You will need your Member ID card to activate your member portal account.

1. Navigate to member.prevea360.com
- 2 Click on **“Create Account”**

Sign Up for MyChart in Three Easy Steps:

1. Sign up at prevea360.com/login
2. Receive an activation code by U.S. Mail within 7-10 business days. This one time activation code is mailed to you to protect your privacy and ensure security. If you have not received an activation letter within 7-10 business days, check your email (including junk mail) should your request be denied.
3. Activate your account.

**Ask your clinic if MyChart or another secure messaging system is available.*

Extra Benefits Not Covered by Original Medicare

Our Medicare Advantage benefits support healthy aging. They are designed to help you stay active, manage your emotional wellbeing and make good health a priority.

Learn more at...

Find more information about our extra benefits at prevea360.com/extrabenefits23



Stay Active



Fitness

The One Pass™ fitness program includes:

- Access to 20,000+ fitness locations nationwide, exercise equipment and other gym amenities including group exercise classes led by certified instructors.
- Online resources include on-demand and live-streaming fitness classes as well as individual exercises.
- BrainHQ provides unlimited access to an online platform with activities that support brain speed, memory and cognitive resilience.
- One home fitness kit is available to members each year

Go to prevea360.com/extrabenefits23 for details and to register for the One Pass fitness program.



Living Healthy Rewards

You can earn up to \$150 in gift cards as a reward for completing healthy activities.

Here's how it works:

- Choose the healthy activities you want to complete.
- Each completed activity is worth reward points (example: 500 points = \$50)
- Earn up to 1,500 points for a maximum of \$150 per calendar year (before December 31, 2023)
- You must enter and redeem all points by December 31, 2023 to be eligible for rewards.

Log into the **Member Portal** to access Living Healthy Rewards. See page 6 for more directions on the member portal.

Manage Your Emotional Wellbeing



\$0 Mental Health Services

We cover mental health services provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant or other Medicare-qualified mental health care professional as allowed under applicable state laws.



In-Home Support

We partnered with Papa, a company that connects you with screened and trained Papa Pals. Pals provide assistance with organization, light housework, technology and transportation.

This includes:

- **Household Tasks:** Pals help around the house with light cleaning, organization, laundry, cooking/meal prep, and taking care of pets.
- **Technology Help:** Pals teach you how to use a computer, smart phone, and tablet. This includes assistance with using social media, accessing a telehealth provider, starting a video chat with loved ones and accessing health plan resources online.
- **Transportation:** Pals assist you with transportation to doctor appointments, grocery/pharmacy shopping and other errands. Pals will pick you up at home, take you to the store/appointment, bring you back home, and help you carry bags into the home.

We cover 120 hours per year of Papa services. Pals can support you either in your home or virtually. Enroll with Papa by calling **888-492-4423**.

Extra Benefits Not Covered by Original Medicare (continued)

Prevea360 Health Plan is dedicated to our members' well-being.

Learn more at...

Find more information about our extra benefits at prevea360.com/extrabenefits23



Make Good Health a Priority



\$0 Primary Care Visits

We cover all visits with a primary care provider at \$0. This includes in person visits and telehealth.



Dental

We cover both preventive and comprehensive dental benefits through our partner Delta Dental. Our plan has no waiting period, no deductibles or coinsurance. Please see your Evidence of Coverage for plan specific dental benefits.

Members with cancer-related treatments, weakened immune systems, periodontal disease, high-risk cardiac conditions, kidney failure and diabetes may be eligible for up to 2 additional cleanings and 1 additional fluoride treatment every calendar year.

See prevea360.com/extrabenefits23 to search the dental directory and see a full list of covered procedures.



Over-the-Counter Benefit

We cover \$50 quarterly to be used towards the purchase of eligible over-the-counter (OTC) health and wellness products. This benefit is available at the beginning of each quarter (January, April, July, October). Unused dollars will not carry forward to the next quarter.

Your OTC benefit can be used to purchase items such as:

- Vitamins and minerals
- Heart health and essential fatty acids (fish oil, flax, GLA, etc.)
- Adult aspirin and pain relief
- Allergy, sinus and combo liquids and tablets
- Cough, cold and flu liquids or tablets
- Digestive aids (probiotics and prebiotics)
- Incontinence products
- Oral care
- Acid controller liquids/tablets
- Laxatives (stool softeners and fiber acid)
- Ear drops and eye wash

You can shop:

- In-store at participating retailers including Walgreens, CVS, Walmart, Dollar General and Kroger stores
- Over the phone at 833-569-2330
- Online at mybenefitscenter.com
- Mail-order catalog

After you receive your OTC card in the mail, visit mybenefitscenter.com or download the OTC app to see the list of all participating retailers, a full list of covered items and to check your card balance.

New Benefit Offering for 2023



Introducing the FlexSpend Benefit

FlexSpend is prepaid debit account on your Prevea Wallet Card to be used towards additional dental services, vision services, eyewear, hearing services and hearing aids. Your FlexSpend benefit can be spent at any freestanding dental, vision or hearing facility. You are not restricted to in-network providers.

New Benefit Offering for 2023

The Prevea Wallet

We make accessing your benefits easy. For 2023 we are introducing the Prevea Wallet card. This card will give you access to your OTC benefit, as well as any FlexSpend benefits your plan offers. Activate your card at mybenefitscenter.com



Extra Benefits Not Covered by Original Medicare (continued)

Learn more at...
Find more information about our extra benefits at prevea360.com/extrabenefits23

Ways to Promote Healthy Aging:

- ☐ Staying Active
- ☐ Emotional Well-being
- ☐ Good Health



Make Good Health a Priority (continued)



Transportation

We partnered with Lyft to cover 24 one-way personal rides each year to medical appointments and to the pharmacy. Contact the Customer Care Center at least three business days in advance if you would like a ride to an upcoming appointment. Making life easier to get to your appointments!



Vision Exam

We cover one \$0 routine vision exam at our in-network vision providers.

Find an in-network provider at prevea360.com/locations



Hearing Exam

We cover one \$0 routine hearing exam per year at in-network providers.

Find an in-network provider at prevea360.com/locations



Post-Discharge Meals

If you are discharged from the hospital or skilled nursing facility, you are eligible to receive 14 meals delivered to your door. If meals are not coordinated through your care manager as part of discharge planning, reach out to the Customer Care Center to access the Moms Meals benefit. We're here to help!



Routine Footcare

We cover 10 routine footcare visits every calendar year. This includes treatment of the foot which is generally considered preventive, i.e., cutting or removal of corns, warts, calluses or nails. You pay your plan's specialist copay for routine footcare services.



Routine Chiropractic

We cover 12 routine chiropractic visits every calendar year. Find an in-network provider at prevea360.com/doctors



Virtual Care

With a Prevea360 Virtual Visit you can get a diagnosis, a treatment plan, and a prescription if needed for common conditions like upper respiratory infection or allergies, urinary tract infections, tick bites and skin problems from anywhere in Wisconsin at any time. See conditions treated and complete an online health interview. A Prevea360 provider will respond within 1 hour during office hours, or first thing the next morning if after hours.

Be A Healthier You

Your comprehensive wellness program



Living Healthy Rewards

Your rewards. Your choice.

Questions about Living Healthy Rewards?

Visit prevea360.com/rewards to learn how to redeem reward points through your Living Healthy portal.

Prevea360 Medicare Advantage in partnership with WebMD offers a variety of programs focusing on the whole person across eight dimensions of wellness, making healthy living achievable and fun.

Wellness Programs and Features

Health Assessment

Based on your individual questionnaire results, WebMD provides recommendations for each lifestyle category. A variety of interactive self-management tools are customized to your needs.

Case Management

Provides support through complex health situations.

Fitness

The One Pass™ program includes fitness center memberships, home fitness kit, on-demand fitness videos and more.

Nicotine Cessation

Nicotine cessation and vape free programs for families.

R.E.A.L. Goals (Realistic, Easy, Attainable, Life Goals)

Preset goals covering all eight dimensions along with tips and trackers to help you achieve success.

Wellness Webinars

Covering all eight dimensions, available 24/7.



Your lowest risks are...



Emotional Health



Tobacco



Cervical Cancer Screening

You should work on...



Blood Pressure



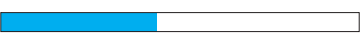
Stress



Safety

Optimal YOU is 100

You scored a 41 out of 100



100

Health Assessment Example

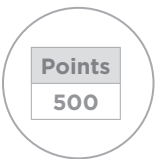
Earn up to \$150 in rewards!

Prevea360 Medicare Advantage will reward you up to **\$150** for your healthy lifestyle. It's one of the many reasons Living Healthy has its rewards!



Here's how it works:

Choose the healthy activities you want to complete



Each completed activity is worth reward points (example: 500 points = \$50)



Earn up to 1,500 points for a maximum of \$150* per calendar year (before December 31)

All rewards MUST be redeemed before **December 31, 2023.**

Living Healthy Rewards 2023 will focus on Preventive Health Services!

Prevention or early detection of common diseases is the best way to be the healthiest you. The list below includes some of the more common preventive and screening services proven to improve health, but it is important to check with your primary care provider to determine which tests are appropriate for you, based on your medical history and family history. Earn points for taking care of you!



Immunizations:

Influenza, Varicella, Tetanus, Meningococcal and Pneumococcal



Cancer screenings:

Mammogram, Colon Cancer (FIT testing, Cologuard, Colonoscopy) and PAP smear



Other screenings:

Chlamydia, Gonorrhea, HIV, Hepatitis C, Diabetes and Depression

► Earn up to \$150 in rewards!

► We are here to help
Visit prevea360.com/rewards

PREVEA360
health planSM

Getting the Right Care at the Right Place at the Right Time

The Importance of Primary Care

We ask our members, at enrollment, to select a primary care provider (PCP) within the Prevea360 Medicare Advantage network when you enroll. This is because our coverage options emphasize a proactive, preventive approach to care – one where a PCP oversees all aspects of your health care needs and keeps you well through regular visits. **Your PCP should serve as your first point of contact when medical care is needed**, especially for treatment of a chronic condition or for preventive care.

Urgent Care**

If you need a same-day appointment, try calling your primary care clinic first, as appointments are often available the same day for immediate treatment. Your clinic may direct you to go to urgent care if you need attention sooner than a clinic visit. Common reasons to visit urgent care include minor burns, sprains or strains, minor lacerations or rashes, and migraines. Urgent care sites are generally open evenings and weekends.

Emergency Care**

Severe illnesses, injuries and symptoms might mean you need emergency care. Common reasons to seek emergency care include heart attack symptoms (chest pain, shortness of

***Both urgent and emergency care are covered under your plan if you are not able to return to the Prevea360 Health Plan network for immediate treatment. If you require urgent or emergency care outside the network and are unable to get to a plan provider, please go to the nearest urgent care center or emergency room for treatment.*

Need to know where to go for care?

Call **Prevea Care After Hours*** at **888-277-3832**.

**Due to licensing regulations, Prevea Care After Hours triage services are only available to Wisconsin residents.*

breath, nausea/vomiting), stroke symptoms (slurred speech, sudden weakness and vision loss, and dizziness), and head trauma or sudden confusion. **Call 911 if you think your health problem is life-threatening or could worsen on the way to the hospital.**

Specialty Care

In addition to primary care, the Prevea360 network includes a variety of medical specialties. Your PCP can help you select the specialist who is right for you. Visit prevea360.com/doctors for our online provider directory, which contains a comprehensive list of Prevea360’s specialty providers, behavioral health services and hospitals. Turn to page 26 for more information about specialty care and when a prior authorization might be needed for these types of services.

Virtual Visit

Go to prevea360.com/virtualvisit to get a diagnosis, a treatment plan and even a prescription, if needed! Virtual Visits are available to members through age 75. To ensure members receive the highest quality of care, those age 81 and above should be seen at a clinic or doctor’s office.

Tips for a Better Appointment

Creating a strong, trusting relationship with a primary care provider (PCP) is at the heart of our preventive care philosophy at Prevea360 Health Plan.

Plan Ahead

Bring a list of your symptoms, including when they started, how often they occur and what eases them before coming to a diagnostic appointment. List any other topics you also want to discuss with your PCP. Talk about the most important concerns first.

Talk About Preventive Care

During a routine or annual checkup, make sure to talk to your PCP about what preventive screenings may be right for you and when you should have them. See page 22 for preventive care details.

Bring Your Medications

Bring in bottles of your current prescriptions and the over-the-counter medications and supplements you take. (Put them in a bag so you can easily carry everything.) Also, be sure to write down the contact information for any other providers, a list of your allergies and any pertinent medical information.

It is important to notify Prevea360 of your out-of-network urgent or emergency visit by calling the Customer Care Center at 877-232-7566 (TTY: 711). If you are enrolled in an HMO plan, a plan provider should deliver all follow-up care. Out-of-network services require approval by Prevea360 Health Plan unless you are enrolled in an HMO-POS plan.

Schedule Your Annual Wellness Visit and Annual Physical on the Same Day

Your annual wellness visit and annual physical are at the core of your preventive care plan. Preventive screenings can catch diseases, such as cancer, early when they are most treatable. By regularly scheduling your annual wellness visit and annual physical, your PCP will be more familiar with your health history and can make better recommendations about your care.

Ask Questions

Don’t hesitate to ask a question of your PCP if you do not understand something.

Be Open & Honest

The more your PCP knows about your lifestyle, the better he or she is able to treat you. Be prepared to discuss details like where you live, family medical history, your diet and sleeping habits.

Take Notes

Write down information or ask your PCP to make notes for you during your appointment. You might consider bringing a friend or family member to take notes and help you remember important information.

Contact Your PCP

If you have more questions or have problems with medications, call your PCP or send a message through MyChart (or another secure online health messaging system).

Drug Coverage Questions and Answers

Medicare drug coverage can be hard to understand. Here are answers to some of our most frequently asked questions:

Questions on prescription drug coverage?

Reach out to our Customer Care Center at **877-232-7566 (TTY: 711)**, 8 am – 8 pm, weekdays (year-round) and weekends (Oct. 1 – Mar. 31).



Q

Are my drugs covered by the plan?

A

Our plan uses a drug formulary to determine how each drug is covered and any requirements for coverage. Visit prevea360.com/Advantage-Member to view our comprehensive drug formulary. The formulary allows you to search by drug name, type or tier. See your plans Evidence of Coverage to calculate how much you can expect to pay for drugs in each tier.

Q

What is the difference between Part D and Part B drugs?

A

It is important to understand the difference in coverage as Part D drugs are covered under the drug benefit while Part B drugs are considered a medical benefit:

- Part D drugs are the more common drugs you get at the pharmacy counter and can be self-administered. See chapters 5 and 6 of your Evidence of Coverage document to learn more about Part D drugs.
- Part B Drugs are typically drugs that are not self administered which can be given in a hospital or clinic OR they can be oral drugs or supplies that be for chronic conditions. Examples of these self administered drugs include injectable anti-cancer, intravenous Immune globulin drugs, or home dialysis drugs. Examples of Oral drugs can be your transplant drugs, asthma nebulization or diabetic testing supplies.

Q

Can using mail order really provide savings?

A

The mail order program can provide savings through the Initial Coverage Stage, as we offer discounted copays on a 100-day supply for tiers 1, 2 and 3. Using mail order is also convenient! You can avoid taking time to drive to a pharmacy by having your drugs delivered to your home. 100 day supplies of Tier 1 and Tier 2 drugs are available for a \$0 copay only at Costco mail order pharmacies. You do not need to be a member of Costco to utilize this benefit.

Q

Why does my cost sharing for a drug change through the year?

A

The Medicare Part D program has four defined segments of benefit offerings known as the Deductible Stage, Initial Coverage Stage, Coverage Gap and Catastrophic Stage. Each benefit segment may have different member cost sharing amounts. The coverage and description of these benefit segments can be found in Chapter 6 of your Evidence of Coverage document.

Understanding Your Prescription Drug Coverage*

How to use your pharmacy benefit

Need to find a pharmacy near you?

Visit prevea360.com/Advantage-Member to find preferred pharmacies and standard retail pharmacies near you.

For more information...

To view our drug formulary and other pharmacy resources visit prevea360.com/Advantage-Member

Understanding Your Prescription Drug Coverage*

Formulary Management Procedures



Members save money by filling prescriptions in our preferred retail pharmacy network and through our mail order pharmacy.

- All Walgreens and Walmart pharmacies
- Costco** retail and mail order pharmacies

Members have access to standard retail pharmacy network that includes:

- Most national pharmacy chains, including CVS
- Many retail and grocery store pharmacies
- Many independent, local community pharmacies

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

Insulin Savings

You only pay a \$30 copay per prescription at preferred pharmacies and \$35 at standard retail pharmacies for insulin included on our formulary until you reach the catastrophic coverage stage. These savings apply through the deductible and copay stages and the donut hole.

Drug Formulary

Your prescription coverage is based on a drug formulary, or list of drugs, used by Prevea360 to help you differentiate what is and isn't covered. The Prevea360 formulary breaks the drug list into tiers, indicating different levels of cost sharing. As with most prescription drug coverage, there are limitations to coverage that help keep plan costs down. Make sure you are familiar with both your plan's specific coverage details and our general limitations and procedures as explained on the following page.



Save money by filling your prescriptions at Preferred Pharmacy locations

The Prevea360 drug formulary is reviewed every month and updated on a regular basis. For example, we update the drug formulary when a new generic drug is approved. Visit prevea360.com/Advantage-Member and click on **2023 Drug list/formulary** for the most up-to-date drug formulary details.

Restrictions and limitations apply to the drug formulary, when necessary:

- **Prior Authorization:** Prevea360 requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Prevea360 before you fill your prescriptions. If you don't get approval, the drug will not be covered. The drug formulary lists drugs that need prior authorization. You may also call the Customer Care Center for questions or information about your prescription drug benefits.
- **Quantity Limits:** For certain drugs, Prevea360 limits the amount of the drug that you can have each time you fill your prescription. The amount or supply of the drug product dispensed can be limited either per prescription or per a specific amount of time. For example, we may limit a drug to 60 tablets over a 30 day period.

- **Step Therapy:** In some cases, Prevea360 requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Prevea360 may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then Drug B will be covered.
- **100-day Supply of Drugs:** You may be able to receive a 100-day supply of most drugs on our drug formulary. These drugs are available with reduced cost sharing at most pharmacies and through our convenient mail order service. Drugs not available through mail order are noted with "NM" in the notes column of the drug formulary.
- **Limited Distribution:** The Food and Drug Administration restricts certain drugs to certain pharmacies. These drugs can only be obtained at specialty-designated pharmacies able to appropriately handle the drugs.

* No prescription coverage for (HMO-POS MA-only.)

**You do not need to be a Costco member to use the Costco Pharmacy.

Medicare Advantage Preventive Care

By focusing on preventive care and wellness, we can work together to help you stay well and avoid illness.



Welcome to Medicare Office Visit

As soon as you enroll in Medicare Part B, you can schedule your welcome to Medicare visit. This visit is covered at no cost to you.

During this visit, your primary care physician (PCP) will record your medical history and check your vision, blood pressure, and weight and height to measure your body mass index (BMI).

This visit is also a great way to get up-to-date on important screenings and shots and to talk with your doctor about your family’s medical history and ways to manage your health.

Annual Wellness Visit and Annual Physical

At this visit, the following preventive services, and more, are covered at no (\$0) out-of-pocket costs to you when received by an in-network provider:

- Breast cancer mammography screening
- Colorectal cancer screening
- Prostate cancer screening
- Diabetes screenings, monitoring supplies and self-management training
- Annual Physical

During this visit, your PCP will take a medical/family history and may perform a head-to-toe general health assessment with hands-on examination of all the body systems. An annual wellness exam does not necessarily involve a physical exam —your provider may or may not do both of these together. You can schedule these visits on the same day.

Vaccinations*

It is important to keep vaccines current: you may not have been vaccinated as a child or your immunity may have faded. Most importantly, vaccines help keep you safe from possible life-threatening, vaccine-preventable, diseases.

Part B Vaccines

Medicare Part B covers these vaccines when received in your clinic:

- Annual flu shot
- Hepatitis B for intermediate to high risk
- Pneumococcal pneumonia
- Tetanus shot, but only due to an injury

Part D Vaccines

Medicare Part D covers these vaccines when received at an in-network pharmacy. You must receive the Part D vaccine in the pharmacy for it to be covered.

- Hepatitis B for low risk members
- Shingles
- Td (tetanus and diphtheria) booster
- Tdap (tetanus, diphtheria, and pertussis) booster

Other Preventive Services

All preventive services are listed in your Evidence of Coverage. See the Medical Benefits chart in Chapter 4, Section 2.1. You will see an apple listed next to the preventive services in the benefits chart.

Telehealth

Telehealth can be used to assess your risk for certain health conditions. It may also be used for your annual preventive visit or for other appointments if you do not need lab work or vaccines. Talk with your PCP and ask if a telehealth appointment is right for you.



Did You Know?

When you are new to Medicare Advantage you can schedule your Welcome to Medicare AND an Annual Wellness Visit.

- Your Welcome to Medicare visit is covered at no cost (\$0) to you during your first year of enrollment.
- The Annual Wellness and PCP visits are covered at no cost (\$0) to you.

* Your plan must include Part D for Part D vaccines to be covered.

Medicare Advantage Diabetes Benefits

Prevea360 understands the special needs of individuals with diabetes. Our Medicare Advantage plans offer specific benefits geared toward those needs.

Struggling to manage your diabetes?

Get the help you need by completing our Care Management form to be connected with a nurse case manager. Visit prevea360.com/wellness/care-management



Diabetes Management

Do you have diabetes?

Make sure you are taking steps to stay healthy:



- Get an HbA1c test at least twice a year to check your average blood glucose level for the past two to three months.
- Get an LDL test when you are first diagnosed with diabetes to check your level of “bad” cholesterol, and repeat testing as recommended by your doctor.
- Get diabetic kidney disease testing.
- Get an eye exam which may include a dilated retinal exam.
- Get a regular foot exam.
- Eat a healthy diet and exercise regularly.
- Stay active. Register for One Pass fitness benefit.

Insulin Savings

Does insulin play a role in managing your diabetes? We can help. Our plans offer reduced copays on insulin until you reach the catastrophic stage of Medicare Part D coverage. We offer:



- \$30 insulin fills at preferred pharmacy locations.
- \$35 insulin fills at standard retail pharmacies.
- Our insulin savings program applies to all insulins on the formulary,* including:
Aspart 100 units/ml
Fiasp 100 unit/ml
Humulin R 500 unit/ml
Levemir 100 unit/ml
Novolin 70/30 unit/m
Novolog 100 unit/ml
Lantus 100 unit/ml
Novolin N 100 unit/ml
Novolin R 100 unit/ml
Soliqua 100un/0.033mg/ml
Toujeo 300 unit/ml
Toujeo 100 unit/ml
Tresiba 100 unit/ml
Tresiba 200 unit/ml
Xultrophy 100unit/3.6mg/ml

Diabetic Supplies

\$0 Diabetic Supplies

Supplies to monitor your blood glucose are covered at \$0. Covered supplies include blood glucose monitors, blood glucose test strips, lancet devices and lancets, and glucose-control solutions for checking the accuracy of test strips and monitors. Diabetic testing supplies must be Accu-Chek brand in order to be covered.

Continuous Glucose Monitors

Continuous glucose monitors are covered at \$0. Continuous glucose monitors require a prior authorization. Ask your doctor if you meet Medicare guidelines for the \$0 continuous glucose monitor benefit.

Insulin Pumps

Insulin pumps covered by our plan are Minimed, T Slim and Omnipod. Insulin pumps are covered under the Durable Medical Equipment (DME) benefit. You will pay 20% coinsurance in-network for insulin pumps. Minimed and Omnipod testing supplies you will pay 20% coinsurance.

Insulin supplies

Insulin supplies are covered are covered at \$0 under the Part D benefit. Covered insulin supplies include syringes, needles, alcohol swabs and gauze. Insulin supplies are on Tier 2 of our formulary.

Therapeutic Shoes and Inserts

For people with diabetes who have severe diabetic foot disease, we cover one pair per calendar year of therapeutic custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes). This coverage includes fitting. You will pay 20% coinsurance in-network for therapeutic shoes and inserts. Therapeutic shoes and inserts are only available through NPS Foot Health.

Benefits Supporting Diabetes Management

\$0 Part C Benefits

- PCP Visits
- Outpatient Mental Health
- Labs
- Diabetic Supplies
- Kidney Disease Education

*Includes Pen Injector, Injectable Solution, Injectable Suspension and Cartridge.

Understanding Prior Authorization

Making sure it’s covered

As you navigate your health care, it’s important to remember that certain medical services require prior authorization. If it is determined that your specific service need requires this, it must be submitted to Prevea360.

Prevea360 will not cover the cost of certain medical services if your prior authorization request is not received or approved.

Services that may require a prior authorization include, but are not limited to:



- Medically-related dental services
- Radiology services
- Durable medical equipment
- Mental health care
- Outpatient therapy
- Outpatient substance abuse
- Outpatient surgery
- Prosthetic devices
- Inpatient hospital care
- Skilled nursing facility
- Certain drugs (see formulary for more details)
- Out-of-network services*
- Continuous glucose monitors

**Members on HMO-POS plans do not require a prior authorization before using out-of-network services. For HMO plans, if prior authorization is approved for out-of-network services, the member will pay the in-network cost-sharing amount.*

Your Rights and Responsibilities

You deserve the best service and health care possible. Rights and responsibilities help foster cooperation among members, practitioners and Prevea360.

Need more information?

Reach out to our Customer Care Center at **877-232-7566 (TTY: 711)**, 8 am – 8 pm, weekdays (year-round) and weekends (Oct. 1 – Mar. 31).

Visit prevea360.com/Advantage-Member to view your Notice of Privacy Practices or call the Customer Care Center.

Grievance and Appeals

We know that at times you may have questions or concerns about benefits, claims or services you have received from Prevea360. When such a concern or complaint arises, we encourage you to reach out to the Customer Care Center. A Medicare Specialist will make every effort to resolve your concern promptly and completely. Your input matters, and we encourage you to call with any concerns you may have regarding your health care. As a Prevea360 Medicare Advantage member, you also have certain grievance and appeals rights.

You can call the Customer Care Center or visit prevea360.com/Advantage-Member for more information on how to file a grievance or appeal.

Limitations and Exclusions

Reference your Evidence of Coverage, which can be found online at prevea360.com/Advantage-Member, for a list of services and items that either are not covered under any condition or are covered only under specific conditions.

Follow us on LinkedIn and Facebook



Prevea360 Medicare Advantage

PO Box 56099
Madison WI 53705-9399
Toll-free **877-232-7566 (TTY: 711)**
prevea360.com/medicare

Dean Health Plan is an HMO/HMO-POS with a Medicare contract. Enrollment in Dean Health Plan depends on contract renewal. Dean Health Plan markets under the names Dean Advantage and Prevea360 Medicare Advantage. This information is not a complete description of benefits. Call **877-232-7566 (TTY: 711)** for more information. You must continue to pay your Medicare Part B premium.

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