



2023 Medicare Enrollment Guide

Your partner in wellness

Choose Medicare coverage from WellFirst Health —
Provided by SSM Health Plan —
with benefits made just for you



SSM Integrity (HMO-POS)
SSM FlexSpend (HMO-POS)
SSM Harmony (HMO-POS) MA-Only



WellFirst Health[®]
provided by SSM Health Plan

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Ready to Enroll?

You can enroll with WellFirst Health — Provided by SSM Health Plan — one of the following ways:

CALL

By Phone
Call **833-942-2153 (TTY: 711)** to enroll over the phone with a Medicare sales consultant

You can also visit one of our Medicare Resource Centers
Walk-ins welcome during scheduled hours or call to schedule an appointment.

CLICK

Enroll Online
Visit wellfirsthealth.com/medicare2023
Find our upcoming seminars at wellfirsthealth.com/seminars

SSM Health Outpatient Center – Kisker Road
1475 Kisker Road
St. Charles, MO 63304
636-486-7926

VISIT

In Person
Schedule an appointment for an in person or an in-home visit with a licensed, independent Medicare sales consultant by calling **833-942-2153**

SSM Health DePaul Hospital Campus
12255 DePaul Drive, 1B
Bridgeton, MO 63044
314-393-4390

Discover the WellFirst Health — Provided by SSM Health Plan — Advantage

WellFirst Health — Provided by SSM Health Plan — is a trusted partner there to support you on your health care journey. We provide the care you know and trust from SSM Health, along with affordable coverage.



Our Coordinated Care Network

is a true collaboration between health care experts, hospital partners and your health plan, leading to a more streamlined and simpler experience for members.

Local: Our roots are local. Our health plan employees are your friends and neighbors. You'll find your primary care provider just down the road.

Caring: Community is important to us. Our employees participate in a variety of volunteer efforts throughout the year to make local life a little better for everyone.

Premier Benefits: Our plans offer a suite of premier benefits to give you a Medicare plan that covers your health needs, including dental, over-the-counter benefit and more.

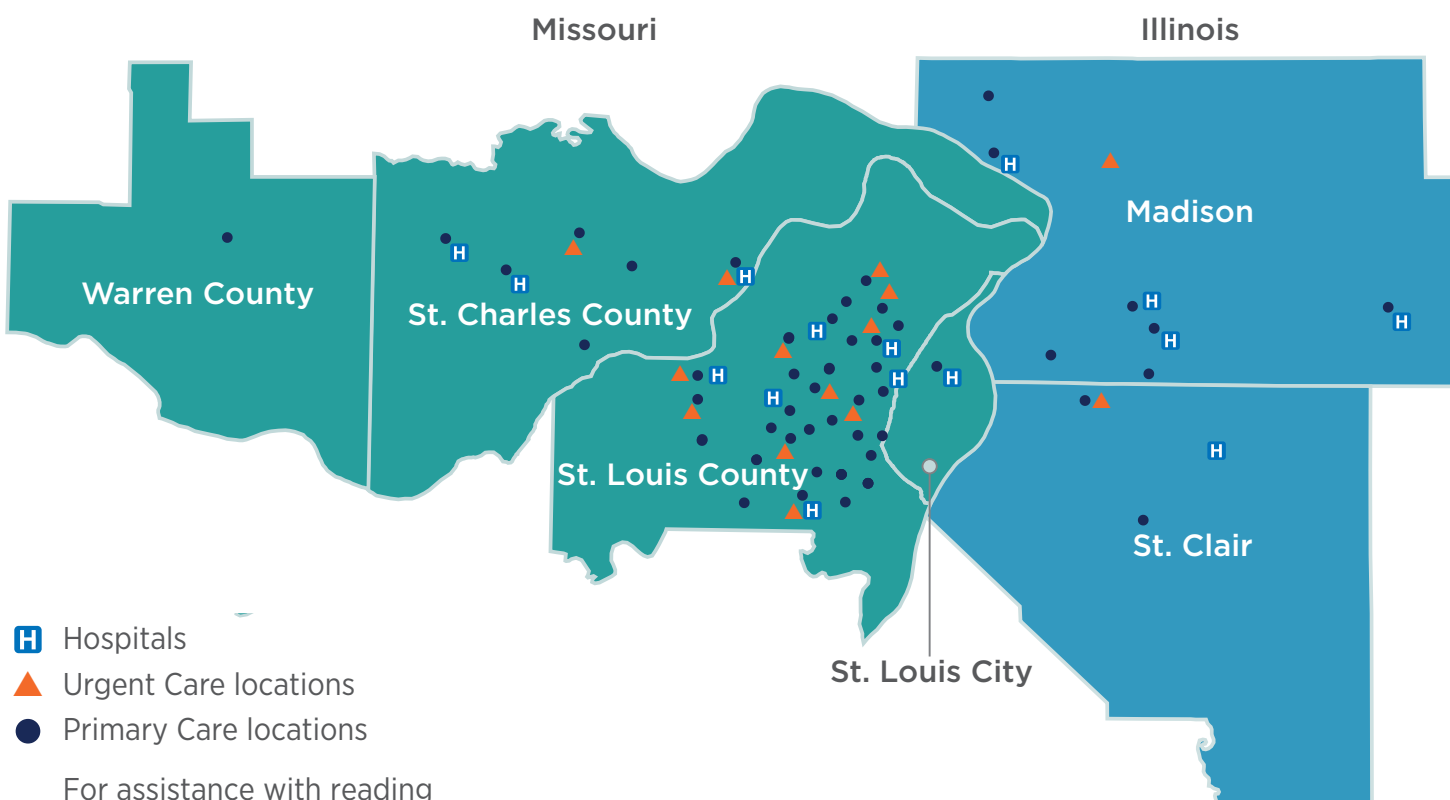


WellFirst Health — Provided by SSM Health Plan — Service Area

The health plan service area is Madison, St. Clair County, IL and St. Charles, St. Louis, Warren County and St. Louis City, MO. You must live in one of these areas to join a WellFirst Health — Provided by SSM Health Plan — Medicare Advantage plan.



One plan. One strong network.



- Hospitals
- Urgent Care locations
- Primary Care locations

For assistance with reading this map or questions about provider locations, please call **877-301-3326 (TTY: 711)**.

Providers are subject to change.

Medicare Eligibility and Enrollment Periods

Who's Eligible For Medicare?

You are eligible for Medicare, the federal health insurance program, if you are a legal U.S. resident and one of the following applies to you:

- You are 65 years old or older
- You are any age and have a qualifying permanent disability
- You are any age and have been diagnosed with end-stage renal disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS, also called Lou Gehrig's disease)

Medicare Advantage Enrollment Periods

IEP

Initial Enrollment Period (IEP)

This is the seven-month period during which you may enroll in Medicare for the first time. This includes the three months prior, the month of your birthday and the three months after. If you are enrolling for the first time due to disability, your IEP timing is based on your disability date.

Your Initial Enrollment Period

You can enroll before you turn 65, but your coverage may not be effective before your 65th birthday. For your Initial Enrollment Period the earliest effective date can be the first day of the month you turn 65. If you are born on the first of the month, coverage can begin the first of the month before.

If you enroll within the three months after you turn 65, your effective date will be the first day of the next month.

AEP

Annual Enrollment Period (AEP)

Oct. 15–Dec. 7 of every year is the period during which you may make changes to your Medicare Advantage coverage. Your coverage will become effective January 1.

OEP

Open Enrollment Period (OEP)

Jan. 1 – Mar. 31 of every year is the period during which you may switch from one Medicare Advantage plan to another Medicare Advantage plan, or cancel your Medicare Advantage plan and return to Original Medicare.

SEP

Special Enrollment Period (SEP)

This is a period during which Medicare recipients may change Medicare Advantage coverage outside of the AEP, if they **meet certain requirements and have a qualifying event**, such as moving to a new service area or leaving an employer-based plan.

Extra Benefits Not Covered by Original Medicare

Learn more at...

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

WellFirst Health — Provided by
SSM Health Plan — is dedicated
to our members' well-being. The
benefits listed below are included
in all of our Medicare plans.



Over-the-Counter

Your over-the-counter benefit includes \$60 per quarter to spend on eligible over-the-counter products like bandages, pain relievers and much more.

You can shop:

- In-store at participating retailers including Walgreens, CVS, Walmart and Dollar General stores
- Order online or over the phone
- Mail-order catalog



In-Home Support from Papa

We partnered with Papa, a company that connects you with screened and trained Papa Pals who provide assistance with organization, light housework, technology and transportation. Your Pal can visit with you in your home or virtually for up to 120 hours per year.



Dental / Vision / Hearing

Please see page 9
for benefit information.



Chiropractic Care

We cover additional chiropractic benefits to help you stay healthy and active.



Transportation

We partnered with Lyft to cover 24 one-way personal rides each year to medical appointments and to the pharmacy.



Post-Discharge Meals

We cover 14 meals from Mom's Meals delivered to your door after you are discharged from the hospital or a skilled nursing facility.



Fitness

The One Pass™ program includes:

- Fitness center memberships
- Home fitness kit
- On-demand fitness videos



Nurse Line

Experienced registered nurses are always available to answer your questions and concerns. Nurses are available 24 hours a day, 365 days a year. Call if you're unsure if you need to see a doctor, or if you have other health related questions.



Living Healthy Rewards

You can earn up to \$150 in rewards for completing healthy activities like receiving a flu shot, going to the dentist and getting an annual physical.

\$0 Benefits

All of our plans include many benefits at no cost to you.

Diabetic Benefits

WellFirst Health — Provided by SSM Health Plan — understands the special needs of individuals with diabetes. Our Medicare Advantage plans offer specific benefits geared toward those needs.



\$0 Benefits

- All Primary Care Visits: In-person and Telehealth
- Routine Vision and Hearing Exams
- Meals Post-Discharge
- Transportation
- In-Home Support
- Dental Exams, Cleanings and X-Ray
- Vaccines
- Mammograms and Pelvic Exams
- Prostate Cancer Screening
- Preventive Colonoscopy Screening
- Diabetes Screenings, Testing Supplies and Self-Management Training
- E-Visit For Eligible Conditions
- Three-month Fill at a Mail Order Pharmacy for Tier 1 and Tier 2 Drugs



Diabetic Benefits:

- \$30 Insulin Fills at Preferred Pharmacy Locations
- \$35 Insulin Fills at Standard Retail Pharmacies
- \$0 Continuous Glucose Monitors
- \$0 PCP
- \$0 Diabetic Testing and Insulin Supplies
- 20% Coinsurance for Insulin Pumps
- Two Additional Dental Cleanings Per Year
- Over-the-Counter Benefit Includes Coverage for Products Like Diabetic Socks and Glucose Tablets

Additional Savings

Make our additional savings work for you.



	SSM Integrity (HMO-POS)	SSM FlexSpend (HMO-POS)	SSM Harmony (HMO-POS) MA-Only
Part B Premium Reduction We lower the Part B premium you pay - giving you money back into your Social Security check	\$35 monthly	Not Included	\$45 monthly
FlexSpend Benefit Prepaid allowance on your WellFirst 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 free-standing dental, vision or hearing facility. You are not restricted to in-network providers.	Not Included	\$500 yearly	
Dental We partnered with Delta Dental to provide you dental benefits with no waiting periods or deductibles	\$1000 of dental services per year • Preventive and diagnostic services: \$0 copay • Comprehensive services: 50% coinsurance	\$1000 of dental services per year • Preventive and diagnostic services: \$0 copay • Comprehensive services: 50% coinsurance + FlexSpend Benefit	
Eyeglasses Eyeglasses, frames, lenses or contact lenses from a freestanding vision center	Not Included	FlexSpend Benefit	
Hearing Aids Hearing aids when purchased from an in-network hearing aid provider	\$750 In-Network Only	\$750 In-Network Only + FlexSpend Benefit	\$750 In-Network Only + FlexSpend Benefit

Plan Options

Choose the plan that is right for you.

SSM Integrity (HMO-POS)

SSM FlexSpend (HMO-POS)

SSM Harmony (HMO-POS) MA-Only

Cost Sharing at a Glance		SSM Integrity (HMO-POS)	SSM FlexSpend (HMO-POS)	SSM Harmony (HMO-POS) MA-Only
Maximum Out-of-Pocket	In-Network	\$2,500	\$2,750	\$3,250
	Out-of-Network	\$5,000	\$5,000	\$10,000
Hospital Copay per Day; Days 1-7	In-Network	\$325	\$325	\$325
	Out-of-Network	\$500	\$500	\$750
Primary Care	In-Network	\$0	\$0	\$0
	Out-of-Network	\$50	\$50	\$75
Specialist	In-Network	\$35	\$35	\$35
	Out-of-Network	\$50	\$50	\$75
Emergency Room	In- and Out-of-Network	\$100	\$100	\$125
Urgent Care	In- and Out-of-Network	\$35	\$35	\$35
Ambulance	In- and Out-of-Network	\$300	\$300	\$300
Therapy: Physical, Occupational, Speech	In-Network	\$35	\$35	\$40
	Out-of-Network	\$60	\$60	\$75
Outpatient Surgery	In-Network	\$300	\$300	\$300
	Out-of-Network	40%	40%	40%

See Summary of Benefits for additional plan details.

Part D Prescription Drug Coverage

SSM Integrity and SSM FlexSpend provide comprehensive prescription drug coverage. Our drug formulary covers a wide-ranging list of generic, brand name and specialty drugs, with manageable copays and no deductibles.



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

- All SSM Pharmacies, Walgreens, Walmart and select community pharmacies, such as Medicine Shoppe
- Costco retail and mail order pharmacies – no Costco membership required
- **\$0 100-day fills at a mail order pharmacy for Tier 1 and Tier 2 drugs**

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

Maintenance Drugs Savings

Save time and money by purchasing a three-month supply of maintenance drugs in one transaction via the Costco mail-order pharmacy.

\$0 Part D Vaccines

You pay \$0 in all stages for all covered Part D vaccines – including Shingles and Tdap. These \$0 vaccines are listed in our formulary as Tier 6.

Insulin Savings

You will pay a \$30 copay per fill at a preferred pharmacy or a \$35 copay per fill at a standard pharmacy. These savings apply through the deductible and copay stages and the donut hole.

WellFirst Health's — Provided by SSM Health Plan — Drug Formulary and Pharmacy Directory are available at wellfirsthealth.com/medicaremember

SSM Integrity (HMO-POS)**SSM FlexSpend (HMO-POS)**

Part D Prescription Drug Coverage at a Glance

Stage 1:
Initial Coverage Deductible
You pay:

No Part D Deductible

Stage 2:
Initial Coverage Copay
and Coinsurance
You pay:

	1 Month/30 Day		3 Month/100 Day		
	Preferred Retail and Mail Order	Standard Retail	Mail Order	Preferred Retail	Standard Retail
Tier 1	\$2	\$7	\$0	\$2	\$7
Tier 2	\$8	\$13	\$0	\$16	\$26
Tier 3	\$42	\$47	\$117.50	\$117.50	\$130
Tier 4	\$95	\$100	\$285	\$285	\$300
Tier 5	33%	33%	Not applicable	Not applicable	Not applicable

Stage 3:
Coverage Gap (Donut Hole)
You pay:

25% coinsurance

Stage 4:
Catastrophic Coverage
You pay:

Generic: 5% or \$4.15
Brand: 5% or \$10.35

Drug dispensing fees may apply.

SSM Harmony (HMO-POS) MA-Only

SSM Harmony does not offer Part D Prescription Drug coverage. This is an excellent choice if you already have prescription drug coverage through a State Prescription Drug Assistance Program, TRICARE for Life, the VA or an employer plan. You cannot have a Medicare Part D Prescription Drug plan if you enroll in the SSM Harmony plan.

Stages of Part D Coverage

Stage 1: Initial Coverage Deductible	Plans from WellFirst Health — Provided by SSM Health Plan — do not have a drug deductible. Our plans begin in Stage 2
Stage 2: Initial Coverage Copay and Coinsurance	You pay copays or a percentage of the drug's total cost (coinsurance) You stay in this stage until you and WellFirst Health — Provided by SSM Health Plan — have paid \$4,660 within a plan year
Stage 3: Coverage Gap (Donut Hole)	Once your total drug costs reach \$4,660 you pay 25% of the cost of the drug You stay in this stage until your total out-of-pocket costs reaches \$7,400 (not counting the amount that WellFirst Health — Provided by SSM Health Plan — has also paid) within a plan year
Stage 4: Catastrophic Coverage	After your total out-of-pocket costs reach \$7,400 you pay a small copay or 5% coinsurance, whichever amount is larger You stay in this stage for the remainder of the plan year

Summary of Benefits Plan Year 2023

SSM Integrity (HMO-POS)

SSM FlexSpend (HMO-POS)

SSM Harmony (HMO-POS) MA-Only

January 1, 2023 – December 31, 2023

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. See the Evidence of Coverage to get a complete list of services we cover. The Evidence of Coverage is available to view on wellfirsthealth.com/medicaremember. You can also request a printed copy of any of these materials by calling our Customer Care Center.

If you want to know more about the coverage and costs of Original Medicare, look in the current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or 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.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Part B premium.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-301-3326 (TTY: 711).

SSM Health Plan is an HMO/HMO-POS with a Medicare contract. Enrollment in SSM Health Plan depends on contract renewal. SSM Health Plan markets under the name WellFirst Health.

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8 am – 8 pm Central time.
- From April 1 to September 30, you can call us Monday through Friday from 8 am – 8 pm Central time.

Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-877-301-3326 (TTY: 711).
- If you are not a member of this plan, call toll-free 1-833-551-0565 (TTY: 711).
- Our website: wellfirsthealth.com/medicare

Who can join?

To join a Medicare Advantage plan, you must be enrolled in Medicare Part A and Medicare Part B and live in our service area.

What is the Service Area?

Our service area includes the following: **St. Charles County (MO), St. Louis City (MO), St. Louis County (MO), Warren (MO), St. Claire (IL), Madison (IL)**

Which doctors, hospitals and pharmacies can I use?

We have a network of doctors, hospitals, pharmacies and other providers. For some services you can use providers that are not in our network.

- Provider directory website: wellfirsthealth.com/doctors
- Pharmacy directory website: wellfirsthealth.com/medicaremember

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

	SSM Integrity (HMO-POS)	SSM FlexSpend (HMO-POS)	SSM Harmony (HMO-POS)
Monthly Premium You must continue to pay your Medicare Part B premium	\$0	\$0	\$0
Part B Buy Back WellFirst Health provides a credit that will automatically be applied towards your Medicare Part B premium	\$35	Not Applicable	\$50
Medical Deductible	Not Applicable	Not Applicable	Not Applicable
Maximum Out-of-Pocket Responsibility If you reach the limit on out-of-pocket costs, you will keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. (Does not include prescription drugs)	\$2,500 for in-network services \$5,000 for in-network and out-of-network services combined	\$2,750 for in-network services \$5,000 for in-network and out-of-network services combined	\$3,250 for in-network services \$10,000 for in-network and out-of-network services combined

Covered Medical and Hospital Benefits

*Benefit may require prior authorization

	SSM Integrity (HMO-POS)		SSM FlexSpend (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
Inpatient Hospital Coverage* For Medicare-covered stays	\$325 copay each day for days 1 - 7 \$0 each day for days 8 to discharge	\$500 copay each day for days 1 - 7 \$0 each day for days 8 to discharge	\$325 copay each day for days 1 - 7 \$0 each day for days 8 to discharge	\$500 copay each day for days 1 - 7 \$0 each day for days 8 to discharge	\$325 copay each day for days 1 - 7 \$0 each day for days 8 to discharge	\$750 copay each day for days 1 - 7 \$0 each day for days 8 to discharge
Outpatient Hospital Coverage* Outpatient Hospital:	\$300 copay	40% coinsurance	\$300 copay	40% coinsurance	\$300 copay	40% coinsurance
Ambulatory Surgery Center:	\$175 copay	40% coinsurance	\$200 copay	40% coinsurance	\$200 copay	40% coinsurance
Procedure performed during office visit:	\$0 - \$35 copay	\$50 - \$50 copay	\$0 - \$35 copay	\$50 - \$50 copay	\$0 - \$35 copay	\$75 - \$75 copay
Doctor Visits Primary Care Providers:	\$0 copay	\$50 copay	\$0 copay	\$50 copay	\$0 copay	\$75 copay
Specialists:	\$35 copay	\$50 copay	\$35 copay	\$50 copay	\$35 copay	\$75 copay
Palliative Care:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Preventive Care	\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Emergency Care In the U.S. (Waived if admitted)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Urgently Needed Services In the U.S.	\$35 copay Your cost may be reduced based on level of treating provider	\$35 copay	\$35 copay Your cost may be reduced based on level of treating provider	\$35 copay	\$35 copay Your cost may be reduced based on level of treating provider	\$35 copay

	SSM Integrity (HMO-POS)		SSM FlexSpend (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of- Network	In Network	Out-of- Network	In Network	Out-of- Network
Diagnostic Services / Labs / Imaging*						
Outpatient X-ray:	\$20 copay	40% coinsurance	\$20 copay	40% coinsurance	\$10 copay	40% coinsurance
Laboratory Tests:	\$0 copay	20% coinsurance	\$0 copay	20% coinsurance	\$0 copay	40% coinsurance
Radiation Therapy:	\$65 copay	40% coinsurance	20% coinsurance	40% coinsurance	\$65 copay	40% coinsurance
Diagnostic Procedures/Tests:	\$10 copay	20% coinsurance	\$10 copay	20% coinsurance	\$15 copay	40% coinsurance
Diagnostic Mammograms:	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance
Diagnostic Radiology:	\$120 copay	40% coinsurance	\$120 copay	40% coinsurance	\$120 copay	40% coinsurance
Hearing Services						
Medicare-covered- exam to diagnose and treat hearing and balance issues:	\$35 copay	\$60 copay	\$35 copay	\$60 copay	\$35 copay	\$75 copay

	SSM Integrity (HMO-POS)		SSM FlexSpend (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of- Network	In Network	Out-of- Network	In Network	Out-of- Network
Routine hearing exam:	\$0 copay per exam for 1 exam every calendar year	Not Covered	\$0 copay per exam for 1 exam every calendar year	Not Covered	\$0 copay per exam for 1 exam every calendar year	Not Covered
Hearing aid fitting / evaluation:	\$0 copay per fitting for 1 fitting every calendar year	Not Covered	\$0 copay per fitting for 1 fitting every calendar year	Not Covered	\$0 copay per fitting for 1 fitting every calendar year	Not Covered
Hearing aid allowance:	\$0 copay Our plan pays up to \$750 both ears combined every calendar year for hearing aids You are responsible for costs beyond the plan limit	Not Covered	\$0 copay Our plan pays up to \$750 both ears combined every calendar year for hearing aids Additional allowance included in FlexSpend benefit You are responsible for costs beyond the plan limit	Included in FlexSpend benefit	\$0 copay Our plan pays up to \$750 both ears combined every calendar year for hearing aids Additional allowance included in FlexSpend benefit You are responsible for costs beyond the plan limit	Included in FlexSpend benefit

	SSM Integrity (HMO-POS)		SSM FlexSpend (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
Preventive Dental						
Preventive Exams:	\$0 copay per visit for 2 visits every calendar year	\$0 copay per visit for 2 visits every calendar year	\$0 copay per visit for 2 visits every calendar year	\$0 copay per visit for 2 visits every calendar year	\$0 copay per visit for 2 visits every calendar year	\$0 copay per visit for 2 visits every calendar year
Cleanings:	\$0 copay per visit for 2 visits every calendar year	\$0 copay per visit for 2 visits every calendar year	\$0 copay per visit for 2 visits every calendar year	\$0 copay per visit for 2 visits every calendar year	\$0 copay per visit for 2 visits every calendar year	\$0 copay per visit for 2 visits every calendar year
X-Ray:	\$0 copay per visit for 1 visit every calendar year	\$0 copay per visit for 1 visit every calendar year	\$0 copay per visit for 1 visit every calendar year	\$0 copay per visit for 1 visit every calendar year	\$0 copay per visit for 1 visit every calendar year	\$0 copay per visit for 1 visit every calendar year
Comprehensive Dental						
Diagnostic services:	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance
Gum disease maintenance and bridge/implants/dentures repairs:	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Fillings, gum disease treatment, and extractions:	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Root canals, bridges, implants, dentures, and crowns:	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Dental Maximum Annual limit that WellFirst Health will pay for preventive and comprehensive dental services You are responsible for costs beyond the plan limit	\$1,000 every calendar year for dental services		\$1,000 every calendar year for dental services Additional allowance included in FlexSpend benefit		\$1,000 every calendar year for dental services Additional allowance included in FlexSpend benefit	

	SSM Integrity (HMO-POS)		SSM FlexSpend (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
Vision Services Medicare-covered exam to treat to diagnose and treat diseases and conditions of the eye: Medicare-covered eyewear after cataract surgery: Routine eye exam: Eyewear: (eyeglasses, frames, lenses or contact lenses)	\$35 copay	\$60 copay	\$35 copay	\$60 copay	\$35 copay	\$75 copay
	\$0 copay	Not Covered	\$0 copay	Not Covered	\$0 copay	Not Covered
	\$0 copay per exam for 1 exam every calendar year	Not Covered	\$0 copay per exam for 1 exam every calendar year	Not Covered	\$0 copay per exam for 1 exam every calendar year	Not Covered
	Not Covered	Not Covered	Included in FlexSpend benefit	Included in FlexSpend benefit	Included in FlexSpend benefit	Included in FlexSpend benefit
Mental Health Services: Hospital Care* For Medicare-covered stays	\$325 copay each day for days 1 - 7	\$500 copay each day for days 1 - 7	\$325 copay each day for days 1 - 7	\$500 copay each day for days 1 - 7	\$325 copay each day for days 1 - 7	\$750 copay each day for days 1 - 7
	\$0 each day for days 8 - 90	\$0 each day for days 8 - 90	\$0 each day for days 8 - 90	\$0 each day for days 8 - 90	\$0 each day for days 8 - 90	\$0 each day for days 8 - 90
Mental Health Services: Outpatient Care* Outpatient Individual Therapy:	\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$75 copay
Outpatient Group Therapy:	\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$75 copay

	SSM Integrity (HMO-POS)		SSM FlexSpend (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of- Network	In Network	Out-of- Network	In Network	Out-of- Network
Skilled Nursing Facility* Our plan covers up to 100 day per benefit period in a SNF: A benefit period begins on the first day you go to a Medicare-covered inpatient hospital or a skilled nursing facility. The benefit period ends when you haven't been an inpatient at any hospital or SNF for 60 days in a row	\$0 each day for days 1 - 20 \$196 each day for days 21 - 100	\$150 each day for days 1 - 100	\$0 each day for days 1 - 20 \$196 each day for days 21 - 100	\$150 each day for days 1 - 100	\$0 each day for days 1 - 20 \$196 each day for days 21 - 100	\$150 each day for days 1 - 100
Therapy* Outpatient physical therapy, speech language pathology, and occupational therapy:	\$35 copay per visit	\$60 copay per visit	\$35 copay per visit	\$60 copay per visit	\$40 copay per visit	\$75 copay per visit
Ambulance For each one-way Medicare-covered trip	\$300 copay	\$300 copay	\$300 copay	\$300 copay	\$300 copay	\$300 copay
Transportation For rides to medical appointments	\$0 copay per ride for 24 one-way rides every calendar year	Not Covered	\$0 copay per ride for 24 one-way rides every calendar year	Not Covered	\$0 copay per ride for 24 one-way rides every calendar year	Not Covered
Medicare Part B Drugs* Part B Drugs: Part B prescription drugs received in the pharmacy:	20% coinsurance \$2 copay - \$47 copay	20% coinsurance 20% coinsurance	20% coinsurance \$2 copay - \$47 copay	20% coinsurance 20% coinsurance	20% coinsurance \$2 copay - \$47 copay	20% coinsurance 20% coinsurance

Medicare Part D Prescription Drug Coverage

	SSM Integrity (HMO-POS)	SSM FlexSpend (HMO-POS)	SSM Harmony (HMO-POS)
Part D Deductible	\$0	\$0	Not Covered
PREFERRED RETAIL 30 day supply			
Tier 1 Preferred Generic	\$2 copay	\$2 copay	Not Covered
Tier 2 Generic	\$8 copay	\$8 copay	Not Covered
Tier 3 Preferred Brand	\$42 copay	\$42 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$95 copay	\$95 copay	Not Covered
Tier 5 Specialty Drugs	33% coinsurance	33% coinsurance	Not Covered
Tier 6 Part D Vaccines	\$0 copay	\$0 copay	Not Covered
STANDARD RETAIL 30 day supply			
Tier 1 Preferred Generic	\$7 copay	\$7 copay	Not Covered
Tier 2 Generic	\$13 copay	\$13 copay	Not Covered
Tier 3 Preferred Brand	\$47 copay	\$47 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$100 copay	\$100 copay	Not Covered
Tier 5 Specialty Drugs	33% coinsurance	33% coinsurance	Not Covered
Tier 6 Part D Vaccines	\$0 copay	\$0 copay	Not Covered
LONG TERM CARE 31 day supply	See Standard Retail Pharmacy (30 Day)		Not Covered
OUT-OF-NETWORK 29 day supply	See Standard Retail Pharmacy (30 Day)		Not Covered
PREFERRED RETAIL 100 day supply			
Tier 1 Preferred Generic	\$2 copay	\$2 copay	Not Covered
Tier 2 Generic	\$16 copay	\$16 copay	Not Covered
Tier 3 Preferred Brand	\$117.50 copay	\$117.50 copay	Not Covered

	SSM Integrity (HMO-POS)	SSM FlexSpend (HMO-POS)	SSM Harmony (HMO-POS)
Tier 4 Non-Preferred Drugs	\$285 copay	\$285 copay	Not Covered
Tier 5 Specialty Drugs	Not Applicable	Not Applicable	Not Covered
Tier 6 Part D Vaccines)	Not Applicable	Not Applicable	Not Covered
STANDARD RETAIL 100 day supply			
Tier 1 Preferred Generic	\$7 copay	\$7 copay	Not Covered
Tier 2 Generic	\$26 copay	\$26 copay	Not Covered
Tier 3 Preferred Brand	\$130 copay	\$130 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$300 copay	\$300 copay	Not Covered
Tier 5 Specialty Drugs	Not Applicable	Not Applicable	Not Covered
Tier 6 Part D Vaccines	Not Applicable	Not Applicable	Not Covered
Part D Coverage Stages			
Stage 1 Deductible	There is no deductible. You begin in the initial coverage stage.	There is no deductible. You begin in the initial coverage stage.	Not Covered
Stage 2 Initial Coverage	You pay copays or coinsurance, and we pay the remainder until together our spending reaches \$4,660	You pay copays or coinsurance, and we pay the remainder until together our spending reaches \$4,660	Not Covered
Stage 3 Coverage Gap	Above \$4,660 , you pay 25% of the cost for generics and brand drugs until your expenses reach \$7,400	Above \$4,660 , you pay 25% of the cost for generics and brand drugs until your expenses reach \$7,400	Not Covered
Stage 4 Catastrophic	Above \$7,400 you pay the greater of 5% or \$4.15 for generics and \$10.35 for all other drugs and we pay the remainder	Above \$7,400 you pay the greater of 5% or \$4.15 for generics and \$10.35 for all other drugs and we pay the remainder	Not Covered

	SSM Integrity (HMO-POS)	SSM FlexSpend (HMO-POS)	SSM Harmony (HMO-POS)
Tier 1 Gap Coverage	You will continue to pay Initial Coverage Stage cost-sharing for Tier 1 drugs until you reach the Catastrophic Stage.		Not Covered
100 day fills at mail order pharmacies	\$0 Tier 1 and Tier 2 three-month supplies through Costco mail-order pharmacy. You do not need to be a Costco member to access the pharmacy		Not Covered

Additional Benefits

	SSM Integrity (HMO-POS)		SSM FlexSpend (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of- Network	In Network	Out-of- Network	In Network	Out-of- Network
FlexSpend Benefit Allowance on a prepaid debit card to spend on dental services, vision services, eyewear, hearing services and hearing aids You can use your FlexSpend allowance at: <ul style="list-style-type: none"> • In-network and out-of-network dental offices • In-network eyeglass locations and freestanding vision centers • In-network hearing aid locations and freestanding hearing centers 	Not Covered	Not Covered	\$500 yearly		\$500 yearly	
In-Home Support We partnered with Papa, a company that connects you with screened and trained Papa Pals who provide assistance with organization, light housework, technology and transportation.	\$0 copay per visit for 120 visits yearly	Not Covered	\$0 copay per visit for 120 visits yearly	Not Covered	\$0 copay per visit for 120 visits yearly	Not Covered
Over-the-Counter Allowance for Health and Wellness Products Shop online, in-store, or by catalog.	\$60 quarterly allowance	Not Covered	\$60 quarterly allowance	Not Covered	\$60 quarterly allowance	Not Covered
Post Discharge Meals Mom's Meals delivered to your door after you are discharged from the hospital or a skilled nursing facility.	Two meals per day for 7 days after an inpatient stay at no cost to you	Not Covered	Two meals per day for 7 days after an inpatient stay at no cost to you	Not Covered	Two meals per day for 7 days after an inpatient stay at no cost to you	Not Covered

	SSM Integrity (HMO-POS)		SSM FlexSpend (HMO-POS)		SSM Harmony (HMO-POS)	
	In Network	Out-of- Network	In Network	Out-of- Network	In Network	Out-of- Network
Fitness Benefit One Pass™ Fitness Program	\$0 copay	Not Covered	\$0 copay	Not Covered	\$0 copay	Not Covered
Routine Chiropractic	\$20 copay for an additional 12 routine chiropractic visits every calendar year	\$50 copay for an additional combined 12 routine chiroprac tic visits every calendar year	\$20 copay for an additional 12 routine chiropractic visits every calendar year	\$50 copay for an additional combined 12 routine chiropractic visits every calendar year	\$0 copay for an additional 12 routine chiroprac tic visits every calendar year	\$75 copay for an additional combined 12 routine chiropractic visits every calendar year
Living Healthy Rewards for completing healthy activities like receiving a flu shot, going to the dentist and getting an annual physical	\$150 every calendar year	Not Applicable	\$150 every calendar year	Not Applicable	\$150 every calendar year	Not Applicable
Worldwide Emergency and Urgent Care Outside the US	\$100 copay No Limit	\$100 copay No Limit	\$100 copay No Limit	\$100 copay No Limit	\$125 copay No Limit	\$125 copay No Limit
Nurse Line Nurses are available 24 hours a day, 365 days a year.	\$0 copay	Not Covered	\$0 copay	Not Covered	\$0 copay	Not Covered
Virtual Visits See conditions treated and complete an online health interview at wellfirsthealth.com/virtualvisit_	\$0 copay	Not Covered	\$0 copay	Not Covered	\$0 copay	Not Covered
Smoking and tobacco use cessation – Quit for Life Program This supplemental program is designed to help you overcome physical, psychological, and behavioral addictions using a seamlessly integrated mix of medication, one-on-one coaching, group video sessions and digital tools for support.	\$0 copay	Not Covered	\$0 copay	Not Covered	\$0 copay	Not Covered



SSM Health Plan is an HMO/
HMO-POS with a Medicare
contract. Enrollment in SSM
Health Plan depends on contract
renewal. SSM Health Plan markets
under the name WellFirst Health.
This information is not a
complete description of benefits.
Call **833-942-2153 (TTY: 711)**
for more information. You must
continue to pay your Medicare
Part B premium.

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