



# 2022 Summary of Benefits



## Medicare Advantage

**H9861, Plan 003 Dual Care Plus**  
**January 1, 2022 - December 31, 2022**



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**Dual Care Plus (HMO D-SNP)** is a Coordinated Care plan with a Medicare contract and a contract with the Michigan Department of Health & Human Services. Enrollment in this plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage.”

## To be eligible

**To join Dual Care Plus (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area (Genesee, Lapeer, Macomb, Oakland, St. Clair, Wayne counties) and also receive certain levels of assistance from the Michigan Medical Assistance program (Medicaid). If you receive both Medicare and Medicaid benefits, this means you are a dual eligible.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at **1-855-959-5855 (TTY users should call 711)**, October 1- March 31: Call 7 days a week from 8 a.m. - 8 p.m. April 1 - September 30: Call Monday - Friday, 8 a.m. - 8 p.m. or visit us at [ccahealthmi.org](http://ccahealthmi.org)

For the most current Michigan Medicaid coverage information, please visit the Michigan Medicaid website at <http://www.michigan.gov/michicaid> or call the Medicaid Hotline at **1-800-642-3195 (TTY: 711)**.

Premiums and Benefits	Dual Care Plus (HMO D-SNP)
<b>Monthly Plan Premium</b>	\$0 Part C Premium; \$0 Part D Premium You must continue to pay your Medicare Part B Premium
<b>Deductible</b>	No deductible
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$7,550 per year Includes copays and other costs for medical services for the year
<b>Inpatient Hospital</b>	You pay nothing Authorization may be required
<b>Outpatient Hospital</b>	You pay nothing Authorization may be required
<b>Doctor Visits</b>	You pay nothing for Primary Care Physician visits You pay nothing for Specialists visits No referrals needed in network
<b>Preventive Care</b> (e.g., flu vaccine, diabetic screenings)	You pay nothing All Medicare-covered preventive services are covered
<b>Emergency Care</b>	You pay nothing
<b>Urgently Needed Services</b>	You pay nothing
<b>Diagnostic Services/Labs/Imaging</b> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• MRI, CAT Scan</li> <li>• X-Rays</li> </ul>	You pay nothing Authorization may be required for some services
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Medicare-covered diagnostic hearing and balance evaluations;</li> <li>• Routine Hearing Exam</li> <li>• Hearing Aids</li> <li>• Hearing Aid Fitting and Evaluation</li> </ul> Hearing aid purchases include: <ul style="list-style-type: none"> <li>• 3 follow-up visits within the first year of initial fitting date</li> <li>• 60-day trial period from the date of fitting</li> <li>• 48 batteries per year per aid (3-year supply)</li> <li>• 3-year manufacturer repair warranty</li> <li>• 1-time replacement coverage for lost, stolen or damaged hearing aid (deductible may apply per aid)</li> </ul>	You pay nothing for Medicare-covered hearing services You pay nothing for one (1) routine hearing exam per year You pay nothing for one (1) fitting and evaluation for hearing aids You pay nothing for hearing aids up to \$2,000 per year  You must obtain your hearing aids from a NationsHearing provider. Please contact NationsHearing by phone at 1-855-376-8637 (TTY: 711) or on the web at <a href="https://nationshearing.com/">nationshearing.com/</a> to schedule an appointment.

Premiums and Benefits	Dual Care Plus (HMO D-SNP)
<b>Dental Services</b> Dental Services are provided by Delta Dental of Michigan. Limitations and exclusions apply. You can reach Delta Dental of Michigan's Member Services Department at 800-330-2732 with questions about your dental benefits. Please contact Delta Dental of Michigan prior to accessing services to confirm benefits.	<p>You pay nothing for the following preventive services:</p> <ul style="list-style-type: none"> <li>• Periodic oral exams twice per calendar year</li> <li>• Comprehensive oral exam once every 3 years</li> <li>• Dental cleanings twice per calendar year</li> <li>• Fluoride treatments once every 3 years</li> <li>• X-rays (bitewings) once per year</li> <li>• Periapical and occlusal images are covered</li> <li>• Complete Series and panoramic X-rays once every 3 years</li> </ul> <p>You pay nothing for the following comprehensive dental services:</p> <ul style="list-style-type: none"> <li>• Restorative Services (includes fillings and crowns)</li> <li>• Endodontic Services</li> <li>• Periodontic Services</li> <li>• Extractions</li> <li>• Prosthodontics</li> <li>• Other Oral/Maxillofacial Surgery, Other Services</li> </ul> <p>Limitations apply. Please contact the plan for details  Authorization may be required  Plan covers a maximum of \$2,500 for preventive and comprehensive services combined</p>
<b>Vision Services</b>	<p>You pay nothing for Medicare-covered vision services  NationsBenefits administers a pre-paid Mastercard for up to \$200 per year to use for routine vision services or eyewear (lenses/frames and/or contact lenses)</p>
<b>Mental Health Services</b>	<p><b>Inpatient Care:</b> You pay nothing  <b>Outpatient Care:</b> You pay nothing for individual and group therapy visits  Authorization may be required</p>
<b>Skilled Nursing Facility</b>	<p>You pay nothing per stay  Our plan covers up to 100 days in a SNF. No prior hospital stay is required  Authorization may be required</p>
<b>Physical Therapy</b>	<p>You pay nothing  Authorization may be required</p>
<b>Ambulance</b>	<p>You pay nothing</p>
<b>Transportation</b>	<p>You pay nothing for up to 48 one-way trips per year  Routine transportation services are transportation services to plan-approved locations by taxi, rideshare services, bus, subway, van or medical transport  Each trip is limited to 20 miles</p>
<b>Medicare Part B Drugs</b>	<p>You pay nothing  Authorization may be required</p>



## Outpatient Prescription Drugs

### Phases of Part D Benefit

Cost-sharing may change when entering another phase of the Part D benefit.

There are 4 stages:

**Stage 1: Deductible:** \$0

**Stage 2: Initial Coverage:** You begin this stage when you fill your first prescription and stay in this stage until your year-to-date total cost total \$4,430. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.

**Stage 3: Coverage Gap:** During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% the of price for generic drugs. You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$7,050.

**Stage 4: Catastrophic Stage:** During this stage, the plan will pay most of the costs of your drugs for the rest of the calendar year (through December 31, 2022).

### Deductible

You have no deductible

### Initial Coverage Retail

Tier 1: Generic\*

Tier 2: Brand\*

\*Copayment or no more than 25% coinsurance per prescription

Retail Rx 30-day Supply

Retail Rx 60-day Supply

Mail Order 90-day Supply

OptumRx

You pay nothing

You pay nothing

You pay nothing

You pay nothing

You pay nothing

You pay nothing

### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050 you pay the greater of:

- 5% of the cost, or
- \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs

<b>Additional Benefits</b>	<b>Dual Care Plus (HMO D-SNP)</b>
<b>Routine Chiropractic Services</b>	You pay nothing We cover up to 20 visits for routine chiropractic services
<b>Silver and Fit® Program Benefits</b>	You pay nothing Fitness program membership at any participating location across the country Home Kits: If you're unable to visit a fitness center or prefer working out at home, there's a variety of home kits for you to choose from. You can select one (1) Stay Fit Kit and up to (2) Home Fitness Kits each benefit year
<b>Assisted Living Facility</b>	You pay nothing We cover up to 14 days of assisted living care provided at participating locations after hospitalization Authorization may be required
<b>In-home Support Services</b>	You pay nothing We cover assistance with transportation, house chores, technology lessons, and companionship Limited to 8 hours of companionship per month Services must be obtained through PAPA by calling 1-888-744-7813 Authorization may be required
<b>Over the Counter (OTC) Benefit</b>	You pay nothing You may purchase up to \$200 every quarter of certain OTC items from NationsBenefits Unused amounts cannot be carried over from one quarter to the next Please visit our website to see our list of covered items
<b>Food Assistance</b>	\$50 per month Mastercard administrated through NationsBenefits to be used for groceries. Does not roll over

## **Medicaid Services**

Dual eligible members who meet financial criteria for full Medicaid coverage may also be eligible to receive all Medicaid services not covered by Medicare. Dual Care Plus may also offer coverage for these services. The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can find out what benefits you are entitled through Medicaid by calling: 1-800-642-3195 (TTY: 711).

**Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older**

**Intermediate Care Facility Services for Individuals with Intellectual Disabilities**

**Long-term Nursing Home Care**

**Personal Care Services**

**Private Duty Nursing**

**Family Planning**