cca health MICHIGAN

2022 Summary of Benefits

Medicare Advantage

H9861, Plan 001 Principle Plan
H9861, Plan 002 Cardinal Plan
January 1, 2022 - December 31, 2022

H9861_RMA403_M

Medicare Advantage

H9861, Plan 001 Principle Plan
H9861, Plan 002 Cardinal Plan
January 1, 2022 - December 31, 2022

Medicare Advantage is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the 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 join **Medicare Advantage (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Michigan: Genesee, Lapeer, Macomb, Monroe, Oakland, St. Clair, Wayne.

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 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.

Premiums and Benefits	Medicare Cardinal (HMO)	Medicare Principle (HMO)
Monthly Plan Premium	$40 premium You must continue to pay your Medicare Part B premium	$0 premium You must continue to pay your Medicare Part B premium
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$4,500 per year Includes copays and other costs for medical services for the year	$5,900 per year Includes copays and other costs for medical services for the year
Inpatient Hospital	You pay $300 per day for days 1 through 6 You pay nothing per day for days 7 and beyond Authorization may be required	You pay $315 per day for days 1 through 6 You pay nothing per day for days 7 and beyond Authorization may be required
Outpatient Hospital	You pay $200 Authorization may be required	You pay $200 Authorization may be required
Doctor Visits	You pay nothing for Primary Care Physician visits You pay $0 for Specialists visits No referrals needed in network	You pay nothing for Primary Care Physician visits You pay $45 for Specialists visits No referrals needed in network
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing All Medicare-covered preventive services are covered	You pay nothing All Medicare-covered preventive services are covered
Emergency Care	You pay $90 per visit If you are admitted to the hospital within 24 hours, then you do not have to pay for ER visit	You pay $90 per visit If you are admitted to the hospital within 24 hours, then you do not have to pay for ER visit
Urgently Needed Services	You pay $35 per visit	You pay $45 per visit

Premiums and Benefits	Medicare Cardinal (HMO)	Medicare Principle (HMO)
Hearing Services • Medicare-covered diagnostic hearing and balance evaluations; • Routine Hearing Exam • Hearing Aids • Hearing Aid Fitting and Evaluation You must obtain your hearing aids from a NationsHearing provider. Please contact NationsHearing by phone at 1-855-376-8637 (TTY: 711) or online at nationshearing.com/ to schedule an appointment. Contact plan for additional details on hearing aid coverage.	You pay nothing for Medicare-covered hearing services You pay nothing for one (1) routine exam per year You pay nothing for one (1) fitting and evaluation for hearing aids You pay nothing for hearing aids up to $1,000 per year	You pay nothing for Medicare-covered hearing services You pay nothing for one (1) routine exam per year You pay nothing for one (1) fitting and evaluation for hearing aids You pay nothing for hearing aids up to $500 per year
Dental Services 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.	You pay nothing for the following dental services: • Periodic oral exams twice per calendar year • Comprehensive oral exam every 3 years • Dental cleanings twice per calendar year • Fluoride treatments twice per calendar year • X-rays (bitewings) once every year • Complete Series and panoramic X-rays once every 3 years • Restorative services up to two visits per year — two amalgam or resin composite fillings are covered per calendar year • Periodontal scaling and root planing once per quadrant per year • Extractions up to 1 visit per year. One erupted tooth or exposed root or erupted tooth requiring removal of bone is covered per calendar year (Continued on next page)	You pay nothing for the following dental services: • Periodic oral exams twice per calendar year • Comprehensive oral exam every 3 years • Dental cleanings twice per calendar year • Fluoride treatments twice per calendar year • X-rays (bitewings) once every year • Complete Series and panoramic X-rays once every 3 years • Periodontal scaling and root planing once per quadrant per year (Continued on next page)

Premiums and Benefits	Medicare Cardinal (HMO)	Medicare Principle (HMO)
Dental Services (Continued)	Plan covers a maximum of $2,500 per year for comprehensive dental services Limitations apply. Please contact plan for details Authorization may be required	Plan covers a maximum of $2,500 per year for comprehensive dental services Limitations apply. Please contact plan for details Authorization may be required
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)	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)
Mental Health Services	**Inpatient Care:** You pay $300 per day for days 1 through 6 You pay $0 for days 7 and beyond **Outpatient Care:** You pay $0 for each individual and group therapy visit Authorization may be required	**Inpatient Care:** You pay $310 per day, days 1 through 6 You pay $0 for days 7 and beyond **Outpatient Care:** You pay $30 for each individual and group therapy visit Authorization may be required
Skilled Nursing Facility	You pay $0 for days 1 through 20 You pay $170 per day for days 21 through 100 Authorization may be required	You pay $0 for days 1 through 20 You pay $170 per day for days 21 through 100 Authorization may be required
Physical Therapy	You pay $0 for each physical therapy visit Authorization may be required	You pay $30 for each physical therapy visit Authorization may be required
Ambulance	You pay $200	You pay $205
Transportation	You pay nothing We cover one (1) roundtrip ride to PCP office after hospitalization Authorization may be required	You pay nothing We cover one (1) roundtrip ride to PCP office after hospitalization Authorization may be required
Medicare Part B Drugs	You pay 20% of the cost Authorization may be required	You pay 20% of the cost Authorization may be required

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 Cardinal Plan and Principle Plan **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 costs 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% of the 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	**Medicare Cardinal (HMO)**			**Medicare Principle (HMO)**		
	You have no deductible			You have no deductible		
Initial Coverage	**Medicare Cardinal (HMO)**			**Medicare Principle (HMO)**		
	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Mail Order 90-day supply	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic	$2	$6	$0	$2	$6	$0
Tier 2: Non-Preferred Generic	$10	$15	$30	$10	$15	$30
Tier 3: Preferred Brand	$47	$47	$141	$47	$47	$141
Tier 4: Non-Preferred Brand	$100	$100	$300	$100	$100	$300
Tier 5: Specialty Tier	30%	30%	N/A	30%	30%	N/A
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					
Select Insulins	**Medicare Cardinal (HMO)**			**Medicare Principle (HMO)**		
	Retail Rx 30-day supply	Retail Rx 60-day supply	Mail Order 90-day supply	Retail Rx 30-day supply	Retail Rx 60-day supply	Mail Order 90-day supply

Additional Benefits	Medicare Cardinal (HMO)	Medicare Principle (HMO)
Acupuncture, Chiropractic (Routine + Subluxation), and Therapeutic Massage	You pay $0 per visit We cover up to 20 visits combined for American Specialty Health in-network chiropractic services, acupuncture, and therapeutic massage	You pay $20 per visit for Medicare-covered chiropractic services only, unlimited visits American Specialty Health in-network coverage only
Silver and Fit® Program Benefits	You pay nothing Fitness program membership at any participating location 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 two (2) Fitness Kits each benefit year	You pay nothing Fitness program membership at any participating location 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 two (2) Fitness Kits each benefit year
Assisted Living Facility	You pay nothing We cover up to 14 days of assisted living care provided at participating locations after hospitalization Authorization may be required	You pay nothing We cover up to 14 days of assisted living care provided at participating locations after hospitalization Authorization may be required
In-home Support Services All services must be obtained through PAPA by calling 1-888-744-7813.	You pay nothing We cover assistance with transportation, house chores, technology lessons and companionship Limit to 8 hours of companionship per month Authorization may be required	You pay nothing We cover assistance with transportation, house chores, technology lessons and companionship Limit to 8 hours of companionship per month Authorization may be required
Over the Counter (OTC) Benefit Please visit our website to see our list of covered items	You pay nothing You may purchase up to $375 every year for certain OTC items from NationsBenefits	You pay nothing You may purchase up to $375 every year for certain OTC items from NationsBenefits