



CommuniCare
ADVANTAGE

2022 Summary of Benefits

Medicare Advantage HMO

Institutional Special Needs Plan

Look inside to learn more about the health services and drug coverage
CommuniCare Advantage provides.

Toll-Free (855) 969-5861, TTY 711

8:00 a.m. – 8:00 p.m. seven days a week October 1st
through March 31st (8:00 a.m. – 8:00 p.m. Monday
through Friday April 1st through September 30th)

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www.communicare-advantage.com



Summary of Benefits

January 1, 2022, through December 31, 2022

The benefit information provided is a summary of what we cover and what you pay for the services or drugs. It does not list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.communicare-advantage.com or you can call Member Services at 1-855-969-5861 (TTY 711) for help 8:00 a.m. – 8:00 p.m. seven days a week October 1st through March 31st (8:00 a.m. – 8:00 p.m. Monday through Friday April 1st through September 30th). When you enroll in the plan, you will get information that tells you where you can go online to view your EOC.

About Our Plan

CommuniCare Advantage is a Medicare Advantage HMO Institutional Special Needs plan (I-SNP) with a Medicare contract. CommuniCare Advantage Institutional Special Needs Plan has been approved by the Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2023 based on a review of CommuniCare Advantage's Model of Care.

To join our plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B, be a United States citizen (or lawfully present in the United States), live in a participating facility within our service area, and have lived in a nursing facility or be expected to reside in a nursing facility for 90 or more days.

Our service area includes the states, counties, and centers listed in Appendix A.

CommuniCare Advantage I-SNP has a network of doctors, hospitals, pharmacies, and other types of providers. If you use providers or pharmacies that are not part of our network, the Plan may not pay for these services.

To find out more about which providers are in our network, please go to www.communicare-advantage.com. You will also find a link to our Drug List to see what drugs are covered, any restrictions, and your options for purchasing.



Plan Premiums and Costs

You pay no premium for healthcare services and a small monthly premium for prescription drugs. In addition, you must continue to pay your Part B premiums.

STATE	Health Care Services Premium (PART C)	Prescription Drugs Premium (PART D)	TOTAL
Ohio	\$0.00	\$33.50	\$33.50
Indiana	\$0.00	\$29.70	\$29.70
Maryland	\$0.00	\$37.00	\$37.00

You have the same deductibles for health care services and drugs with CommuniCare Advantage as with Original Medicare, but some of the co-insurance or co-pays are lower. Please see the table below and the Evidence of Coverage for more details.

As a member of CommuniCare Advantage, the maximum out-of-pocket amount you have to pay for in-network covered Medicare Part A and Part B services in 2022 is \$7,550. If you reach the maximum out-of-pocket amount, you will not have to pay any out-of-pocket costs for the rest of the year for in-network covered Part A and Part B services (although you continue to pay your premium).

Benefits

Benefits		In-Network Costs
Inpatient Hospital	<p>CommuniCare Advantage offers the same coverage as Original Medicare:</p> <ul style="list-style-type: none"> • 90 days for each benefit period • 60 lifetime reserve days • The benefit period begins when you enter a hospital or skilled nursing facility and ends when you have not used one of these services 60 days in a row. 	<p>Your cost sharing for each in-patient benefit period includes the following:</p> <ul style="list-style-type: none"> • Deductible: \$1556 per benefit period • Days 1–60: \$0 per day • Days 61–90: \$389 per day • “Lifetime reserve” days: \$778 per day



Benefits		In-Network Costs
Outpatient Hospital	Ambulatory Surgery Center (ASC)	You pay 20% of the approved amount and the Part B deductible applies. Prior authorization is required for all surgical procedures.
	Outpatient Surgery at a hospital	You pay 20% of the approved amount, and the Part B deductible applies. Prior authorization is required for all surgical procedures
	Observation stays	You pay 20% of the approved amount and Part B deductible applies. Notification is required on the next business day after an observation stay.
Doctor Visits	Primary Care (PCP)	You pay 20% of the approved amount and Part B deductible applies for office or clinic visits. You pay zero co-insurance, co-payment and deductible for urgent care visits conducted via an in-network telehealth provider or an in-network provider that offers telehealth options.
	Specialists	



Benefits		In-Network Costs
Preventive Care	<p>We cover the same services as Original Medicare:</p> <ul style="list-style-type: none">• Abdominal aortic aneurysm screening• Annual wellness visit• Bone mass measurement• Breast cancer screening• Cardiovascular disease risk reduction• Cardiovascular disease testing visit• Cervical and vaginal cancer screening• Colorectal cancer screening• Depression screening• Diabetes screening• Diabetes self-management training• HIV screening• Immunizations• Medical nutrition therapy• Medicare Diabetes Prevention Program• Obesity screening and therapy to promote sustained weight loss• Prostate cancer screening exams• Screening and counseling to reduce alcohol misuse• Screening for lung cancer with low dose computed tomography (LDCT)• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)• “Welcome to Medicare” preventive visit	\$0 copay, co-insurance, or deductible



Benefits		In-Network Costs
Emergency Care	Services needed to evaluate or stabilize an emergency medical condition.	You pay 20% of the approved amount for the hospital-based services up to \$90 maximum charge per emergency department visit. If you are admitted to the hospital within 1 calendar day, the cost sharing is waived.
Urgently Needed Services	Services that are non-emergency to treat unforeseen medical illnesses, injuries, or conditions requiring immediate medical care.	You pay 20% of the approved amount and Part B deductible applies for in-person visits at an urgent care center. You pay zero co-insurance, co-payment and deductible for urgent care visits conducted via an in-network telehealth provider or an in-network provider that offers telehealth options.
Diagnostic Tests, Lab, X-rays, and Other Radiology Services	Routine laboratory tests X-rays Diagnostic radiology tests such as CT, MRI, or PET scans Therapeutic radiology	You pay 20% of the approved amount and Part B deductible applies. Prior authorization is required for CT, MRI, PET scans and other nuclear imaging as well as radiation therapy.
Hearing Services	Diagnostic hearing and balance evaluations performed by your PCP to determine if you need medical treatment Our Plan offers extra hearing services benefits outlined in the Extra Benefit section, for up to a \$1500 benefit.	You pay 20% of the approved amount and the Part B deductible applies to the diagnostic hearing and balance evaluations performed by an in-network provider. There is no cost to you for up to \$1500 in extra benefits.



Benefits		In-Network Costs
Dental Services	<p>Medicare does not cover routine dental services. However, CommuniCare Advantage offers comprehensive dental services, including dentures, as an extra benefit. (See the Extra Benefit section for more information.)</p>	<p>There is no coinsurance, copayment or deductible for dental services offered as an extra benefit. This extra benefit is for up to the following benefit amount:</p> <ul style="list-style-type: none"> • If you live in Maryland: \$2,350 per calendar year. • If you live in Ohio: \$2,200 per calendar year. • If you live in Indiana: \$1,750 per calendar year.
Vision Services	<p>Exams to diagnose and treat medical conditions of the eye such as glaucoma or diabetic retinopathy and glasses after cataract surgery.</p> <p>Our Plan offers extra benefits as detailed in the Extra Benefit section for routine vision care and contacts or glasses to address normal changes with aging.</p>	<p>You pay 20% of the approved amount and Part B deductible applies for benefits that are Medicare Covered Services.</p> <p>\$0 co-pay for extra vision services up to a \$250 benefit per year.</p>
Mental Health Services	<p>Inpatient hospital mental health services:</p> <ul style="list-style-type: none"> • 90 days in the hospital for a mental health condition for each benefit period • 60 lifetime reserve days 	<p>Your cost sharing for each in-patient benefit period includes the following:</p> <ul style="list-style-type: none"> • Deductible: \$1556 per benefit period • Days 1–60: \$0 per day • Days 61–90: \$389 per day • “Lifetime reserve” days: \$778 per day



Benefits		In-Network Costs
	<p>Outpatient hospital mental health services including partial hospitalization services.</p> <p>Other outpatient mental health services provided by a psychiatrist, clinical psychologist, or other Medicare-qualified mental health care professional.</p>	<p>You pay 20% of the approved amount and Part B deductible applies. Prior authorization is required for outpatient hospital mental health services.</p> <p>You pay 20% of the approved amount and Part B deductible applies. Prior authorization is not required for in-office or clinic visits with a mental health professional.</p>
Skilled Nursing Facility	<p>Our Plan covers up to 100 days per benefit period in a skilled nursing facility.</p> <p>We do not require a three-day qualifying stay in a hospital to receive skilled nursing facility services.</p>	<ul style="list-style-type: none"> • Days 1–20: \$0 per day. • Days 21–100: \$194.50 per day. • Days 101 and beyond: All costs.
Physical Therapy	Outpatient physical therapy and other rehabilitation services.	<p>You pay 20% of the approved amount and the Part B deductible applies. Prior authorization is required.</p>
Ambulance	Ambulance services are covered when other means of transportation could endanger your health.	<p>20% co-insurance on all one-way and round trips; Part B deductible applies. Prior Authorization is required for non-emergency transportation by ambulance.</p>



Benefits		In-Network Costs
Transportation	Non-emergency medical transportation is not covered.	You pay the full cost of non-emergency medical transportation.
Medicare Part B Drugs	Part B drugs are medicines that you usually cannot administer to yourself or may require medical monitoring such as infusions, osteoporosis drugs, immunizations, and others.	20% co-insurance for each drug and related supplies. Prior authorization is required for drugs exceeding \$250 per treatment.



Prescription Drugs

If you do not qualify for a Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for the LIS, your costs may be lower.

About our drug coverage:

- We offer a 1 Tier drug coverage plan.

The following information, including the deductibles, is subject to change each year on January 1. The Plan will let you know as soon as possible if these costs will change in 2023.

Phase	Retail Cost (30-day supply)	Mail Order	LTC Pharmacy
Deductible	You pay the full cost of your drugs until you reach \$480.	You pay the full cost of your drugs until you reach \$480.	You pay the full cost of your drugs until you reach \$480.
Initial Coverage	You pay 25% and the Plan pays the rest.	You pay 25% and the Plan pays the rest.	You pay 25% and the Plan pays the rest.
Gap Coverage	You pay 25% and the Plan pays the rest.	You pay 25% and the Plan pays the rest.	You pay 25% and the Plan pays the rest.
Catastrophic (occurs after your drug spend is \$6550 for the year)	5% or \$3.95 for generics \$9.85 for brand name drugs whichever is more	5% or \$3.95 for generics \$9.85 for brand name drugs whichever is more	5% or \$3.95 for generics \$9.85 for brand name drugs whichever is more



Extra Benefits

Benefit	Description	In-Network Costs
Over-the-Counter Comfort Care Items	Members may select from a catalog of items such as shampoo, lotion, lip balm, socks, and many other items. Benefit is \$100 per month (unused amounts do not roll over to the next month).	\$0
Hearing Services	Up to a \$1500 benefit for routine hearing exams, evaluations and fittings for hearing aids, repairs of hearing aids and hearing aids.	\$0
Dental Services	Comprehensive dental services, including dentures, root canal treatment, diagnostics, extractions, restorative care, and deep cleaning. Benefits are up to the following amounts for 2022: <ul style="list-style-type: none">• If you live in Maryland: \$2,350• If you live in Ohio: \$2,200• If you live in Indiana: \$1,750	\$0
Vision Services	Up to a \$250 benefit for 2022 for routine vision screening exams and contacts or frames and lenses for normal vision changes with aging.	\$0



Required Information

The CommuniCare Advantage Institutional Special Needs Plan is an HMO with a Medicare contract. It is insured through OH CHS SNP, Inc. D/B/A CommuniCare Advantage. CMS has to approve our Medicare Plan every year. To be eligible for the Plan, you must have resided in a nursing facility for 90 or more days or expect to reside in a nursing home for 90 or more days. We must verify this information with the nursing facility or your doctor.

Plans may offer supplemental (extra) benefits in addition to Part C and Part D benefits (medical and drug coverage).

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare and You" handbook. You can view it online at 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.

Si desea saber más sobre la cobertura y los costos de Medicare Original, consulte su manual actual "Medicare y Usted". Puede verlo en línea en www.medicare.gov u obtener una copia llamando al 1-800-Medicare (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048.

This information is available for free in Spanish and other formats. Please call our Member Services at (855) 969-5861, TTY 711).

Esta información está disponible de forma gratuita en español y otros formatos. Por favor llame a nuestro número de servicio al cliente que se encuentra en la primera página de este libro.

CommuniCare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

This information is not a complete description of benefits. Please call our Member Services (855) 969-5861, TTY 711) for more information. Limitations, cost-sharing, and restrictions may apply.

Benefits, premium and/or cost-sharing may change on January 1 each year.

Benefits, premium and/or cost-sharing may vary based on the level of Extra Help you receive. Please contact Member Services for more details.

Medicare evaluates plans based on a 5-star rating system. CommuniCare Advantage is a new plan and has not yet been rated.

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

Elixir is our Pharmacy Benefits Manager. You may contact Elixir any time at 833-697-8516 or TTY 711, then the number.



Enrollment Checklist

Before you make an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-855-969-5861 (TTY 711).

Understanding the Benefits

- Review the full list of benefits in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.communicare-advantage.com or call 1-855-969-5861 to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure that the providers you see now are in the network. If they are not listed, it means you will likely have to select a new provider.
- Review the Pharmacy Directory to make sure that the pharmacy you use for prescription medicine is in the network. If they are not listed, call Member Services to make sure your provider is in network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- This is an institutional special needs plan (I-SNP). Your ability to enroll is based on having lived in a nursing home or other institution or the expectation that you will live in a nursing home for 90 or more days.
- In addition to your Plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another party. The Part B premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and cost-sharing may change on January 1 of each year.
- Except in emergency or urgent situations, or if you are new to our plan, we do not cover out-of-network providers. When you are new to our plan, we will cover important care for a limited period of time (no more than 90 days) until your services can be moved to an in-network doctor or provider.



Appendix A: Service Area

Our service area includes the following states and counties. Please see the list of participating facilities in these counties at www.communicare-advantage.com.

Ohio	Indiana	Maryland
Service area limited to the following counties: Butler Clark Columbiana Cuyahoga Geauga Hamilton Lorain Lucas Mahoning Montgomery Scioto Stark Summit Trumbull Williams	Service area limited to the following counties: Clark Elkhart Fayette Floyd Hamilton Hancock Harrison Howard Johnson Lake Marion	Service area limited to the following counties: Anne Arundel Baltimore Baltimore City Carroll Howard Montgomery Prince George's