



CommuniCare  
ADVANTAGE

# 2022 Summary of Benefits

Medicare Advantage HMO  
Chronic Condition Special Needs Plan

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

**Toll-Free (855) 969-5869, 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](http://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](http://www.communicare-advantage.com) or you can call Member Services at 1-855-969-5869 (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 Chronic Condition Special Needs Plan (C-SNP). It is a Medicare Advantage HMO plan with a Medicare contract. CommuniCare Advantage Chronic Condition 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 within our service area, and have at least one of the following chronic conditions: diabetes, chronic heart failure, or cardiovascular disease.

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

CommuniCare Advantage C-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](http://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 \$16 per month 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
Indiana	\$0	\$16	\$16
Maryland	\$0	\$16	\$16
Ohio	\$0	\$16	\$16

You have no deductible for health care services with CommuniCare Advantage and may pay a co-pay or co-insurance for some services.

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 still 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"> <li>• 90 days for each benefit period</li> <li>• 60 lifetime reserve days</li> </ul> <p>What is a benefit period?</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>



Benefits		In-Network Costs
Outpatient Hospital	<p>Ambulatory Surgery Center (ASC)</p> <p>Outpatient surgery at a hospital</p> <p>Observation stays</p>	<p>10% co-insurance for procedures in an ASC. Prior authorization is required for all surgical procedures.</p> <p>20% co-insurance for surgery done in the out-patient hospital setting. Prior authorization is required for all surgical procedures.</p> <p>You pay 20% co-insurance for observation stays. Notification is required on the next business day after an observation stay.</p>
Doctor Visits	<p>Primary Care (PCP)</p> <p>Cardiologist</p> <p>Endocrinologist</p> <p>Podiatrist</p> <p>Other Specialists</p>	<p>\$5 co-pay for visits to a PCP</p> <p>\$10 co-pay for visits to a cardiologist or endocrinologist</p> <p>\$15 co-pay for visits to a podiatrist</p> <p>\$50 co-pay for most other specialists</p>
Preventive Care	<p>We cover the same services as Original Medicare:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening</li> <li>• Cardiovascular disease risk reduction</li> <li>• Cardiovascular disease testing visit</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training</li> </ul>	<p>\$0 co-pay; no co-insurance or deductible</p>



Benefits		In-Network Costs
	<ul style="list-style-type: none"> <li>• HIV screening</li> <li>• Immunizations</li> <li>• Medical nutrition therapy for people with diabetes or renal disease</li> <li>• Medicare Diabetes Prevention Program</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• “Welcome to Medicare” visit</li> </ul>	
Emergency Care	Services needed to evaluate or stabilize an emergency medical condition	\$90 co-pay for each visit to an emergency room
Urgently Needed Services	Services that are non-emergency to treat unforeseen medical illnesses, injuries, or conditions requiring immediate medical care	\$40 co-pay when you visit an urgent care center
Diagnostic Tests, Lab, X-rays, and Other Radiology Services	<p>Routine laboratory tests</p> <p>X-rays</p> <p>Diagnostic radiology tests such as CT, MRI, or PET scans</p> <p>Therapeutic radiology</p>	<p>\$3 co-pay for lab tests in a doctor’s office or a freestanding lab and \$20 for lab tests in the outpatient department of a hospital.</p> <p>20% co-insurance for all other services</p> <p>Prior authorization is required for CT, MRI, PET</p>



Benefits		In-Network Costs
		scans and other nuclear imaging as well as radiation therapy.
Hearing Services	<p>Diagnostic hearing and balance evaluations performed by your PCP to determine if you need medical treatment</p> <p>Our Plan offers extra benefits for routine hearing care, as outlined in the Extra Benefits section.</p>	<p>20% co-insurance</p> <p>\$0 for extra hearing benefits up to an annual benefit level of \$1500</p>
Dental Services	<p>Certain dental services related to a medical condition such as oral cancer may be covered</p> <p>See the Extra Benefits section for information on extra benefits for routine, preventive dental services</p>	<p>\$50 co-pay per visit for services related to a medical condition such as an oral cancer</p> <p>\$0 for extra dental benefits, up to a \$1000 benefit per calendar year</p>
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 more benefits, as outlined in the Extra Benefits section, for routine vision care related to aging</p>	<p>\$50 co-pay for physician services and 20% coinsurance for eyeglasses or other treatment</p> <p>\$0 for extra vision services up to an annual benefit of \$250</p>
Mental Health Services	<p>Inpatient hospital mental health services:</p> <ul style="list-style-type: none"> <li>90 days in the hospital for a mental health condition for each benefit period (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)</li> <li>60 lifetime reserve days</li> </ul>	<p>For each hospital stay:</p> <ul style="list-style-type: none"> <li>Days 1- 5: \$325 per day</li> <li>Days 6 -90: \$0 per day</li> <li>For lifetime reserve days: \$742 per day</li> </ul> <p>Prior authorization is required for all inpatient stays</p>



Benefits		In-Network Costs
	<p>Outpatient hospital mental health services including partial hospitalization services.</p> <p>Other outpatient mental health services provided by a clinical psychologist, clinical social worker, or other Medicare-qualified mental health care professional</p> <p>Psychiatrist visit</p>	<p>\$55 per day co-pay Prior authorization is required for partial hospitalization.</p> <p>\$35 per visit</p> <p>\$40 per visit</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"> <li>• Days 1 to 20: \$0 per day</li> <li>• Days 21 to 100: \$188 per day</li> <li>• Days 101 and beyond: All costs</li> </ul> <p>Prior authorization is required.</p>
Physical Therapy	Outpatient physical, occupational, and speech therapy	\$40 per treatment (visit) Prior authorization is required.
Ambulance	Ambulance services are covered when other means of transportation could endanger your health	20% co-insurance on all one-way and round trips
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 five tiers of drug coverage.
- This Plan is a participant in the Medicare Part D Senior Savings Model.
  - That means that we offer lower cost-sharing for select insulins.
  - On our plan, you will pay \$35 for select insulins for a 30-day supply or the applicable co-pay, whichever is LESS, until the catastrophic phase. The cost-sharing below does not apply to the select insulins.
- In the catastrophic phase, you will pay 5% of the cost of the drug, or \$3.95 co-pay for generic drugs, or \$9.85 co-pay for brand name drugs, whichever is MORE.

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	Tier 1 Preferred Generic (30- day supply)	Tier 2 Generic (30- day supply)	Tier 3 Preferred Brand (30- day supply)	Tier 4 Brand (30- day supply)	Tier 5 Specialty (30- day supply)
Deductible	Does not apply	Does not apply	Does not apply	You pay the full cost until you reach \$480	You pay the full cost until you reach \$480
Initial Coverage	\$6 retail/ \$5 mail order per drug	\$17 retail/ \$15 mail order per drug	\$45 retail/ \$40 mail order per drug \$35 select insulins	\$92 retail/ \$90 mail order per drug	25% of the cost of the drug plus dispensing fee
Gap Coverage	25%	25%	25%	25%	25%
Catastrophic (after your drug spending is 7,050 for the year)	5% or \$3.95 for generic or \$9.85 for brand name drugs, whichever is more	5% or \$3.95 for generic or \$9.85 for brand name drugs, whichever is more	5% or \$3.95 for generic or \$9.85 for brand name drugs, whichever is more	5% or \$3.95 for generic or \$9.85 for brand name drugs, whichever is more	5% or \$3.95 for generic or \$9.85 for brand name drugs, whichever is more





## Extra Benefits

The following benefits are available as applicable with the in-network costs as noted. There is no additional premium for access to these benefits.

Benefit	Description	In-Network Costs
Diabetic Supplies	Routine diabetic supplies such as syringes and test strips	\$0
Low-Cost Insulin	Through the Part D Senior Savings Program, you can receive select insulins ordered by your doctor at greatly reduced co-payment	\$35 for a 30-day supply of insulin
Hearing Services	Up to a \$1500 benefit for routine hearing exams, hearing aids, and hearing aid services, including evaluation and fitting, repair, and batteries	\$0
Dental Services	Up to a \$1,000 benefit for routine, preventive dental services including x-rays, cleanings, and oral exams	\$0
Vision Services	Up to \$250 for routine vision screening exams, contacts, or glasses to address normal changes with aging	\$0
Home Health	Authorized home health services when you need skilled nursing or therapy at home	\$0
Meal Service after Hospitalization	After hospitalization, you can receive three meals per day for seven days (requires prior authorization)	\$0
Cardiac Rehabilitation	Specialized rehab services for people with certain heart conditions and ordered by your doctor	\$50 per session for cardiac rehab; \$100 for intensive cardiac rehab



## Required Information

The CommuniCare Advantage Chronic Condition Special Needs Plan is an HMO plan with a Medicare contract. It is insured through OH CHS SNP, Inc. D/B/A CommuniCare Advantage. Enrollment in the plan depends on CMS approval. As a special needs plan, its members have one or more of the chronic conditions defined: diabetes, chronic heart failure, or cardiovascular disease (in addition to any other condition). Your doctor must confirm that you have one of the three conditions.

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](http://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](http://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 1-855-969-5869 (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 at 1-855-969-5869 (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 833-685-5387 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 1-855-969-5869 (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](http://www.communicare-advantage.com) or call 1-855-969-5869 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 a Chronic Condition Special Needs Plan. Your ability to enroll is based on having one or more of the following chronic conditions (in addition to any other condition): diabetes, chronic heart failure, or cardiovascular disease. A doctor must confirm that you have one of these three conditions.
- In addition to your monthly 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:

- Indiana: Marion County
- Maryland: Baltimore City County
- Ohio: Cuyahoga and Hamilton Counties