

Serving Bay, Calhoun, Clinton, Eaton, Gratiot, Huron, Ingham, Ionia, Jackson, Kalamazoo, Livingston, Montcalm, Saginaw, Sanilac, Shiawasee, Tuscola, and Washtenaw



2023

Summary of Benefits

PHP Medicare (HMO-POS)
PHP Medicare Plus (HMO-POS)



SUMMARY OF BENEFITS

Jan. 1, 2023 – Dec. 31, 2023

This booklet provides a summary of what we cover and what you pay. It doesn't list every limitation, exclusion, or covered service. To get a complete list of services we cover, call us to request a copy of the Evidence of Coverage. It is also available on **PHPMedicare.com**.

- To compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on Medicare.gov.
- To know more about the coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. Find it online at Medicare.gov or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.

Sections in this booklet

- Things to Know About **PHP Medicare (HMO-POS)** Plans
 - Sparrow Advantage and Sparrow Advantage Plus
 - Covenant Advantage and Covenant Advantage Plus
 - PHP Advantage and PHP Advantage Plus
 - University of Michigan Health Advantage and University of Michigan Health Advantage Plus
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- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits

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 844.925.0182 (TTY: 711) to speak with a Customer Service representative.*

Things to Know About PHP Medicare (HMO-POS) Plans

Hours of Operation

- From Oct. 1 through March 31, you can call us seven days a week from 8 a.m. to 8 p.m. E.T.
- From April 1 through Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. E.T.

PHP Medicare Phone Numbers and Website

- If you have questions, call toll-free 844.925.0182 (TTY: 711).
- Our website: PHPMedicare.com

Who can join?

To join a **PHP Medicare** plan, you must be entitled to Medicare Part A, enrolled in Medicare Part B, a United States citizen or are lawfully present in the United States, and live in our service area. Our service area includes the following counties in Michigan: Bay, Calhoun, Clinton, Eaton, Gratiot, Huron, Ingham, Ionia, Jackson, Kalamazoo, Livingston, Montcalm, Saginaw, Sanilac, Shiawasee, Tuscola, and Washtenaw.

What is an HMO-POS?

An HMO-POS is a Medicare Advantage Plan that is a Health Maintenance Organization with a more flexible network allowing you to seek care outside of the traditional HMO network under certain situations or for certain treatment. You may pay some additional fees for using the POS (out-of-network) option.

Which doctors, hospitals, and pharmacies can I use?

PHP Medicare has a network of doctors, hospitals, pharmacies, and other providers. Our plans allow you to see providers outside of the network (non-contracted providers). However, while we pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can call us and we will send you a copy of the Provider Directory or visit PHPMedicare.com.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers — and more.

- **Our plan members get *all* of the benefits covered by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get *more* than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. Call us and we will send you a copy of our Prescription Drug Formulary (list of Part D prescription drugs) or visit PHPMedicare.com.

How will I determine my drug costs?

Our plans group each medication into one of five tiers. You will need to use the Prescription Drug Formulary to locate the tier your drug is in to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: initial coverage, coverage gap, and catastrophic coverage. If you have questions about the different benefit stages, please contact the plan for more information or access the Evidence of Coverage on our website.

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

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Plan Availability	<p>Sparrow Advantage plans: Clinton, Eaton, Gratiot, Ingham, Ionia, Montcalm, Shiawassee</p> <p>Covenant Advantage plans: Bay, Huron, Saginaw, Sanilac, Tuscola</p> <p>PHP Advantage plans: Calhoun, Jackson, Kalamazoo</p>	<p>U-M Health Advantage plans: Livingston Washtenaw</p>	<p>Sparrow Advantage Plus plans: Clinton, Eaton, Gratiot, Ingham, Ionia, Montcalm, Shiawassee</p> <p>Covenant Advantage Plus plans: Bay, Huron, Saginaw, Sanilac, Tuscola</p> <p>PHP Advantage Plus plans: Calhoun, Jackson, Kalamazoo</p>	<p>U-M Health Advantage Plus plans: Livingston Washtenaw</p>
Monthly Plan Premium	\$0 per month. You must continue to pay your Medicare Part B premium.		\$25 per month. You must continue to pay your Medicare Part B premium.	
Deductibles	<p>All Plans This plan does not have a deductible.</p>			
Maximum Out-of-Pocket (MOOP) Responsibility (does not include Part D prescription drugs)	<p>The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for covered hospital and medical services.</p>			
	<p>Your yearly limit(s) in this plan: \$3,600 for covered hospital and medical services you receive from in-network providers.</p>	<p>Your yearly limit(s) in this plan: \$2,900 for covered hospital and medical services you receive from in-network providers.</p>	<p>Your yearly limit(s) in this plan: \$3,600 for covered hospital and medical services you receive from in-network providers.</p>	<p>Your yearly limit(s) in this plan: \$2,900 for covered hospital and medical services you receive from in-network providers.</p>
	<p>All Plans Your yearly limit(s) for all plans: \$6,700 for covered hospital and medical services you receive from out-of-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you will still be covered for hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>			

Covered Medical and Hospital Benefits

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Inpatient Hospital Coverage	<p>All Plans In-network (INN): Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> • \$200 copay per day, per stay: Days 1–7 • \$0 copay per day, per stay: Days 8 and beyond Prior authorization is required for INN. If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital. Out-of-network (OON): For each Medicare-covered inpatient hospital stay: 20% co-insurance Prior authorization is required for OON.</p>			
Outpatient Hospital Coverage	<p>All Plans In-network: \$150 copay Prior authorization may be required for INN. Out-of-network: Medicare-covered outpatient hospital services (based on the Medicare allowable amount): 20% co-insurance Prior authorization may be required from your PCP for OON.</p>			
Ambulatory Surgical Center (ASC)	<p>All Plans In-network: \$100 copay for each Medicare-covered surgery. Prior authorization is required for INN. Out-of-network: 20% co-insurance for each Medicare-covered surgery. Prior authorization may be required from your PCP for OON.</p>			
Doctor Visits (Primary Care Providers and Specialists)	<p>All Plans Primary Care Provider (PCP) visit: In-network: \$0 copay Out-of-network: Not covered Specialist Visit: In-network: \$30 copay Certain Medicare-covered services provided by a physician may require a prior authorization. Out-of network: 20% co-insurance for each Medicare-covered specialist visit. Certain Medicare-covered services provided by a physician require a referral and may require a prior authorization.</p>			
Preventive Care	<p>All Plans You pay nothing when using an in-network provider. When using an out-of-network provider, you pay 20% co-insurance. Our plan covers many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit </p>			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Preventive Care (cont.)	<p><u>All Plans</u></p> <ul style="list-style-type: none"> • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training and diabetic services • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B, influenza, and COVID-19) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • 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 (one-time) <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>			
Emergency Care	<p><u>All Plans</u></p> <p>\$90 copay</p> <p>If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the “Inpatient Hospital Coverage” section of this booklet for other costs.</p> <p>This coverage is available worldwide.</p>			
Urgently Needed Services	<p><u>All Plans</u></p> <p>\$60 copay within the United States</p> <p>\$90 copay outside of the United States</p> <p>This coverage is available worldwide.</p>			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Diagnostic Services/Labs/Imaging (Costs for these services may vary based on place of service)	<p>All Plans</p> <p>In-network: Lab services: \$10 copay Diagnostic procedures and tests: \$10 copay Diagnostic colonoscopies: \$0 copay X-rays: \$35 copay High tech radiology services (MRI, CT, and PET scans): \$100 copay Diagnostic mammograms: \$0 copay All other radiology services: \$20 copay Therapeutic radiology services (such as radiation treatment for cancer): \$25 copay Prior authorization may be required for INN services.</p> <p>Out-of-network: 20% co-insurance for Medicare-covered outpatient diagnostic tests and therapeutic services and supplies. Prior authorization and/or a referral may be required for OON services. There is no copay for abdominal aortic aneurysm screening, diabetes screening, or prostate cancer screening when they are ordered as a preventive service and are performed by an in-network provider.</p>			
Hearing Services	<p>In-network: Exam to diagnose and treat hearing and balance issues: \$25 copay Routine hearing exam: \$25 copay Up to two hearing aids every two calendar years (both ears combined). Our plan provides a \$1,000 allowance toward these hearing aids. One fitting/evaluation for hearing aids every two calendar years: \$0 copay</p> <p>Out-of-network: 20% co-insurance for a Medicare-covered hearing exam. Medicare-covered services require a referral when OON. There is no network restriction on the hearing aid benefit. Care can be obtained from an INN or an OON provider. If an OON provider is used, it is handled via direct member reimbursement. The hearing allowance is combined for INN and OON.</p>	<p>In-network: Exam to diagnose and treat hearing and balance issues: \$25 copay Routine hearing exam: \$25 copay Up to two hearing aids every two calendar years (both ears combined). Our plan provides a \$1,500 allowance toward these hearing aids. One fitting/evaluation for hearing aids every two calendar years: \$0 copay</p> <p>Out-of-network: 20% co-insurance for a Medicare-covered hearing exam. Medicare-covered services require a referral when OON. There is no network restriction on the hearing aid benefit. Care can be obtained from an INN or an OON provider. If an OON provider is used, it is handled via direct member reimbursement. The hearing allowance is combined for INN and OON.</p>		

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Dental Services	<p>In-network: Preventive dental services: \$0 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> • Comprehensive oral exam (2 every calendar year) • Periodic oral evaluation (2 every calendar year) • Limited oral evaluation (as needed for diagnosis of emergency condition) • Horizontal bitewing X-rays (1 every calendar year, up to 4 images) • Routine cleaning (2 every calendar year) • Fluoride treatments (1 every calendar year) <p>Medicare-covered dental services: \$30 copay</p> <p>A visit to an oral surgeon for Medicare-covered services may require a prior authorization when INN.</p>		<p>In-network: Covered diagnostic and enhanced preventive dental services: \$0 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> • Comprehensive periodontal evaluation (1 every calendar year) • Comprehensive oral exam (1 every 36 months) • Periodic oral exam (2 per calendar year) • Limited oral evaluations (as needed for diagnosis of emergency condition) • Intraoral complete series (full mouth X-rays) (1 every 3 calendar years) • Horizontal bitewing X-rays (1 every calendar year, up to 4 images) • Routine cleaning, scaling in presence of generalized moderate or severe gingival inflammation (2 every calendar year) • Fluoride treatments (2 every calendar year) • Periodontal maintenance (following active therapy) (4 every calendar year) <p>Medicare-covered dental services: \$30 copay</p> <p>A visit to an oral surgeon for Medicare-covered services may require a prior authorization when INN.</p> <p>*Comprehensive services include (but are not limited to):</p> <p>Yearly Deductible: \$100 (must be met before benefits for comprehensive dental services are available)</p> <p>Basic Restorative (includes services such as fillings, inlays/onlays, crowns, retrograde filling, and protective restorations):</p> <p>20%-50% co-insurance after deductible</p>	

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Dental Services (cont.)	<p>Out-of-network: Medicare-covered dental services (based on the Medicare allowable amount): 20% co-insurance</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services, and those services may require a prior authorization when OON.</p> <p>Preventive and Comprehensive dental services are not covered OON.</p>		<p>Oral Surgery:</p> <ul style="list-style-type: none"> • Simple and Surgical Extractions: 20% co-insurance after deductible • Other Surgical Procedures: 50% co-insurance after deductible <p>Periodontics (includes services such as periodontal surgery, scaling, root planing, full mouth debridement, clinical crown lengthening, gingivectomy-gingivoplasty, gingival flap procedure, and osseous surgery): 50% co-insurance after deductible</p> <p>Endodontics (includes services such as root canal treatment, retreatment root canal therapy, apicoectomy, and pulpotomy): 50% co-insurance after deductible</p> <p>Prosthetic Maintenance (includes services such as bridges, dentures, crowns, and tissue conditioning): 20% co-insurance after deductible</p> <p>Adjunct General Services (includes services such as general anesthesia - when clinically necessary): 50% co-insurance after deductible.</p> <p>Major Restorative (includes services such as bridges, dentures, and crowns): 50% co-insurance after deductible</p> <p>Maximum Benefit per calendar year for Preventive and Comprehensive services: \$1,750</p> <p>*See Evidence of Coverage for more details and a complete listing</p> <p>Out-of-network: 20% co-insurance for each Medicare-covered dental service (based on the Medicare allowable amount).</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services, and those services may require a prior authorization when OON.</p> <p>Preventive and Comprehensive dental services are not covered OON.</p>	

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Vision Services	<p>In-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0 copay One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery: \$0 copay One pair of Medicare-covered eyeglass lenses after each cataract surgery: \$0 copay Our plan pays up to \$200 for eyeglass frames or contact lenses after each cataract surgery. One routine eye exam every calendar year: \$0 copay Optional Retinal Imaging: \$39 copay One pair of eyeglass lenses every calendar year: \$0 copay One pair of eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of contact lenses (or 2 six packs) every calendar year. Our plan pays up to \$200 every calendar year for eyeglass frames or contact lenses: \$0 copay Upgrades may be available at an additional cost.</p> <p>Out-of-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits (based on the Medicare allowable amount): 20% co-insurance A referral is required for these visits when OON. One pair of Medicare-covered eyeglass lenses after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p>		<p>In-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0 copay One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery: \$0 copay One pair of Medicare-covered eyeglass lenses after each cataract surgery: \$0 copay Our plan pays up to \$400 for eyeglass frames or contact lenses after each cataract surgery. One routine eye exam every calendar year: \$0 copay Optional Retinal Imaging: \$39 copay One pair of eyeglass lenses every calendar year: \$0 copay One pair of eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of contact lenses (or 2 six packs) every calendar year. Our plan pays up to \$400 every calendar year for eyeglass frames or contact lenses: \$0 copay Upgrades may be available at an additional cost.</p> <p>Out-of-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits (based on the Medicare allowable amount): 20% co-insurance A referral is required for these visits when OON. One pair of Medicare-covered eyeglass lenses after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p>	

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Vision Services (cont.)	<p>One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p> <p>Materials – Up to \$120 reimbursement for OON</p> <p>Routine Eye Exam – Up to \$30 reimbursement for OON</p>		<p>One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p> <p>Materials – Up to \$240 reimbursement for OON</p> <p>Routine Eye Exam – Up to \$30 reimbursement for OON</p>	
Mental Health Services	<p>All Plans</p> <p>Inpatient stay:</p> <p>In-network: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$200 copay per day, per stay: Days 1–7 • \$0 copay per day, per stay: Days 8 and beyond <p>Prior authorization is required for INN.</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital.</p> <p>Out-of-network: Each Medicare-covered inpatient mental health stay (based on the Medicare allowable amount): 20% co-insurance</p> <p>Prior authorization is required for OON.</p> <p>Outpatient visit:</p> <p>In-network:</p> <p>Outpatient individual visit: \$30 copay</p> <p>Outpatient group visit: \$25 copay</p> <p>Out-of-network: Medicare-covered outpatient mental healthcare (based on the Medicare allowable amount): 20% co-insurance</p> <p>A referral is required for OON.</p>			
Skilled Nursing Facilities	<p>All Plans</p> <p>In-network:</p> <p>The plan covers up to 100 days per admission.</p> <p>No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 copay per day, per stay: Days 1–20 • \$150 copay per day, per stay: Days 21–100 <p>Admission to a new or different skilled nursing facility within the same benefit period may start a new stay for copay administration purposes.</p> <p>Prior authorization is required for INN.</p> <p>Out-of-network: Medicare-covered skilled nursing facility stay (based on the Medicare allowable amount): 20% co-insurance</p> <p>Prior authorization is required for OON.</p>			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Physical Therapy	<p>All Plans In-network: \$30 copay Out-of-network: Medicare-covered outpatient rehabilitation services (based on the Medicare allowable amount): 20% co-insurance A referral is required for OON.</p>			
Ambulance	<p>All Plans \$200 copay This copay applies to each one-way trip. Prior authorization may be required for non-emergent transportation by ambulance.</p>			
Transportation	<p>In-network: \$0 copay Limited to 20 one-way trips to plan-approved locations every year. Out-of-network: Not covered</p>		<p>In-network: \$0 copay Limited to 30 one-way trips to plan-approved locations every year. Out-of-network: Not covered</p>	
Medicare Part B Drugs	<p>All Plans In-network: For Part B drugs such as chemotherapy drugs: 20% co-insurance Starting April 1, 2023, if a Part B prescription drug's price has increased at a rate faster than the rate of inflation, we'll reduce your co-insurance for that drug by a certain amount as directed by the Centers for Medicare & Medicaid Services (CMS). CMS will tell PHP Medicare what your co-insurance should be for that drug. Your co-insurance will never exceed 20% but could be lower based on information we receive from CMS. Out-of-network: Part B-covered chemotherapy drugs: 20% co-insurance In-network: Other Part B drugs, including insulin administered via a durable medical equipment insulin pump: 20% co-insurance For Part B insulin (insulin administered through a durable medical equipment pump), you won't pay more than \$35 for a one-month supply beginning July 1, 2023. Out-of-network: Part B prescription drugs (based on the Medicare allowable amount): 20% co-insurance In-network and Out-of-network: Some Part B medications may be subject to prior authorization. Amounts you pay for Part B drugs count toward your MOOP; they do not count toward your Part D initial coverage limit or true out-of-pocket cost of \$7,400.</p>			

Part D Prescription Drug Benefits

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Deductible	All Plans This plan does not have a deductible.			
Initial Coverage	All Plans You pay the amounts listed in the following tables until your total yearly drug costs reach \$4,660. For insulins, you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.			
Insulin Coverage	All Plans You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing tier, the coverage phase, your Extra Help status or whether the insulin product is considered a Select Insulin under the plan's Prescription Drug Formulary.*			
Preferred Retail Cost-Sharing	30-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand)	\$40 copay			
Select Insulins	\$35 copay			
Tier 4 (Non-Preferred Brand)	\$90 copay			
Tier 5 (Specialty Drug)	33% co-insurance			
Preferred Retail Cost-Sharing	60-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand)	\$80 copay			
Select Insulins	\$70 copay			
Tier 4 (Non-Preferred Brand)	\$180 copay			
Tier 5 (Specialty Drug)	Not Offered			

*Select Insulins are those that are part of the Insulin Savings Program and incur low, consistent copays through the coverage gap. Insulins administered via a durable medical equipment insulin pump are not included in the program. For information regarding which insulins are Select Insulins under the plan's benefit, refer to the plan's Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information. The program doesn't apply during the catastrophic coverage stage or if you receive Extra Help.

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Preferred Retail Cost-Sharing	90-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand)	\$120 copay			
Select Insulins	\$105 copay			
Tier 4 (Non-Preferred Brand)	\$270 copay			
Tier 5 (Specialty Drug)	Not Offered			
Standard Retail Cost-Sharing	30-Day Supply			
Tier 1 (Preferred Generic)	\$5 copay			
Tier 2 (Generic)	\$10 copay			
Tier 3 (Preferred Brand)	\$45 copay			
Select Insulins	\$35 copay			
Tier 4 (Non-Preferred Brand)	\$95 copay			
Tier 5 (Specialty Drug)	33% co-insurance			
Standard Retail Cost-Sharing	60-Day Supply			
Tier 1 (Preferred Generic)	\$10 copay			
Tier 2 (Generic)	\$20 copay			
Tier 3 (Preferred Brand)	\$90 copay			
Select Insulins	\$70 copay			
Tier 4 (Non-Preferred Brand)	\$190 copay			
Tier 5 (Specialty Drug)	Not Offered			
Standard Retail Cost-Sharing	90-Day Supply			
Tier 1 (Preferred Generic)	\$15 copay			
Tier 2 (Generic)	\$30 copay			
Tier 3 (Preferred Brand)	\$135 copay			
Select Insulins	\$105 copay			
Tier 4 (Non-Preferred Brand)	\$285 copay			
Tier 5 (Specialty Drug)	Not Offered			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Out-of-Network Cost-Sharing	30-Day Supply			
Tier 1 (Preferred Generic)	\$5 copay			
Tier 2 (Generic)	\$10 copay			
Tier 3 (Preferred Brand)	\$45 copay			
Select Insulins	\$35 copay			
Tier 4 (Non-Preferred Brand)	\$95 copay			
Tier 5 (Specialty Drug)	33% co-insurance			
Initial Coverage	<p>All Plans</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out-of-network.</p>			
Standard Mail Order Cost-Sharing	30-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand)	\$45 copay			
Select Insulins	\$35 copay			
Tier 4 (Non-Preferred Brand)	\$95 copay			
Tier 5 (Specialty Drug)	33% co-insurance			
Standard Mail Order Cost-Sharing	60-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand)	\$90 copay			
Select Insulins	\$70 copay			
Tier 4 (Non-Preferred Brand)	\$190 copay			
Tier 5 (Specialty Drug)	Not Offered			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Standard Mail Order Cost-Sharing	90-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand) Select Insulins	\$112.50 copay \$105 copay			
Tier 4 (Non-Preferred Brand)	\$237.50 copay			
Tier 5 (Specialty Drug)	Not Offered			
Coverage Gap	<p>All Plans</p> <p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your out-of-pocket costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Important — You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if the insulin product is not considered a Select Insulin under the plan’s Prescription Drug Formulary or you’re not eligible for the Insulin Savings Program.</p> <p>If you’re eligible for the Insulin Savings Program, your cost-share for Select Insulins won’t increase during the coverage gap.*</p> <p>*See Insulin Savings Program on page 14.</p>			
Catastrophic Coverage	<p>All Plans</p> <p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% co-insurance or • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs. <p>When you add up your out-of-pocket costs, you are not allowed to include drugs you get at an out-of-network pharmacy that do not meet the plan’s requirements for out-of-network coverage.</p> <p>Important — You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers.</p>			
Part D Immunizations	Our plan covers most Part D vaccines at no cost to you.			

Cost-sharing may change depending on the pharmacy you choose.

Other Covered Benefits

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Acupuncture	<p>All Plans Medicare-covered services (chronic low back pain): In-network: \$30 copay for Medicare-covered acupuncture treatment. Out-of-network: 20% co-insurance for Medicare-covered acupuncture treatment (based on the Medicare allowable amount).</p>			
Chiropractic Care	<p>All Plans In-network: Manual manipulation of the spine to correct subluxation: \$20 copay Out-of-network: Medicare-covered chiropractic services (based on the Medicare allowable amount): 20% co-insurance A referral is required for OON.</p>			
Diabetes Supplies and Services	<p>All Plans Diabetes self-management training: In-network: \$0 copay Out-of-network: 20% co-insurance Diabetes monitoring supplies (including blood glucose monitors, lancets, CGMs, and test strips*): In-network: 0% co-insurance Out-of-network: 20% co-insurance When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott/LifeScan products. Therapeutic shoes or inserts: In-network: 20% co-insurance Out-of-network: 20% co-insurance (based on the Medicare allowable amount) For INN and OON: Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). *See Evidence of Coverage for a complete listing.</p>			
Durable Medical Equipment (wheelchairs, oxygen, etc.)	<p>All Plans In-network: 20% co-insurance Out-of-network: 20% co-insurance For INN and OON: Prior authorization may be required.</p>			
Foot Care (podiatry services)	<p>All Plans In-network: \$30 copay Out-of-network: 20% co-insurance for each Medicare-covered podiatry service (based on the Medicare allowable amount). A referral is required for OON.</p>			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Home Healthcare	<p>All Plans In-network: \$0 copay Out-of-network: 20% co-insurance (based on the Medicare allowable amount). A referral is required for OON.</p>			
Hospice	<p>All Plans You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.</p>			
Meal Benefit	<p>All Plans In-network: 28 meals (two meals/day for 14 days) delivered directly to the home after each discharge from an inpatient acute hospital stay or skilled nursing facility stay. Annual limit of two discharges for a total of 56 meals/calendar year. Out-of-network: Not covered</p>			
Outpatient Substance Abuse	<p>All Plans In-network: Individual visit: \$30 copay Group visit: \$25 copay Out-of-network: 20% co-insurance for Medicare-covered outpatient substance abuse services (based on the Medicare allowable amount.) For INN and OON: Prior authorization may be required.</p>			
Over-the-Counter Coverage (OTC)	<p>In-network: \$64 credit per quarter to use on approved health products that can be ordered online, by phone, or by mail. Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter. Out-of-network: Not covered</p>		<p>In-network: \$89 credit per quarter to use on approved health products that can be ordered online, by phone, or by mail. Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter. Out-of-network: Not covered</p>	

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Prosthetic Devices	<p>All Plans INN and OON: Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.</p>			
Rehabilitation Services	<p>All Plans Cardiac rehabilitation services: In-network: \$20 copay per day Out-of-network: 20% co-insurance for Medicare-covered services A referral is required for OON. Occupational and physical therapy, and speech-language pathology services: In-network: \$30 copay Out-of-network: 20% co-insurance for Medicare-covered outpatient rehabilitation services (based on the Medicare allowable amount.) A referral is required for OON. For INN and OON: A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p>			
Telehealth	<p>All Plans In-network: Mental Health/Psychiatric/Substance Abuse: \$30 copay PCP: \$0 copay Prior authorization may be required. Out-of-network: Not covered</p>			
Wellness Programs	<p>All Plans In-network: Health club membership/fitness classes through SilverSneakers®: \$0 copay Out-of-network: Not covered</p>			

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 844.529.3757 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 844.529.3757 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费^的翻译服务, 帮助您解答关于健康或^的药物保险的任何疑问。如果您需要此翻译服务, 请致电 844.529.3757 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 844.529.3757 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 844.529.3757 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 844.529.3757 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 844.529.3757 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 844.529.3757 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 844.529.3757 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 844.529.3757 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدماتنا لمترجم لفروري لمجانبة للإجابة عن أي سئلة تتعلق بالصحة و جدولاً لأدوية ديننا لحصول على مترجم فروري، ليس عليك سوى الاتصال بنا على (711) 844.529.3757. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 844.529.3757 (TTY:711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 844.529.3757 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 844.529.3757 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 844.529.3757 (TTY :711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 844.529.3757 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、844.529.3757 (TTY:711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Pre-Enrollment Checklist

Before making 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 844.925.0182 (TTY: 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **PHPMedicare.com** or call 844.925.0182 (TTY: 711) to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory in the Provider Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/co-insurance may change on Jan. 1, 2024.
- Our plans allow you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

PHPMedicare.com

Toll-free: **844.925.0182** (TTY: 711), 8 a.m. to 8 p.m., seven days a week*

PO Box 7119, Troy, MI. 48007

*You may reach a messaging service on weekends from April 1 through Sept. 30 and holidays. Please leave a message, and your call will be returned the next business day.

PHP Medicare is an HMO-POS plan with a Medicare contract. Enrollment in PHP Medicare depends on contract renewal. All PHP Medicare plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the PHP Medicare area.

You must continue to pay your Medicare Part B premium. Please note that enrollment is limited to specific times of the year.

Out-of-network/non-contracted providers are under no obligation to treat PHP Medicare members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. PHP Medicare plans allow members to see out-of-network providers (non-contracted providers). While PHP Medicare will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat the member. Except in emergency or urgent care situations, non-contracted providers may deny care. Members may have a higher copay or co-insurance for services received by non-contracted providers, with the exception of emergencies. If a member receives care from a provider who is not eligible to participate in Medicare, the member may be responsible for the full cost of services received.

PHP Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844.529.3757 (TTY: 711).

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 844.529.3757 (هاتف الصم والبكم: 711).