

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



2024 Michigan Care Advantage Summary of Benefits



PHP Medicare – Michigan Care Advantage (HMO-POS)

SUMMARY OF BENEFITS

Michigan Care Advantage

Jan. 1, 2024 – Dec. 31, 2024

This document provides a summary of benefits for Michigan Care Advantage (HMO-POS), a PHP Medicare Employer Group Plan. It lists what is covered and what you pay, but it doesn't list every limitation, exclusion, or covered service. To get a complete list of services we cover, call us, and ask for the Evidence of Coverage (EOC).

To join Michigan Care Advantage, you must be enrolled in Medicare Parts A and B and live in the PHP Medicare 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, Shiawassee, Tuscola, and Washtenaw.

Contact Us

If you have questions, call one of our PHP Medicare experts at **844.529.3757 (TTY: 711)**. 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.

You can also email us at **CustomerService@PHPMedicare.com**.

Please call our Customer Service number or see your Evidence of Coverage for more information.

Overview of Benefits

Health Care Services	Coverage (Member Pays)
Deductible	\$0
Maximum Out-of-Pocket (OOP) Costs	\$3,000
Annual Physical Exam	\$0 copay
Primary Care Provider (PCP) Visits	\$25 copay
Specialist Visits	\$30 copay
Telemedicine Visits	\$25 copay for PCP and Mental Health/Psychiatric \$30 copay for Specialist
Emergency Care Visits	\$65 copay (copay is waived if admitted to the hospital for the same condition within 24 hours)
Ambulance Services (Ground and Air)	Covered (Authorization required for non-emergent services)
Urgent Care Visits	\$25 copay
Preventive Services	Covered
Inpatient Hospital Services – Acute and Psychiatric	\$0 (Authorization required)
Outpatient Hospital Services	Covered
Radiology Services (X-rays, MRI, CAT, PET)	\$0 copay
Laboratory & Pathology Tests	Covered
Radiation Therapy	Covered
Physical/Speech/Occupational Therapy	\$25 copay
Outpatient Mental Health & Substance Abuse	\$25 copay
Chiropractic Care	\$25 copay
Durable Medical Equipment	Covered
Prosthetics & Orthotics	Covered
Skilled Nursing Facility (SNF)	Covered up to 120 days per benefit period
Home Healthcare	Covered
Hospice Care	Covered. Room and board limited to 45 days.
Podiatry Services	\$30 copay

Prior authorization may apply for some benefits. Contact the Plan for more information.

Overview of Benefits

Health Care Services	Coverage (Member Pays)
Opioid Treatment Program Services	\$25 copay
Dialysis Services	\$0 copay
Diabetic Supplies	\$0 copay
Gender Affirming Care	Covered
Worldwide Urgent and Emergency Care Visits	\$65 copay
Weight Reduction Surgery	50% coinsurance with up to \$1,000 copay limited to one per lifetime
Allergy Testing & Therapy	Covered
Allergy Injections	Covered
Extra Benefits Included	
Fitness Membership at a participating SilverSneakers® Facility	Covered
Transportation	Limited to 20 one-way non-emergency transportation trips
Hearing Exam – Routine Exam (TruHearing)	Covered
Hearing Aids (TruHearing)	Covered up to allowed amount; monaural or binaural hearing aid every 36 months
Meal Plan	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.

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 panggagamot. 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 خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 844.529.3757 (TTY:711). 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.

Portuguese: 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。

Member.PHPMedicare.com

Toll-free: 844.529.3757, TTY users call: 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 offers employer/union-sponsored HMO-POS plans with a Medicare contract. Enrollment in PHP Medicare depends on contract renewal. To enroll, you must have both Medicare Parts A and B and reside in the Michigan county of Bay, Calhoun, Clinton, Eaton, Gratiot, Huron, Ingham, Ionia, Jackson, Kalamazoo, Livingston, Montcalm, Saginaw, Sanilac, Shiawassee, Tuscola, or Washtenaw.

You must continue to pay your Medicare Part B premium. Please note that enrollment is limited to specific times of the year. This information is not a complete description of benefits. Call 844.529.3757 (TTY: 711)* for more information.

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 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).*