

Midwest Advantage  
H5685, Plan 001

## **Section I - Introduction to Summary of Benefits**

Thank you for your interest in Midwest Advantage, Inc. Our plan is offered by MIDWEST HEALTH PLAN, INC., a Medicare Advantage Health Maintenance Organization (HMO) Specialty Plan. This plan is designed for people who meet specific enrollment criteria. You must be enrolled in both Medicare and Michigan Medicaid to enroll. Call Midwest Advantage to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover, every limitation, or every exclusion. To get a complete list of our benefits, please call Midwest Advantage and ask for the "Evidence of Coverage."

### **YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Midwest Advantage. You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Midwest Advantage at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

### **HOW CAN I COMPARE MY OPTIONS?**

You can compare Midwest Advantage and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

### **WHERE IS MIDWEST ADVANTAGE AVAILABLE?**

The service area for this plan includes: Oakland, Wayne Counties, MI. You must live in one of these places to join the plan.

### **CAN I CHOOSE MY DOCTORS?**

Midwest Advantage has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list. Our number is listed at the end of this introduction.

#### WHAT HAPPENS IF I GOT TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you chose to go to a doctor outside of our network, you must pay for these services yourself. Neither Midwest Advantage nor the Original Medicare Plan will pay for these services.

#### WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Midwest Advantage has formed a network of pharmacies. You can use any pharmacy in our network. The pharmacies in our network change at any time. You can ask for a current Pharmacy Network List. Our number is listed at the end of this introduction.

#### WHAT HAPPENS IF I GO TO A PHARMACY THAT'S NOT IN YOUR NETWORK?

If you go to a pharmacy that's not in our network, you might have to pay more for your prescriptions. You also might have to follow special rules before getting your prescription in order for the prescription to be covered under our plan. For more information, call the telephone number at the end of this introduction.

#### DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Midwest Advantage does cover both Medicare Part B prescription drugs and Part D prescription drugs.

#### DOES MY PLAN HAVE A PRESCRIPTION DRUG FORMULARY?

Midwest Advantage uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing, before the change is made. Contact Midwest Advantage for details.

#### WHAT IS MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a benefit that your plan may offer. You may be identified to participate in a program designed for your specific health and pharmacy needs. It is recommended that you take full advantage of this covered benefit if you are selected. Contact Midwest Advantage for more details.

#### WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

The following outpatient prescription drugs may be covered under Medicare Part B. This may include, but is not limited to, the following types of drugs. Contact Midwest Advantage for more details.

- Some Antigens: if they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call Midwest Advantage for more information about this plan.

Visit us at [www.midwestadvantage.org](http://www.midwestadvantage.org), or call us:

Customer Service hours:

Monday, Tuesday, Wednesday, Thursday, Friday, from 8:30 am to 5:00 pm.

Current and Prospective members should call 1-888-654-0706.  
(TTY/TDD 1-800-649-3777)

Current and Prospective members should call 1-888-654-0706 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-649-3777).

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

Midwest Advantage  
H5685 Plan 001  
Current and Prospective Members: 1-888-654-0706  
TTY: 1-800-649-3777  
Monday - Friday, 8:30 a.m. - 5:00 p.m.

If you have any questions about this plan's benefits or costs, please contact Midwest Advantage for details.

**SECTION II - SUMMARY OF BENEFITS**

Benefit	Original Medicare	Midwest Advantage Plan
<b>IMPORTANT INFORMATION</b>		
If you have both Medicare and Medicaid, you may not have Medicare Part A or Part B co-pays while you are a member of the Special Needs Plan, although you may have Medicare Part D co-pays for prescription drug coverage. Please contact the plan for details.		
<b>1 - Premium and Other Important Information</b>	You pay the Medicare Part B premium of \$88.50 each month.	You pay no additional premium for your plan benefits and \$0 each month for your Medicare Part D prescription benefits.  You also continue to pay the Medicare part B premium of \$0 each month.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>2 - Doctor and Hospital Choice</b> (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	You must go to network doctors, specialists and hospitals.  You need a referral to go to network hospitals and certain doctors, including specialists for certain services.
<b>INPATIENT CARE</b>		
<b>3 - Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)	You pay for each benefit period(3): Days 1-60: an initial deductible of \$952 Days 61-90: \$238 each day Days 91-150: \$476 each lifetime reserve day (4)  Please call 1-800-MEDICARE (1-800-633-4227) for more information about lifetime reserve days. (4)	You pay: - \$0 for days 1-60 - \$0 each day for days 61-90 for a Medicare-covered stay at a network hospital. You are covered for 90 days each benefit period. Except in an emergency, your provider must obtain authorization from Midwest Advantage.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense nor a limit to your benefit period.
<b>4- Inpatient Mental Health Care</b>	You pay the same deductible and co-payments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.	You pay: - \$0 for days 1-60 - \$0 each day for days 61-90 for a Medicare-covered stay at a network hospital.  Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.  Except in an emergency, your provider must obtain authorization from Midwest Advantage.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense and there is no lifetime limit.
<b>5 - Skilled Nursing Facility</b> (in a Medicare-certified skilled nursing facility)	You pay for each benefit period (3), following at least a 3-day covered hospital stay:  Days 1-20: \$0 for each day Days 21-100: \$119.00 for each day  There is a limit of 100 days for each benefit period. (3)	You pay: - \$0 each day for days 1-20 - \$0 each day for days 21-100 for a Medicare-covered stay at a Skilled Nursing Facility.  3-day prior hospital stay is required. You are covered for 100 days each benefit period.  Authorization rules may apply for services. Contact plan for details.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense nor a limit to your benefit period.

<b>6 - Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no co-payment for all covered home health visits.	There is no co-payment for Medicare-covered home health visits.  Authorization rules may apply for services. Contact plan for details.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>7 - Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.
<b>OUTPATIENT CARE</b>		
<b>8 - Doctor Office Visits</b>	You pay 20% of Medicare approved amounts. (1)(2)	You pay \$0 of the cost for each primary care doctor office visit for Medicare-covered services.  You pay \$0 of the cost for each specialist visit for Medicare-covered services.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>9 - Chiropractic Services</b>	You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.  You pay 100% for routine care. You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$0 of the cost for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>10 - Podiatry Services</b>	You pay 20% of the Medicare-approved amounts. (1)(2)  You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs. You pay 100% for routine care.	You pay \$0 of the cost for each Medicare-covered visit (medically necessary foot care).  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>11 - Outpatient Mental Health Care</b>	You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. (1)(2)	For Medicare-covered Mental Health services, you pay \$0 of the cost for each individual/ group therapy visit.  Authorization rules may apply for services. Contact plan for details. If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense for Medicaid covered mental health services.
<b>12 - Outpatient Substance Abuse Care</b>	You pay 20% of Medicare-approved amounts. (1)(2)	For Medicare-covered services, you pay \$0 of the cost for each individual/group visit.  Except in emergency, your provider must obtain authorization from Midwest Advantage.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>13 - Outpatient Services/Surgery</b>	You pay 20% of Medicare-approved amounts for the doctor. (1)(2)  You pay 20% of outpatient facility charges. (1)(2)	You pay \$0 of the cost for each Medicare-covered visit to an ambulatory surgical center.  You pay \$0 of the cost for each Medicare-covered visit to an outpatient hospital facility.  Authorization rules may apply for services. Contact plan for details.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>14 - Ambulance Services</b> (medically necessary ambulance services)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)	You pay \$0 of the cost for Medicare-covered ambulance services.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.

<b>15 - Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay 20% of the facility charge or applicable co-payment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2)  You pay 20% of doctor charges. (1)(2)  NOT covered outside the U.S. except under limited circumstances.	You pay \$0 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 3 days for the same condition.  NOT covered outside the U.S. except under limited circumstances.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>16 - Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	You pay 20% of Medicare-approved amounts or applicable co-payment. (1)(2)  NOT covered outside the US except under limited circumstances.	You pay \$0 of the cost for each Medicare-covered urgently needed care visit.  NOT covered outside the U.S. except under limited circumstances.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>17 - Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$0 of the cost for each Medicare-covered Occupational Therapy visit.  You pay \$0 of the cost for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.  Authorization rules may apply for services. Contact plan for details.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18 - Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$0 of the cost for each Medicare-covered item.  Authorization rules may apply for services. Contact plan for details.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>19 - Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$0 of the cost for each Medicare-covered item.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>20 - Diabetes Self-Monitoring Training and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no copayment for Diabetes self-monitoring training.  You pay \$0 of the cost for each Medicare-covered Diabetes Supply item.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>21 - Diagnostic Tests, X-rays, and Lab Services</b>	You pay 20% of Medicare-approved amounts, except for approved lab services. (1)(2)  There is no co-payment for Medicare-approved lab services.	You pay: - \$0 of the cost for each Medicare-covered clinical/diagnostic lab service. - \$0 of the cost for each Medicare-covered radiation therapy service. - \$0 of the cost for each Medicare-covered X-ray visit. If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense
<b>PREVENTIVE SERVICES</b>		
<b>22 - Bone Mass Measurement</b> (for people with Medicare who are at risk)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$0 for each Medicare-covered Bone Mass Measurement.  If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>23 - Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no copayment for Medicare-covered Colorectal Screening exams.

<p><b>24 - Immunizations</b> (Flu vaccine, Hepatitis B vaccine <i>-for people with Medicare who are at risk</i>, Pneumonia vaccine)</p>	<p>There is no co-payment for the Pneumonia and Flu vaccines.</p> <p>You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1)(2)</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>	<p>There is no co-payment for the Pneumonia and Flu vaccines.</p> <p>No referral necessary for Medicare-covered influenza and pneumonia vaccines.</p> <p>There is no copayment for the Hepatitis B vaccine.</p>
<p><b>25 - Mammograms</b> (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>You pay 20% of Medicare-approved amounts. (2)</p> <p>No referral necessary for Medicare-covered screenings.</p>	<p>There is no copayment for Medicare-covered Screening Mammograms.</p> <p>No referral necessary for Medicare-covered screenings.</p>
<p><b>26 - Pap Smears and Pelvic Exams</b> (for women with Medicare)</p>	<p>There is no co-payment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. (2)</p> <p>You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)</p>	<p>There is no copayment for Medicare-covered Pap Smears and Pelvic Exams.</p>
<p><b>27 - Prostate Cancer Screening Exams</b>(for men with Medicare age 50 and older)</p>	<p>There is no co-payment for approved lab services and a co-payment of 20% of Medicare-approved amounts for other related services. (1)(2)</p>	<p>There is no copayment for Medicare-covered Prostate Cancer Screening Exams.</p>
<p><b>28 - Outpatient Prescription Drugs</b></p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.</p>	<p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to <a href="http://www.midwestadvantage.org">www.midwestadvantage.org</a> on the web.</p> <p>People who have low incomes, who live in a long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.</p> <p>You have \$1 to \$2 copayment for generic drugs, depending upon your income.</p> <p>You have \$3 to \$5 copayment for brand name drugs, depending upon your income.</p> <p>To learn more about what your costs will be, please contact Midwest Advantage for more information.</p> <p>After your yearly out-of-pocket drug costs reach \$3,600, you will pay nothing for your drugs. To learn more about what your cost will be, please contact Midwest Advantage for more information.</p>
<p><b>28 - Outpatient Prescription Drugs (cont'd)</b></p>		<p>You may receive drugs from an In-network preferred pharmacy for a one-month (30 day) supply.</p> <p>Certain prescription drugs will have maximum quantity limits. Contact Midwest Advantage for details.</p> <p>Your provider must get prior authorization from Midwest Advantage for certain prescription drugs. Contact Midwest Advantage for details. Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including beneficiary's illness while traveling outside of the plan's service area and where there is no network pharmacy.</p> <p>You may receive drugs from an Out-of-network pharmacy for a one-month (30 day) supply.</p>

ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)		
<b>29 - Dental Services</b>	In general, you pay 100% for dental services.	You pay: - 50% of the cost for an Office Visit that includes the following services: - oral exams up to 1 visit every year - cleanings up to 1 visit every six months - dental x-rays up to 1 visit every year If you have active Michigan Medicaid coverage and you go to an in network provider, you will have no out of pocket expense.
<b>30 - Hearing Services</b>	You pay 100% for routine hearing exams and hearing aids.  You pay 20% of Medicare-approved amounts for diagnostic hearing exams. (1)(2)	In general you pay 100% for routine hearing exams and hearing aids. You pay: \$0 of the cost for each Medicare-covered hearing exam (diagnostic hearing exams). If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>31 - Vision Services</b>	You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2) For people with Medicare who are at risk, you are covered for annual glaucoma screenings. (1)(2)  You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1)(2)  You pay 100% for routine eye exams and glasses.	You pay 100% for each Medicare-covered eye exams and glasses. There is no copayment for the following items: - Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery). You pay: \$0 of the cost for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>32 - Physical Exams</b>	If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.  This will not include laboratory tests. Please contact your plan for further details.  You pay 20% of the Medicare-approved amount. (1)(2)	If your coverage to Medicare Part B begins on or after January 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details. You pay \$0 for routine physical exams. If you have active Michigan Medicaid coverage, you will have no out-of-pocket expense.
<b>Health/Wellness Education</b>	You pay 100%.	You are covered for the following: - Health Ed classes - Newsletter - Smoking Cessation - Congestive Heart Program - Disease Management
(1) Each year, you pay a total of one \$124 deductible.		
(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.		
(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital		
(4) Lifetime reserve days can be used only once.		