

SUMMARY OF BENEFITS

2020



MICHIGAN COMPLETE HEALTH (MEDICARE-MEDICAID PLAN)



Michigan Complete Health (Medicare-Medicaid Plan): **Summary of Benefits 2020**

Introduction

This document is a brief summary of the benefits and services covered by Michigan Complete Health (Medicare-Medicaid Plan). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Michigan Complete Health. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.michigancompletehealth.com.

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A. Disclaimers



This is a summary of health services covered by Michigan Complete Health for 2020. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ Michigan Complete Health (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ Under Michigan Complete Health you can get your Medicare and Michigan Medicaid services in one health plan. A Care Coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Michigan Complete Health members, except in emergency situations. Please call our Member Services number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- ❖ ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.



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- ❖ If you want to get documents in a different language and/or format for future mailings, please call Member Services. This is called a “standing request.” We will document your choice. If you later want to change the language and/or format choice, please call Member Services. Find the Member Services phone number at the bottom of this page.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Care Coordinator?	Michigan Complete Health's Care Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long term supports and services?	Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.



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Will you get the same Medicare and Michigan Medicaid benefits in Michigan Complete Health that you get now?	<p>You will get your covered Medicare and Michigan Medicaid benefits directly from Michigan Complete Health. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. If you are currently getting services for mental health, substance use, or intellectual/developmental disability needs, you will continue to get these services the same way you do now.</p> <p>When you enroll in Michigan Complete Health, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep seeing your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IICSP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that Michigan Complete Health does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Michigan Complete Health to cover your drug, if medically necessary.</p>



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<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Michigan Complete Health and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Michigan Complete Health’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Michigan Complete Health's plan. If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered. <p>To find out if your doctors are in the plan’s network, call Member Services or read Michigan Complete Health’s <i>Provider and Pharmacy Directory</i>.</p> <p>If Michigan Complete Health is new for you, you can continue seeing the doctors you go to now while your IICSP is being developed.</p>
<p>What happens if you need a service but no one in Michigan Complete Health’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Michigan Complete Health will pay for the cost of an out-of-network provider.</p>
<p>Where is Michigan Complete Health available?</p>	<p>The service area for this plan includes: Macomb and Wayne Counties, Michigan. You must live in one of these areas to join the plan.</p>



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Do you pay a monthly amount (also called a premium) under Michigan Complete Health?	<p>You will not pay any monthly premiums to Michigan Complete Health for your health coverage. (You will be required to keep paying any monthly Freedom to Work program premium you have. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00.html.)</p>
What is prior authorization?	<p>Prior authorization means that you must get approval from Michigan Complete Health before you can get a specific service or drug or see an out-of-network provider. Michigan Complete Health may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>See Chapter 3, page 35 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Michigan Complete Health may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists.</p> <p>See Chapter 3, page 35 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Whom should you contact if you have questions or need help? (This is continued on the next page.)</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Michigan Complete Health Member Services:</p> <p>CALL 1-844-239-7387</p> <p>Calls to this number are free. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p>



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<p>Whom should you contact if you have questions or need help? (Continued from the previous page. This is continued on the next page.)</p>	<p>If you have questions about your health, please call the 24 Hour Nurse Advice line:</p> <p>CALL 1-844-239-7387</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p>



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<p>Whom should you contact if you have questions or need help? (Continued from the previous page. This is continued on the next page.)</p>	<p>If you have questions about behavioral health services and resources, please call the PIHP General Information Line. If you need immediate behavioral health services, please call the Behavioral Health Crisis Line for the local Prepaid Inpatient Health Plan (PIHP).</p> <p>CALL PIHP General Information Line</p> <p>In Macomb County, call 1-855-996-2264.</p> <p>Calls to this number are free. Hours are 8 a.m. to 8 p.m., Monday through Friday.</p> <p>In Wayne County, call 1-800-241-4949.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>TTY In Macomb County, call 711.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 8 a.m. to 8 p.m., Monday through Friday.</p> <p>In Wayne County, call 711.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p>



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<p>Whom should you contact if you have questions or need help? (Continued from the previous page.)</p>	<p>CALL Behavioral Health Crisis Line</p> <p>In Macomb County, call 1-855-927-4747.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>In Wayne County, call 1-800-241-4949.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>TTY In Macomb County, call 711.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>In Wayne County, call 711.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p>



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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	No referral or prior authorization is needed to visit your primary care physician.
	Wellness visits, such as a physical	\$0	Prior authorization may be required.
	Transportation to a doctor's office	\$0	For health-related locations only. Contact your Care Coordinator for details. Prior authorization may be required.
	Specialist care	\$0	Referral and prior authorization may be required.
	Care to keep you from getting sick, such as flu shots	\$0	Prior authorization may be required.
	"Welcome to Medicare" preventive visit (one time only)	\$0	Prior authorization may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	Referral and prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Referral and prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be required.
You need drugs to treat your illness or condition (This service is continued on the next page.)	Generic drugs	\$0 copay for up to a 90-day supply.	<p>There may be limitations on the types of drugs covered. Please see Michigan Complete Health's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of drugs is available through mail order and certain retail pharmacies. Please refer to our Drug List to view those drugs available for an extended-day supply.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (Continued from the previous page. This service is continued on the next page.)</p>	<p>Brand name drugs</p>	<p>\$0 copay for up to a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Michigan Complete Health's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of drugs is available through mail order and certain retail pharmacies. Please refer to our Drug List to view those drugs available for an extended-day supply.</p>
	<p>Over-the-counter drugs</p>	<p>\$0 copay for up to a 90-day supply</p>	<p>There may be limitations on the types of drugs covered. Please see Michigan Complete Health's <i>List of Covered Drugs</i> (Drug List) for more information.</p>



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<p>You need drugs to treat your illness or condition (continued)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Some Part B drugs may be subject to step therapy. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>Prior authorization may be required.</p>
<p>You need therapy after a stroke or accident</p>	<p>Occupational, physical, or speech therapy</p>	<p>\$0</p>	<p>Referral and prior authorization may be required.</p>
<p>You need emergency care (This service is continued on the next page.)</p>	<p>Emergency room services</p>	<p>\$0</p>	<p>Emergency room services do not require a referral or prior authorization and can be provided at an in-network or out-of-network facility.</p> <p>Emergency room services are not covered outside the U.S. and its territories except under limited circumstances.</p>



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You need emergency care (continued)	Ambulance services	\$0	Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider. Prior authorization may be required for ambulance services in non-emergency situations.
	Urgent care	\$0	Urgent care services do not require a referral or prior authorization. Urgent needed care may be furnished by in network providers or by out-of-network providers if network providers are temporarily unavailable or inaccessible.
You need hospital care	Hospital stay	\$0	Referral and prior authorization may be required, except in an emergency.
	Doctor or surgeon care	\$0	During an authorized hospital stay, doctor and surgeon care are covered.



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You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment for home care	\$0	Prior authorization may be required. Additional Durable Medical Equipment is provided in accordance with published Michigan Medicaid policy. Requirements for referral, physician order and assessment apply along with limitations on replacement and repair.
	Skilled nursing care	\$0	Referral and prior authorization may be required.



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<p>You need medicine or other items that do not require a prescription</p>	<p>Over-the-counter items</p>	<p>\$0</p>	<p>As an extra benefit, our plan covers up to \$20 every calendar month for eligible over-the-counter (OTC) items available via mail. This OTC benefit is limited to one order (via mail) per calendar month. Any unused amount does not carry over to the next month.</p> <p>You can order up to 5 of the same item per month unless otherwise noted in the catalog. There is no limit on the number of total items in your order.</p> <p>This benefit can only be used to order OTC products for the member.</p> <p>Some items may require that your PCP verbally recommend the item for a diagnosable condition.</p> <p>Please contact the plan for more information.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care (This service is continued on the next page.)</p>	<p>Eye exams</p>	<p>\$0</p>	<p>A routine eye exam is covered every two years. No referral or prior authorization is needed for a routine eye exam.</p> <p>A referral and prior authorization may be required to receive care from a specialist for injuries or diseases of the eye. Certain tests and procedures may also require referrals and prior authorization.</p>



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<p>You need eye care (continued)</p>	<p>Glasses</p>	<p>\$0</p>	<p>The plan will pay for an initial pair of eye glasses. Replacement glasses are offered once every year.</p> <p>The plan will pay for contact lenses for people with certain conditions. Prior authorization may be required.</p> <p>The plan will pay for one pair of glasses or contact lenses after each cataract surgery when the doctor inserts an intraocular lens.</p> <p>(If you have two separate cataract surgeries, you must get one pair of glasses after each surgery. You cannot get two pairs of glasses after the second surgery, even if you did not get a pair of glasses after the first surgery.) The plan will also pay for corrective lenses, frames, and replacements if you need them after a cataract removal without a lens implant.</p>



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<p>You need dental care</p>	<p>Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures</p>	<p>\$0</p>	<p>Root canals and crowns are not covered.</p> <p>The plan covers an oral exam and a cleaning (prophylaxis) once every 6 months.</p> <p>The plan covers routine dental X-rays (bitewing radiographs) once every 12 months.</p> <p>Silver diamine fluoride treatment is covered with a maximum of six applications per lifetime.</p> <p>No referral or prior authorization is required for preventive dental services.</p> <p>Prior authorization may be required for comprehensive dental services.</p>



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You need hearing/auditory services	Hearing screenings	\$0	Routine hearing exams are not covered. Screenings to help diagnose injuries or diseases are covered. A diagnostic hearing screening may require a referral and prior authorization.
	Hearing aid evaluation and fitting	\$0	For adults aged 21 and older, the plan pays for evaluation and fitting for a hearing aid twice per year. Referral and authorization may be required.
	Hearing aids	\$0	For adults aged 21 and older, the plan pays for a hearing aid once every five years. Referral and authorization may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Referral and prior authorization may be required for kidney disease education services. Prior authorization may be required for diabetes self-management training. The plan also offers additional disease management services for certain chronic conditions. Contact Member Services for more information. A referral and prior authorization may be required.
	Diabetes supplies and services	\$0	Prior authorization may be required.
You have a mental health condition	Behavioral health services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP) Prior authorization may be required.
You have concerns related to substance use	Substance use services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP) Prior authorization may be required.
	Opioid treatment services	\$0	Prior authorization may be required.



If you have questions, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.michigancompletehealth.com.

Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME)	Wheelchairs	\$0	Referral and prior authorization may be required.
	Nebulizers	\$0	Referral and prior authorization may be required.
	Crutches	\$0	Referral and prior authorization may be required.
	Walkers	\$0	Referral and prior authorization may be required.
	Oxygen equipment and supplies	\$0	Referral and prior authorization may be required.
You need help living at home (This service is continued on the next page.)	Meals brought to your home	\$0	<p>The plan covers up to 2 home delivered meals per day for up to 14 days following discharge from an inpatient hospital or skilled nursing facility provided the meals are medically necessary and ordered by a physician or non-physician practitioner. Prior authorization may be required.</p> <p>Home delivered meals are also available to individuals on the MI Health Link 1915(c) waiver.</p> <p>State eligibility requirements apply. Limited to 2 meals per day. Prior authorization may be required for waiver meal services.</p>



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Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (Continued from the previous page. This service is continued on the next page.)</p>	<p>Chore services, such as heavy household chores and mowing and raking</p>	<p>\$0</p>	<p>Services are only available to individuals on the MI Health Link 1915(c) waiver.</p> <p>Prior authorization may be required.</p>
	<p>Preventive nursing services</p>	<p>\$0</p>	<p>Services are only available to individuals on the MI Health Link 1915(c) waiver. State eligibility requirements apply.</p> <p>Limited to no more than 2 hours per visit. Enrollees receiving Private Duty Nursing services are not eligible to receive Preventive Nursing Services. This service must not duplicate Home Health Services.</p> <p>Prior authorization may be required.</p>
	<p>Private duty nursing services to provide skilled nursing services in your home</p>	<p>\$0</p>	<p>Services are only available to individuals on the MI Health Link 1915(c) waiver. State eligibility requirements apply.</p> <p>Limited to 16 hours per day.</p> <p>Referral and prior authorization may be required.</p>



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Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (Continued from the previous page. This service is continued on the next page.)</p>	<p>Fiscal intermediary services to help you control your budget and choose the staff to work with you</p>	<p>\$0</p>	<p>Services are only available to individuals on the MI Health Link 1915(c) waiver. State eligibility requirements apply.</p> <p>Fiscal intermediary services are available to enrollees on a waiver participating in arrangements that support self-determination and enrollees not on a waiver who are receiving state plan personal care services. Prior authorization may be required.</p>
	<p>Environmental modifications to your home, such as adding ramps and widening doorways</p>	<p>\$0</p>	<p>Services are only available to individuals on the MI Health Link 1915(c) waiver. State eligibility requirements apply.</p> <p>Prior authorization may be required.</p>
	<p>Expanded community living supports to help you complete activities of daily living and instrumental activities of daily living</p>	<p>\$0</p>	<p>Services are only available to individuals on the MI Health Link 1915(c) waiver. State eligibility requirements apply.</p> <p>Prior authorization may be required.</p>



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Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (Continued from the previous page. This service is continued on the next page.)</p>	<p>Personal care services (You may be able to choose your own personal care assistant. Call Member Services for more information.)</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>
	<p>Personal Emergency Response System (PERS)</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>
	<p>Assistive technology</p>	<p>\$0</p>	<p>Services are only available to individuals on the MI Health Link 1915(c) waiver. State eligibility requirements apply.</p> <p>Assistive Technology Devices: limited to \$5,000 per year.</p> <p>Assistive Technology Van Lifts and Tie Downs: limited to \$15,000 (either per lifetime or duration of the plan or duration of membership in the plan).</p> <p>Prior authorization may be required.</p>
	<p>Home health care services</p>	<p>\$0</p>	<p>Referral and prior authorization may be required.</p>



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Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Adult day services or other support services	\$0	<p>Services are only available to individuals on the MI Health Link 1915(c) waiver. State eligibility requirements apply.</p> <p>Prior authorization may be required.</p>
You need a place to live with people available to help you	Nursing home care	A Patient Pay Amount (PPA) may be required.	<p>Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards.</p> <p>Referral and prior authorization may be required.</p>
Your caregiver needs some time off	Respite care	\$0	<p>Prior authorization may be required.</p> <p>Limited to 336 hours per every 365 day period.</p> <p>Additional respite care services are available to individuals on the MI Health Link 1915(c) waiver. State eligibility requirements apply. Prior authorization may be required for additional respite care services.</p>



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Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

D. Other services that Michigan Complete Health covers

This is not a complete list. Call Member Services or read the *Member Handbook* to find out about other covered services.

Other services covered by Michigan Complete Health	Your costs for in-network providers
Adaptive medical equipment and supplies	\$0
Community transition services	\$0
Incontinence supplies	\$0
Service upgrade for SafeLink cell phone members	\$0
Stipend for maintenance costs of a service animal	\$0. The plan will pay up to \$20 per month for maintenance costs.

E. Services covered outside of Michigan Complete Health

This is not a complete list. Call Member Services to find out about other services not covered by Michigan Complete Health but available through Medicare or Michigan Medicaid.

Other services covered by Medicare or Michigan Medicaid	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services	\$0
Some hospice care services	\$0



If you have questions, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.michigancompletehealth.com.

Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

F. Services that Michigan Complete Health, Medicare, and Michigan Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.


Services not covered by Michigan Complete Health, Medicare, or Michigan Medicaid	
Acupuncture	Non-emergency services provided to veterans in Veterans Affairs (VA) facilities
Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines	Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it	Personal items in your room at a hospital or a nursing facility, such as a telephone or a television
Elective abortions and related services	Private room in a hospital or nursing facility, except when it is medically needed
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically needed	Reversal of sterilization procedures and non-prescription contraceptive supplies
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community	Routine foot care, except for the limited coverage provided according to Medicare guidelines



If you have questions, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.michigancompletehealth.com.

Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

Services not covered by Michigan Complete Health, Medicare, or Michigan Medicaid	
Full-time nursing care in your home	Private duty nurses except for those that qualify for this waiver service
Naturopath services (the use of natural or alternative treatments)	Surgical treatment for morbid obesity, except when it is medically needed and Medicare pays for it
Services considered not “reasonable and necessary,” according to the standards of Medicare and Michigan Medicaid, unless these services are listed by our plan as covered services	Vision procedures such as radial keratotomy, LASIK surgery, and vision therapy
Services received from providers who are not eligible to participate in Medicare and/or Michigan Medicaid	Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
Services received outside the United States or its territories	

 **If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.michigancompletehealth.com.

Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

G. Your rights as a member of the plan

As a member of Michigan Complete Health, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, audio)
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. Michigan Complete Health will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.



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Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

- Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - See an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the Michigan Complete Health *Member Handbook*. If you have questions, you can also call Michigan Complete Health Member Services.



If you have questions, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.michigancompletehealth.com.

Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

H. How to file a complaint or appeal a denied service

If you have a complaint or think Michigan Complete Health should cover something we denied, call Michigan Complete Health at the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Michigan Complete Health *Member Handbook*. You can also call Michigan Complete Health Member Services.

You can call us at: 1-844-239-7387 (TTY: 711). Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

You can fax us at: 1-844-273-2671.

You can write to us at:

Michigan Complete Health

Attn: Appeals and Grievances – Medicare Operations

7700 Forsyth Blvd

St. Louis, MO 63105



If you have questions, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.michigancompletehealth.com.

Michigan Complete Health (Medicare-Medicaid Plan): **Summary of Benefits 2020**

I. What do you do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Michigan Complete Health Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at <https://secure.ag.state.mi.us/complaints/medicaid.aspx>.



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Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

Notice of Non-Discrimination. Michigan Complete Health (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Michigan Complete Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Michigan Complete Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Michigan Complete Health's Member Services at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Michigan Complete Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Michigan Complete Health's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



If you have questions, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.michigancompletehealth.com.

Michigan Complete Health (Medicare-Medicaid Plan): Summary of Benefits 2020

Language Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-844-239-7387 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-239-7387 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-239-7387 (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請電1-844-239-7387 (TTY: 711)。

இந்தியில்: உங்களுக்கு உதவிக்காக, கட்டில்லா மொழி உதவிகள் கிடைக்கின்றன. 1-844-239-7387 (TTY: 711) க்கு அழைக்கவும்.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-239-7387 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-844-239-7387 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-239-7387 (TTY: 711) 번으로 전화해 주십시오.

লক্ষ্য করুনঃ যদি আপনাবাংলা, কথা বলতে পারেন, তাহলে নীচেরচায় ভাষা সহায়তা পরষিবো উপলব্ধ আছে। ফোন করুন ১-৮৪৪-২৩৯-৭৩৮৭ (TTY: ৭১১)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-239-7387 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-239-7387 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-239-7387 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-239-7387 (TTY: 711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-239-7387 (TTY: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-239-7387 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-239-7387 (TTY: 711).



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800 Tower Drive
Suite 200
Troy, MI 48098

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TTY: 711

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