

# 2020 Summary of Benefits



## RELIANCE MEDICARE ADVANTAGE

### Reliance Medicare Advantage

H9861, Plan 001 Principle Plan

H9861, Plan 002 Cardinal Plan

January 1, 2020 - December 31, 2020.

**Reliance Medicare Advantage** is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join **Reliance Medicare Advantage (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Michigan: Genesee, Macomb, Monroe, Oakland, St. Clair, Wayne

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at **1-855-959-5855** (TTY users should call 711), or visit us at [www.reliancemedicareadvantage.org](http://www.reliancemedicareadvantage.org)

Premiums and Benefits	Reliance Medicare Advantage HMO
<b>Monthly Plan Premium</b>	Principle Plan you pay \$0 Cardinal Plan you pay \$40  You must continue to pay your Medicare Part B premium
<b>Deductible</b>	No deductible
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	Principle Plan you pay no more than \$5,900 annually Cardinal Plan you pay no more than \$4,500 annually  Includes copays and other costs for medical services for the year.
<b>Inpatient Hospital</b>	Principle Plan you pay \$230 per day for days 1 through 7 Cardinal Plan you pay \$215 per day for days 1 through 7  You pay nothing per day for days 8 and beyond
<b>Outpatient Hospital</b>	You pay \$200
<b>Doctor Visits</b> <ul style="list-style-type: none"><li>○ Primary</li><li>○ Specialists</li></ul>	Primary Care you pay \$0 Specialist Care: Principle Plan you pay \$45 Cardinal Plan you pay \$40 No referrals needed in-network
<b>Preventive Care</b> <i>(e.g., flu vaccine, diabetic screenings)</i>	You pay nothing  Other preventive services are available. There are some covered services that have a cost.
<b>Emergency Care</b>	You pay \$90 per visit  If you are admitted to the hospital within 24 hours, then you do not have to pay for ER visit.
<b>Urgently Needed Services</b>	Principle Plan you pay \$45 per visit Cardinal Plan you pay \$35 per visit
Premiums and Benefits	Reliance Medicare Advantage HMO
<b>Diagnostic Services/Labs/Imaging</b> <ul style="list-style-type: none"><li>○ Diagnostic tests and procedures</li><li>○ Lab services</li><li>○ MRI, CAT Scan</li><li>○ X-Rays</li></ul>	Lab: No copay at PCP office \$20 copay for Medicare-covered laboratory tests  Diagnostic Tests No copay at PCP office \$20 copay for Medicare-covered laboratory tests  Imaging: No copay at PCP office You pay \$0 at Preferred Vendors listed in Provider Directory

	<p>You pay \$100 at other locations Prior authorization is required for some services</p>
<p><b>Hearing services</b></p> <p>Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.</p> <p><i>We also cover the following supplemental non-Medicare-covered benefits:</i></p> <ul style="list-style-type: none"> <li>• Routine Hearing Exam: 1 every year</li> <li>• Hearing Aids: up to 2 hearing aids every year</li> <li>• Hearing Aid Fitting and Evaluation: 1 every year</li> </ul> <p>Hearing aid purchases include:</p> <ul style="list-style-type: none"> <li>• 3 follow-up visits within first year of initial fitting date</li> <li>• 60-day trial period from date of fitting</li> <li>• 48 batteries per year per aid (3-year supply)</li> <li>• 3-year manufacturer repair warranty</li> <li>• 1-time replacement coverage for lost, stolen or damaged hearing aid (deductible may apply per aid)</li> </ul> <p>You must obtain your hearing aids from a NationsHearing provider. Please contact NationsHearing by phone at (877) 391-7685 (TTY:711) or on the web at <a href="http://nationshearing.com/reliance">nationshearing.com/reliance</a> to schedule an appointment.</p>	<p>Routine hearing exam and evaluation for fitting hearing aids- \$0 copay</p> <p>Principle Plan: \$0 copay for all services up to \$500 benefit limit for hearing aids</p> <p>Cardinal Plan: \$0 copay for all services up to \$1,000 benefit limit for hearing aids</p>
<p><b>Dental Services</b></p> <p>We cover:</p> <p><b>Principle Plan:</b></p> <ul style="list-style-type: none"> <li>• Dental Office Visits</li> <li>• Periodic Oral Evaluation – Twice a year</li> <li>• Comprehensive Oral Exam - 1 per 3 years</li> <li>• X-rays - Complete Series - 1 per 3 years</li> <li>• Bitewing X-rays (single, two, three or four films) – up to 1 set per year</li> <li>• X-rays - Periapical - 1 per year</li> <li>• Prophylaxis (cleaning) Adult - 2 per year/1 per 6 months</li> <li>• Topical Application of Fluoride (w/ cleaning) - 2 per year/1 per 6 months</li> </ul>	<p>You pay \$0</p>

<p><b>Cardinal Plan:</b> All services in Principle and also</p> <ul style="list-style-type: none"> <li>• Restorative: Amalgam or Resin Filling (1, 2, or 3 surfaces) – 2 per year</li> <li>• Restorative: Crowns – 1 per year</li> </ul>	
<p>Vision Services \$100 eyewear or contact lenses allowance – 1 per year (Eyewear benefits cannot be combined with in-office sales or discounts.)</p> <p>In lieu of glasses, contact lenses up to the retail \$100 allowance. Contact lens fitting fee is not a covered benefit. Contact lens fitting fee varies by provider and member is responsible.</p>	<p>\$15 copay for Comprehensive Eye Exam and routine eye wear</p> <p>Eye wear and contacts lens maximum \$100 dollar per year</p>
<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>○ Outpatient group therapy/ individual therapy visit</li> </ul>	<p>You pay \$30</p>
<p><b>Skilled Nursing Facility</b></p>	<p>You pay nothing for days 1 through 20 You pay \$170 per day for days 21 through 100</p>
<p><b>Preventive Services</b></p>	<p>You pay \$0</p>
<p><b>Physical Therapy</b></p>	<p>You pay \$30</p>
<p><b>Ambulance</b></p>	<p>Principle Plan you pay \$205 Cardinal Plan you pay \$200</p>
<p><b>Transportation</b></p>	<p>One roundtrip ride to PCP office after hospitalization Prior Authorization is required.</p>
<p><b>Medicare Part B Drugs</b></p>	<p>20% of the cost for chemotherapy drugs 20% of the cost for other Part B drugs</p>
<p><b>Silver and Fit® Program Benefits</b></p>	<p>Fitness program membership at any participating location across the country \$0 copay</p>

## Outpatient Prescription Drugs

<b>Deductible</b>	Principle Plan you have a \$125 deductible for Tier 3-5 drugs only Cardinal Plan no deductible		
	Preferred Retail Rx (CVS Pharmacies) 30-day supply	Non-Preferred Retail Rx 30-day supply	Mail Order 90-day supply OptumRx
<b>Initial Coverage</b>			
<b>Tier 1: Preferred Generic</b>	You pay \$2	You pay \$6	You pay \$0
<b>Tier 2: Non-Preferred Generic</b>	You pay \$10	You pay \$15	You pay \$30
<b>Tier 3: Preferred Brand</b>	You pay \$47	You pay \$47	You pay \$141
<b>Tier 4: Non-Preferred Brand</b>	You pay \$100	You pay \$100	You pay \$300
<b>Tier 5: Specialty Tier</b>	You pay 30%	You pay 30%	NA
Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.			