




**Meridian Complete
(Medicare-Medicaid Plan)
2017 Summary of Benefits**

Meridian Complete: Summary of Benefits

 This is a summary of health services covered by Meridian Complete (Medicare-Medicaid Plan) for 2017. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ Meridian Complete 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.
- ❖ Under Meridian Complete 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.
- ❖ Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have Meridian Complete pay for your services. For more information, call Meridian Complete Member Services or read the Meridian Complete Member Handbook.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.



If you have questions, please call Meridian Complete at 1-855-323-4578 (TTY users should call 711), Monday – Sunday, 8 a.m. to 8 p.m. The call is free. For more information, visit www.mhplan.com.

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- ❖ You can get this information for free in other languages. Call **1-855-323-4578** (TTY users should call **711**), **Monday – Sunday, 8 a.m. to 8 p.m.** The call is free.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-855-323-4578** (TTY: **711**).

Meridian Health Plan of Michigan (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.

- ❖ Usted puede obtener gratuitamente este documento en español o hablar con alguien sobre esta información en otros idiomas. Llame al **1-855-323-4578** (los usuarios de TTY deben llamar al **711**), **lunes a domingo, de 8 a.m. a 8 p.m.** La llamada es gratuita.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-323-4578** (TTY: **711**).

Meridian Health Plan of Michigan (Medicare-Medicaid Plan) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

- ❖ يمكنك الحصول على هذه المعلومات بلغات أخرى عبر الاتصال بالرقم التالي **1-855-323-4578** (على الذين يعانون من صعوبة في السمع الاتصال على الرقم 711) من الاثنين إلى الأحد، من الثامنة صباحًا ولغاية الثامنة مساءً. إن هذا الاتصال مجاني.

لحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-855-323-4578** (رقم هاتف الصم والبكم: **711**). يلتزم Meridian Complete (Medicare-Medicaid Plan) بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.

- ❖ You can also get this information for free in other formats, such as large print, braille, or audio. Call **1-855-323-4578** (TTY users should call **711**), **Monday – Sunday, 8 a.m. to 8 p.m.** The call is free.
- ❖ To make a standing request to get the following materials, now and in the future, in a language other than English or in an alternate format please call Meridian Complete at **1-855-323-4578** (TTY users should call **711**), **Monday – Sunday, 8 a.m. to 8 p.m.** The call is free.



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The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	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?	Meridian Complete'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.
Will you get the same Medicare and Michigan Medicaid benefits in Meridian Complete that you get now?	<p>You will get your covered Medicare and Michigan Medicaid benefits directly from Meridian Complete. 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 Meridian Complete, 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 IISCP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that Meridian Complete does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Meridian Complete to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
<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 Meridian Complete and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in Meridian Complete’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Meridian Complete’s plan.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read Meridian Complete’s Provider and Pharmacy Directory.</p> <p>If Meridian Complete 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 Meridian Complete’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, Meridian Complete will pay for the cost of an out-of-network provider.</p>
<p>Where is Meridian Complete available?</p>	<p>The service area for this plan includes: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren Counties, Michigan. You must live in one of these areas to join the plan.</p>
<p>Do you pay a monthly amount (also called a premium) under Meridian Complete?</p>	<p>You will not pay any monthly premiums to Meridian Complete for your health coverage.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from Meridian Complete before you can get a specific service or drug or see an out-of-network provider. Meridian Complete 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>



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Frequently Asked Questions (FAQ)	Answers
What is a referral?	A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, Meridian Complete may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.
Whom should you contact if you have questions or need help? (continued)	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Meridian Complete Member Services:</p> <p>CALL 1-855-323-4578 Calls to this number are free. Monday – Sunday, 8 a.m. to 8 p.m. Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711 Calls to this number are free. Monday – Sunday, 8 a.m. to 8 p.m.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Whom should you contact if you have questions or need help? (continued)</p>	<p>If you have questions about your health, please call the 24 Hour Nurse Advice line:</p> <p>CALL 1-855-323-4578 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</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 800-676-5814 Calls to this number are free. Monday – Friday, 8 a.m. to 8 p.m.</p> <p>TTY 711 Calls to this number are free. Monday – Friday, 8 a.m. to 8 p.m.</p>
<p>Whom should you contact if you have questions or need help?</p>	<p>CALL Behavioral Health Crisis Line 800-675-7148 Calls to this number are free. 24 hours a day, 7 days a week</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week</p>



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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 <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	Referral rules may apply.
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Prior authorization is required for non-medical transportation.
	Specialist care	\$0	Prior authorization and referral rules may apply.
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization may apply.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization rules may apply.
	Screening tests, such as tests to check for cancer	\$0	No prior authorization or referral necessary for Medicare-approved preventive screenings.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	Generic drugs (no brand name)	\$0 copay for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please see Meridian Complete's List of Covered Drugs (Drug List) for more information.</p> <p>Extended day supplies (90 day) are available through mail order and at some retail pharmacy locations. There is no copay for extended day supplies of covered drugs.</p>
	Brand name drugs	\$0 copay for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please see Meridian Complete's List of Covered Drugs (Drug List) for more information.</p> <p>Extended day supplies (90 day) are available through mail order and at some retail pharmacy locations. There is no copay for extended day supplies of covered drugs.</p>
	Over-the-counter drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see Meridian Complete's List of Covered Drugs (Drug List) for more information.</p>
	Medicare Part B prescription drugs	\$0	<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. Read the Member Handbook for more information on these drugs.</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)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization and referral rules may apply.
You need emergency care	Emergency room services	\$0	Meridian Complete covers out-of-network emergency care. You may get covered emergency care whenever you need it, anywhere in the United States or its territories. Emergency room care is for a medical issue that is a threat to your life, or that could cause serious harm if not treated right way. No Prior authorization or referral necessary for emergency room services.
	Ambulance services	\$0	Prior authorization is required for non-emergency ambulance services.
	Urgent care	\$0	Meridian Complete covers out-of-network urgent care in the United States. Urgent care is for medical issues that require prompt medical attention but are not life threatening. No prior authorization or referral necessary for urgent care.
You need hospital care	Hospital stay	\$0	Prior authorization rules may apply.
	Doctor or surgeon care	\$0	Prior authorization and referral rules may apply.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization and referral rules may apply.
	Medical equipment for home care	\$0	Prior authorization rules may apply.



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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)
	Skilled nursing care	\$0	Prior authorization rules may apply.
You need eye care	Eye exams	\$0	Routine eye exam (for up to 1 every year). Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).
	Glasses or contact lenses	\$0	Eyeglasses (frames and lenses) (for up to 1 every year). Contact lenses (for up to 1 every year). Eyeglasses or contact lenses after cataract surgery.
You need dental care	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures	\$0	Root canals and crowns are not covered.) Cleaning (for up to 1 every six months): You pay nothing Dental x-ray(s) (for up to 1 every year): You pay nothing Oral exam (for up to 1 every six months): You pay nothing Comprehensive dental covered with limitations. Prior authorization rules may apply.
You need hearing/auditory services	Hearing screenings	\$0	Exam to diagnose and treat hearing and balance issues.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization may apply.
	Diabetes supplies and services	\$0	Prior authorization rules may apply.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Behavioral health services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP)
You have concerns related to substance use	Substance use services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP)
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization rules may apply.
	Canes	\$0	Prior authorization rules may apply.
	Crutches	\$0	Prior authorization rules may apply.
	Walkers	\$0	Prior authorization rules may apply.
	Oxygen	\$0	Prior authorization rules may apply.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Meals brought to your home	\$0	Home Delivered Meals (for up to 2 meals every day). Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply
	Home services, such as cleaning or housekeeping	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply
	Changes to your home, such as ramps and wheelchair access	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply
	Personal care services (You may be able to choose your own personal care assistant. Call Member Services for more information.)	\$0	Prior authorization rules may apply.
	Home health care services	\$0	Prior authorization rules may apply.
	Adult day services or other support services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Nursing home care	A patient pay amount may be required for non-skilled days of service.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards. Authorization and eligibility rules apply
Your caregiver needs some time off	Respite care	\$0	<p>Respite- General services (for up to 14 visits every year).</p> <p>Respite – Waiver Service: unlimited</p> <p>Services are only available to individuals on the MI Health Link 1915(c) waiver.</p> <p>Authorization and eligibility rules apply</p>



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Other services that Meridian Complete 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 Meridian Complete	Your costs for <u>in-network</u> providers
Community Transition Services	\$0
Preventive Nursing Services	\$0
Non-Medical Transportation	\$0
Fiscal Intermediary Services	\$0

Benefits covered outside of Meridian Complete

This is not a complete list. Call Member Services to find out about other services not covered by Meridian Complete 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



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Services that Meridian Complete, Medicare, and Michigan Medicaid do not cover

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Services <u>not</u> covered by Meridian Complete, Medicare, or Michigan Medicaid	
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 cover reconstruction of a breast after a mastectomy and for treating the other breast to match 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.
A 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.
Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.	Surgical treatment for morbid obesity, except when it is medically needed and Medicare pays for it.
Radial keratotomy, LASIK surgery, and vision therapy	Acupuncture



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Your rights as a member of the plan

As a member of Meridian Complete, 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 restraint or seclusion
 - Not be billed by network providers
 - Choose a Primary Care Provider (PCP) and change your PCP at any time
 - 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. Meridian Complete will pay for the cost of your second opinion visit.
- **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:
 - Get medical care timely
 - 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
 - Have interpreters to help with communication with your doctors and your health plan.



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- **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 Meridian Complete Member Handbook. If you have questions, you can also call Meridian Complete Member Services.



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If you have a complaint or think we should cover something we denied

If you have a complaint or think Meridian Complete should cover something we denied, call Meridian Complete at **1-855-323-4578**. You may be able to appeal our decision.

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

Complaints, grievances and appeals can be submitted in writing to the address below:

Meridian Complete
P.O. Box 44260
Detroit, Michigan 48244
Fax Number: 313-202-3970

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 Meridian Complete 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 <http://www.michigan.gov/ag/0,1607,7-164-17331-46928--,00.html>.



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