



## **Summary of Benefits for CCM Direct Value and CCM Direct Choice**

H5989 Comprehensive Care Management Corporation

January 1, 2010 - December 31, 2010

### **Welcome to CCM Direct Value and CCM Direct Choice**

Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester Counties, State of New York

Call a CCM Direct representative today to help you understand your Medicare benefits and the choices available to you.

Toll free 1-877-226-8500 (TTY users, 1-800-650-2774).

Monday, Tuesday, Wednesday, Thursday and Friday, 8:00 am to 8:00 pm Eastern Standard Time.

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## Section I – Introduction to Summary of Benefits

Thank you for your interest in CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO). Our Plans are offered by COMPREHENSIVE CARE MANAGEMENT CORP., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our Plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) 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 CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO). 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 CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

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

You can compare CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) with 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 ARE CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) AVAILABLE?**

The service area for this Plan includes: Bronx, Kings, New York, Queens, Westchester, Nassau, Richmond, Suffolk Counties, NY. You must live in one of these areas to join the Plan.

### ▶ **WHO IS ELIGIBLE TO JOIN CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO)?**

You can join CCM Direct Value Plan (HMO) or CCM Direct Choice Plan (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in CCM Direct Value Plan (HMO) or CCM Direct Choice Plan (HMO) unless they are members of our organization and have been since their dialysis began.

### ▶ **CAN I CHOOSE MY DOCTORS?**

CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) have 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 or for an up-to-date list, visit us at [www.ccmny.org](http://www.ccmny.org). Our customer service number is listed at the end of this introduction.

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

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither CCM Direct (HMO) nor the Original Medicare Plan will pay for these services.

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

CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) have formed a network of pharmacies. You must use a network pharmacy to receive Plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.ccmny.org](http://www.ccmny.org). Our customer service number is listed at the end of this introduction.

### ▶ **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) use a formulary. A formulary is a list of drugs covered by your Plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the effected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at [www.ccmny.org](http://www.ccmny.org).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## ◆ HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- \* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week
- \* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- \* Your State Medicaid Office.

## ◆ WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of CCM Direct Value Plan (HMO) or CCM Direct Choice Plan (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Island Peer Review Organization (IPRO) at 1-800-331-7767.

As a member of CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

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

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) for more details.

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

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact CCM Direct Value Plan (HMO) and CCM Direct Choice Plan (HMO) 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 Alfa 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.

## ▶ PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-877-266-8500 to obtain a copy of the plan ratings for this Plan. TTY users call 1-800-650-2774.

Please call Comprehensive Care Management Corp. for more information our Plans.  
CCM Direct Complete Plan and CCM Direct Advantage Plan  
Visit us at [www.ccmny.org](http://www.ccmny.org) or call us:

### **Member Services**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday 8:00 am to 8:00 EST.

Current and prospective members should call 1-877-226-8500, (TTY/TDD 1-800-650-2774) for questions related to the Medicare Advantage program.

Current and Prospective members should call locally (718) -515-8600 for questions related to the Medicare Advantage program. (TTY/TDD (800)-650-2774 )

Current members and prospective should call 1-877-226-8500, (TTY/TDD 1-800-650-2774) for questions related to the Medicare Part D Prescription Drug program.

Current and Prospective members should call locally (718) -515-8600 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-650-2774 )

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.

If you have any questions about this Plan’s benefits or costs, please contact Comprehensive Care Management Corp. for details.

SUMMARY OF BENEFITS			
BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
1- Premium and Other Important Information	<p>Most Medicare beneficiaries will continue to pay the same \$96.40 Part B premium amount in 2010 and the yearly deductible amount is \$155.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b> \$0 monthly Plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b> \$3,400 out-of-pocket limit.</p> <p>All Plan services included.</p>	<p><b>General</b> \$33.30 monthly Plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b> \$3,400 out-of-pocket limit.</p> <p>All Plan services included.</p>

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>2 - Doctor and Hospital Choice</b> (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>
<p><b>INPATIENT CARE</b></p> <p><b>3 - Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010, the amounts for each benefit period are:</p> <p>Days 1 - 60: \$1,100 deductible Days 61 - 90: \$275 per day Days 91 - 150: \$550 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p>	<p><b>In-Network</b> For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$200 co-pay per day Days 8 - 90: \$0 co-pay per day \$0 co-pay for additional hospital days</p> <p>No limit to the number of days covered by the Plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the Plan that you are going to be admitted to the hospital.</p>	<p><b>In-Network</b> For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$200 co-pay per day Days 8 - 90: \$0 co-pay per day \$0 co-pay for additional hospital days</p> <p>No limit to the number of days covered by the Plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the Plan that you are going to be admitted to the hospital.</p>

## SUMMARY OF BENEFITS

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>3 - Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>(cont.) A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>		
<p><b>4 - Inpatient Mental Health Care</b></p>	<p>Same deductible and co-pay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b> For Medicare-covered hospital stays:  Days 1 - 7: \$200 co-pay per day Days 8 - 90: \$0 co-pay per day  You get up to 190 days in a Psychiatric Hospital in a lifetime.  Except in an emergency, your doctor must tell the Plan that you are going to be admitted to the hospital.</p>	<p><b>In-Network</b> For Medicare-covered hospital stays:  Days 1 - 7: \$200 co-pay per day Days 8 - 90: \$0 co-pay per day  You get up to 190 days in a Psychiatric Hospital in a lifetime.  Except in an emergency, your doctor must tell the Plan that you are going to be admitted to the hospital.</p>

**SUMMARY OF BENEFITS**

<b>BENEFIT CATEGORY</b>	<b>ORIGINAL MEDICARE</b>	<b>CCM DIRECT VALUE PLAN (HMO)</b>	<b>CCM DIRECT CHOICE PLAN (HMO)</b>
<p><b>5 - Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010, the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <p>Days 1 - 20: \$0 per day Days 21 - 100: \$137.50 per day</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> For Medicare-covered SNF stays:</p> <p>Days 1 - 20: \$0 co-pay per day Days 21 - 100: \$100 co-pay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>3-day prior hospital stay is required.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> For Medicare-covered SNF stays:</p> <p>Days 1 - 20: \$0 co-pay per day Days 21 - 100: \$50 co-pay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>3-day prior hospital stay is required</p>
<p><b>6 - Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 co-pay.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 co-pay for Medicare-covered home health visits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 co-pay for Medicare-covered home health visits.</p>

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BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>7 - Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare certified hospice.</p>	<p><b>General</b> You must get care from a Medicare certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>
<p><b>OUTPATIENT CARE</b></p> <p><b>8 - Doctor Office Visits</b></p>	<p>20% co-insurance</p>	<p><b>General</b> See “Physical Exams,” for more information.</p> <p>Authorization rules may apply.</p> <p><b>In-Network</b> \$10 co-pay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$30 co-pay for each specialist visit for Medicare-covered benefits.</p>	<p><b>General</b> See “Physical Exams,” for more information.</p> <p>Authorization rules may apply.</p> <p><b>In-Network</b> \$5 co-pay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20 co-pay for each specialist visit for Medicare-covered benefits.</p>
<p><b>9 - Chiropractic Services</b></p>	<p>Routine care not covered.</p> <p>20% co-insurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$30 co-pay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 co-pay for each Medicare covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<b>10 - Podiatry Services</b>	<p>Routine care not covered.</p> <p>20% co-insurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$30 co-pay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 co-pay for each Medicare covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<b>11 - Outpatient Mental Health Care</b>	<p>45% co-insurance for most outpatient mental health services.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$30 co-pay for each Medicare-covered individual or group therapy visit.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 co-pay for each Medicare covered individual or group therapy visit.</p>
<b>12 - Outpatient Substance Abuse Care</b>	<p>20% co-insurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$30 co-pay for Medicare-covered individual or group visits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 co-pay for Medicare-covered individual or group visits.</p>
<b>13 - Outpatient Services/ Surgery</b>	<p>20% co-insurance for the doctor</p> <p>20% of outpatient facility charges</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$200 co-pay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$200 co-pay for each Medicare-covered outpatient hospital facility visit.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$200 co-pay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$200 co-pay for each Medicare-covered outpatient hospital facility visit.</p>

## SUMMARY OF BENEFITS

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p>14 - Ambulance Services (medically necessary ambulance services)</p>	<p>20% co-insurance</p>	<p><b>In-Network</b> \$50 co-pay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$50 co-pay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare covered ambulance benefits.</p>
<p><b>15 - Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% co-insurance for the doctor</p> <p>20% of facility charge, or a set co-pay per emergency room visit</p> <p>You don't have to pay the emergency room co-pay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$50 co-pay for Medicare-covered emergency room visits.</p> <p>\$100,000 limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>General</b> \$50 co-pay for Medicare-covered emergency room visits.</p> <p>\$100,000 limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>16 - Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% co-insurance, or a set co-pay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$20 co-pay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, \$0 for the urgent-care visit.</p>	<p><b>General</b> \$20 co-pay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, \$0 for the urgent-care visit.</p>

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BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<b>17 - Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% co-insurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$30 co-pay for Medicare-covered Occupational Therapy visits.  \$30 co-pay for Medicare-covered Physical and/or Speech/Language Therapy visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$20 co-pay for Medicare-covered Occupational Therapy visits.  \$20 co-pay for Medicare-covered Physical and/or Speech/Language Therapy visits.
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>	20% co-insurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>18 - Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% co-insurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>19 - Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% co-insurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% co-insurance  Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<b>In-Network</b> \$0 co-pay for Diabetes self-monitoring training.  \$0 co-pay for Nutrition Therapy for Diabetes.  20% of the cost for Diabetes supplies.	<b>In-Network</b> \$0 co-pay for Diabetes self-monitoring training.  \$0 co-pay for Nutrition Therapy for Diabetes.  \$0 co-pay for Diabetes supplies. Separate Office Visit cost sharing of \$5 co-pay may apply.

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b></p>	<p>20% co-insurance for diagnostic tests and x-rays</p> <p>\$0 co-pay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$10 co-pay may apply.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare covered lab services.</p> <p>20% of the cost for Medicare covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare covered X-rays.</p> <p>20% of the cost for Medicare covered diagnostic radiology services.</p> <p>20% of the cost for Medicare covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$5 co-pay may apply.</p>
<p><b>PREVENTIVE SERVICES</b></p>	<p>20% co-insurance</p>	<p><b>In-Network</b></p>	<p><b>In-Network</b></p>
<p><b>22 - Bone Mass Measurement</b> (for people with Medicare who are at risk)</p>	<p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>\$0 co-pay for Medicare-covered bone mass measurement.</p> <p>Separate Office Visit cost sharing of \$10 co-pay may apply.</p>	<p>\$0 co-pay for Medicare-covered bone mass measurement.</p> <p>Separate Office Visit cost sharing of \$5 co-pay may apply.</p>

## SUMMARY OF BENEFITS

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>23 - Colorectal Screening Exams</b> (for people with Medicare age 50 and older)</p>	<p>20% co-insurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p><b>In-Network</b> \$0 co-pay for Medicare-covered colorectal screenings.</p> <p>Separate Office Visit cost sharing of \$10 co-pay may apply.</p>	<p><b>In-Network</b> \$0 co-pay for Medicare-covered colorectal screenings.</p> <p>Separate Office Visit cost sharing of \$5 co-pay may apply.</p>
<p><b>24 - Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 co-pay for Flu and Pneumonia vaccines</p> <p>20% co-insurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 co-pay for Flu and Pneumonia vaccines.</p> <p>\$0 co-pay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines. Call your doctor for more information.</p>	<p><b>In-Network</b> \$0 co-pay for Flu and Pneumonia vaccines.</p> <p>\$0 co-pay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and Pneumonia vaccines.</p>
<p><b>25 - Mammograms</b> (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% co-insurance</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><b>In-Network</b> \$0 co-pay for Medicare-covered screening mammograms.</p> <p>Separate Office Visit cost sharing of \$10 co-pay may apply.</p>	<p><b>In-Network</b> \$0 co-pay for Medicare-covered screening mammograms.</p> <p>Separate Office Visit cost sharing of \$5 co-pay may apply.</p>
<p><b>26 - Pap Smears and Pelvic Exams</b> (for women with Medicare)</p>	<p>\$0 co-pay for Pap Smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% co-insurance for Pelvic Exams</p>	<p><b>In-Network</b> \$0 co-pay for Medicare-covered Pap Smears and Pelvic Exams.</p> <p>Separate Office Visit cost sharing of \$10 co-pay may apply.</p>	<p><b>In-Network</b> \$0 co-pay for Medicare-covered Pap Smears and Pelvic Exams.</p> <p>Separate Office Visit cost sharing of \$5 co-pay may apply.</p>

## SUMMARY OF BENEFITS

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>27 - Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)</p>	<p>20% co-insurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% co-insurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b> \$0 co-pay for Medicare-covered prostate cancer screening.</p> <p>Separate Office Visit cost sharing of \$5 co-pay may apply.</p>	<p><b>In-Network</b> \$0 co-pay for Medicare-covered prostate cancer screening.</p> <p>Separate Office Visit cost sharing of \$5 co-pay may apply.</p>
<p><b>28 - End-Stage Renal Disease</b></p>	<p>20% co-insurance for renal dialysis</p> <p>20% co-insurance for Nutrition Therapy for End-Stage Renal Disease Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>In-Network</b> 20% of the cost for renal dialysis.</p> <p>\$0 co-pay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><b>In-Network</b> 20% of the cost for renal dialysis.</p> <p>\$0 co-pay for Nutrition Therapy for End-Stage Renal Disease.</p>
<p><b>29 - Prescription Drugs</b></p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> 20% of the cost for Part B-covered chemotherapy drugs and other Part B covered drugs.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> 20% of the cost for Part B covered chemotherapy drugs and other Part B-covered drugs.</p>

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>29 - Prescription Drugs</b> (continued)</p>		<p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b> This Plan uses a formulary. The Plan will send you the formulary. You can also see the formulary at <a href="http://www.ccmny.org">www.ccmny.org</a> on the web. Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>Your in-network prescription coverage may be limited to the Plan’s service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network pharmacy although you may have to pay additional charges. Contact the Plan for details.</p> <p>Total yearly drug costs are the total drug costs paid by both you and the Plan.</p> <p>The Plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>	<p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b> This Plan uses a formulary. The Plan will send you the formulary. You can also see the formulary at <a href="http://www.ccmny.org">www.ccmny.org</a> on the web. Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>Your in-network prescription coverage may be limited to the Plan’s service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the Plan for details.</p> <p>Total yearly drug costs are the total drug costs paid by both you and the Plan.</p> <p>The Plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>29 - Prescription Drugs</b> (continued)</p>		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CCM Direct Value Plan (HMO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the Plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and CCM Direct Value Plan (HMO) approves the exception, you will pay Specialty cost-sharing for that drug.</p> <p><b>In-Network</b> \$0 yearly deductible.</p> <p><b>Initial Coverage</b> You pay the following until yearly drug costs reach \$2,830:</p>	<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CCM Direct Choice Plan (HMO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the Plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p><b>In-Network</b> \$310 yearly deductible.</p> <p><b>Initial Coverage</b> After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,830.</p>

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>29 - Prescription Drugs</b> (continued)</p>		<p><b>Retail Pharmacy</b> <b>Generic</b></p> <ul style="list-style-type: none"> <li>- \$0 co-pay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$0 co-pay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$25 co-pay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$75 co-pay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$60 co-pay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$180 co-pay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p>	<p><b>Retail Pharmacy</b> You can get drugs the following ways:</p> <ul style="list-style-type: none"> <li>- one-month (31-day) supply</li> <li>- three-month (90-day) supply</li> </ul> <p>Not all drugs are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Long Term Care Pharmacy</b> You can get drugs the following way:</p> <ul style="list-style-type: none"> <li>- one-month (31-day) supply</li> </ul> <p><b>Mail Order</b> You can get drugs the following way:</p> <ul style="list-style-type: none"> <li>- three-month (90-day) supply</li> </ul> <p>Not all drugs are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>29 - Prescription Drugs</b> (continued)</p>		<p><b>Specialty</b> - 33% co-insurance for a one-month (31-day) supply of drugs in this tier - 33% co-insurance for a three-month (90-day) supply of drugs in this tier Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Long Term Care Pharmacy Generic</b> - \$0 co-pay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Preferred Brand</b> - \$25 co-pay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Non-Preferred Brand</b> - \$60 co-pay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Specialty</b> - 33% co-insurance for a one-month (31-day) supply of drugs in this tier</p>	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of: - A \$ 2.50 co-pay for generic (including brand drugs treated as generic) and a \$ 6.30 co-pay for all other drugs, or - 5% co-insurance.</p> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the Plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from CCM Direct Choice Plan (HMO).</p> <p>You can get drugs the following way: - one-month (31-day) supply</p> <p><b>Out-of-Network Initial Coverage</b> After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach \$2,830.</p>

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>29 - Prescription Drugs</b> (continued)</p>		<p><b>Mail Order</b></p> <p><b>Generic</b></p> <ul style="list-style-type: none"> <li>- \$0 co-pay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$0 co-pay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$25 co-pay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$75 co-pay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$60 co-pay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$180 co-pay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p>	<p><b>Out-of-Network Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by CCM Direct Choice Plan (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CCM Direct Choice Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Out-of-Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>- A \$ 2.50 co-pay for generic (including brand drugs treated as generic) and a \$ 6.30 co-pay for all other drugs, or 5% co-insurance.</li> </ul>

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>29 - Prescription Drugs</b> (continued)</p>		<p><b>Specialty</b></p> <ul style="list-style-type: none"> <li>- 33% co-insurance for a one-month (31-day) supply of drugs in this tier</li> <li>- 33% co-insurance for a three month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the Plan for more information.</p> <p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- A \$ 2.50 co-pay for generic (including brand drugs treated as generic) and a \$ 6.30 co-pay for all other drugs, or</li> <li>- 5% co-insurance.</li> </ul>	

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>29 - Prescription Drugs</b> (continued)</p>		<p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the Plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from CCM Direct Value Plan (HMO).</p> <p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Generic</b> - \$0 co-pay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Preferred Brand</b> - \$25 co-pay for a one-month (31-day) supply of drugs in this tier</p>	

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>29 - Prescription Drugs</b> (continued)</p>		<p><b>Non-Preferred Brand</b> - \$60 co-pay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Specialty</b> - 33% co-insurance for a one-month (31-day) supply of drugs in this tier</p> <p><b>Out-of-Network Coverage Gap</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by CCM Direct Value Plan (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CCM Direct Value Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: - A \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or 5% co-insurance.</p>	

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>30 - Dental Services</b></p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 co-pay for Medicare-covered dental benefits</p> <p>\$0 co-pay for the following preventive dental benefits:                      - up to 1 oral exam every six months                      - up to 1 cleaning every six months                      - up to 1 dental x-ray</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 co-pay for Medicare-covered dental benefits.</p> <p>\$0 co-pay for the following preventive dental benefits:                      - up to 1 oral exam every six months                      - up to 1 cleaning every six months                      - up to 1 dental x-ray</p> <p>Plan offers additional comprehensive dental benefits.</p>
<p><b>31 - Hearing Services</b></p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% co-insurance for diagnostic hearing exams.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 co-pay for up to 1 hearing aid every three years.</p> <p>\$30 co-pay for Medicare-covered diagnostic hearing exams.</p> <p>\$30 co-pay for up to 1 routine hearing test every year.</p> <p>\$1,000 limit for hearing aids every three years.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 co-pay for up to 1 hearing aid every three years.</p> <p>\$20 co-pay for Medicare-covered diagnostic hearing exams.</p> <p>\$20 co-pay for up to 1 routine hearing test every year.</p> <p>\$1,000 limit for hearing aids every three years.</p>

**SUMMARY OF BENEFITS**

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<p><b>32 - Vision Services</b></p>	<p>20% co-insurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eye glasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b></p> <p>\$0 co-pay for diagnosis and treatment for diseases and conditions of the eye</p> <ul style="list-style-type: none"> <li>- and up to 1 routine eye exam every year</li> </ul> <p>\$0 co-pay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery</li> <li>- up to 1 pair of glasses every two years</li> <li>- up to 1 pair of contacts every two years</li> <li>- up to 1 pair of lenses every two years</li> <li>- up to 1 frame every two years</li> </ul> <p>\$100 limit for eye wear every two years.</p>	<p><b>In-Network</b></p> <p>\$0 co-pay for diagnosis and treatment for diseases and conditions of the eye</p> <ul style="list-style-type: none"> <li>- and up to 1 routine eye exam every year</li> </ul> <p>\$0 co-pay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery</li> <li>- up to 1 pair of glasses every two years</li> <li>- up to 1 pair of contacts every two years</li> <li>- up to 1 pair of lenses every two years</li> <li>- up to 1 frame every two years</li> </ul> <p>\$100 limit for eye wear every two years.</p>
<p><b>33 - Physical Exams</b></p>	<p>20% co-insurance for one exam within the first 12 months of your new Medicare Part B coverage</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><b>In-Network</b></p> <p>\$10 co-pay for routine exams.</p> <p>Limited to 1 exam every year.</p>	<p><b>In-Network</b></p> <p>\$0 co-pay for routine exams.</p> <p>Limited to 1 exam every year.</p>

## SUMMARY OF BENEFITS

BENEFIT CATEGORY	ORIGINAL MEDICARE	CCM DIRECT VALUE PLAN (HMO)	CCM DIRECT CHOICE PLAN (HMO)
<b>Health/Wellness Education</b>	<p>Smoking Cessation: Covered if ordered by your doctor.</p> <p>Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay co-insurance, and Part B deductible applies.</p>	<p><b>In-Network</b> The Plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> </ul> <p>\$0 co-pay for each Medicare-covered smoking cessation counseling session.</p>	<p><b>General</b> Please visit our Plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the Plan for specific instructions for using this benefit.</p> <p><b>In-Network</b> The Plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> </ul> <p>\$0 co-pay for each Medicare-covered smoking cessation counseling session.</p>
<b>Transportation (Routine)</b>	<p>Not covered.</p>	<p><b>In-Network</b> This Plan does not cover routine transportation.</p>	<p><b>In-Network</b> This Plan does not cover routine transportation.</p>
<b>Acupuncture</b>	<p>Not covered.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$30 co-pay per visit.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 co-pay per visit.</p>

## Benefit Highlights of the CCM Direct Medicare Plans

### ◆ Value Plan

◆ \$0 Plan Premium

Prescription Drug Coverage, \$0 for generics up to \$2,830 total drug costs

### Benefits

◆ \$10 co-pay for primary care physician visits

◆ \$30 co-pay for specialist visits

◆ Worldwide coverage for Emergency Care up to \$100,000 per year

◆ \$0 for dental exams and cleanings

◆ \$100 every 2 years for eyewear

◆ Up to \$1,000 for hearing aids every 3 years

### ◆ Choice Plan

\$33.30 Plan Premium

- Can be reduced to \$0 with Extra Help from Medicare

Prescription Drug Coverage

### Benefits

◆ \$5 co-pay for primary care physician visits

◆ \$20 co-pay for specialist visits

◆ \$0 for dental exams and cleanings plus comprehensive dental benefits

◆ Worldwide coverage for Emergency Care up to \$100,000 per year

◆ Up to \$1,000 for hearing aids every 3 years

◆ \$100 every 2 years for eyewear

◆ No co-payment for diabetic supplies

◆ \$115/year for non-prescription drugs and health supplies



**For questions on CCM Direct Medicare Plans, please call our Member Services Department at:**

**1-877-226-8500  
1-800-650-2774 (TTY/TDD)**

Calls to these numbers are free.  
Sunday, Monday, Tuesday,  
Wednesday, Thursday,  
Friday, Saturday  
8:00 am to 8:00 EST