



Summary of *Benefits*

Champion Health Plan
(HMO C-SNP) H6474-001, H6474-002, H6474-003

For Carson City, Churchill, Clark and Washoe Counties

2024 Summary of Benefits

Champion Health Plan H6474-001, H6474-002, H6474-003

January 1, 2024 - December 31, 2024

Champion Health Plan is a Medicare Advantage HMO C-SNP with a Medicare contract. Enrollment in Champion Health Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you can expect to pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services, we cover, please access the "Evidence of Coverage" booklet at www.championhmo.com.

To join **Champion Advantage H6474-001 (HMO C-SNP)**, **Champion Connect H6474-002 (HMO C-SNP)**, or **Champion Select (HMO C-SNP) H6474-003**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area live in our service area, and have ESRD requiring dialysis (any mode of dialysis). Our service area includes the following counties in Nevada: Carson City, Churchill, Clark, Washoe.

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 online at www.medicare.gov or receive a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week, including some federal holidays. 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 toll free 1-800-885-8000 from October 1 - March 31, 7 days a week from 8 am to 8 pm pacific standard time (PST) and from April 1 - September 30, Monday through Friday from 8 am to 8 pm PST. You can also visit us at www.championhmo.com.

Plan Details	Champion Advantage	Champion Connect	Champion Select
Monthly Premium	\$0	\$32	\$32
Annual Plan Deductible	No Deductible	No Deductible	No Deductible
Annual Maximum Out of Pocket (MOOP)	\$5,495	\$8,375	\$4,575

Plan Details	Champion Advantage	Champion Connect	Champion Select
Inpatient Hospital	<p>\$0 Copay</p> <p>Services may require authorization and a referral.</p>	<p>20% of the Cost of Part B provider services</p> <p>\$1,600* deductible per benefit period</p> <p>\$0* for days 1 through 60</p> <p>\$400* copay per day for days 61 through 90</p> <p>\$800* copay per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime)</p> <p>100% of all costs beyond the lifetime reserve days</p> <p>*These are 2023 cost-sharing amounts and may change for 2024. Champion Health Plan will provide updated rates as soon as they are released.</p> <p>Services may require authorization and a referral.</p>	<p>\$0 Copay</p> <p>Services may require authorization and a referral.</p>
Outpatient Hospital and Ambulatory Surgery Centers (ASC)	<p>\$100 Copay for Outpatient Hospital services</p> <p>\$0 Copay for surgery in an Ambulatory Surgery Center</p> <p>\$0 Copay for Outpatient Hospital observation</p> <p>Services may require authorization and a referral.</p>	<p>20% of the Cost</p> <p>Services may require authorization and a referral.</p>	<p>\$100 Copay for Outpatient Hospital services</p> <p>\$0 Copay for surgery in an Ambulatory Surgery Center</p> <p>\$0 Copay for Outpatient Hospital observation</p> <p>Services may require authorization and a referral.</p>

Plan Details	Champion Advantage	Champion Connect	Champion Select
Primary Care Providers	\$0 Copay	\$0 Copay	\$0 Copay
Specialists	\$0 Copay Authorization may be required for all services except nephrology.	\$0 Copay Authorization may be required for all services except nephrology.	\$0 Copay Authorization may be required for all services except nephrology.
Preventive Services (Medicare Covered Screenings)	\$0 Copay	\$0 Copay	\$0 Copay
Emergency Care (Hospital Emergency Department)	\$100 Copay Copay is waived if admitted to hospital within 24 hours for related health event	\$95 Copay Copay is waived if admitted to hospital within 24 hours for related health event	\$100 Copay Copay is waived if admitted to hospital within 24 hours for related health event
Urgent Care Services (Non-hospital Urgent Care Center)	\$0 Copay	\$0 Copay	\$0 Copay
Diagnostic Services/ Labs/Imaging <ul style="list-style-type: none"> Diagnostic tests and procedures X-Rays Lab Services Diagnostic radiology services (such as MRI, CT Scans) Therapeutic radiology services (such as radiation treatment for cancer) 	\$0 Copay Diagnostic tests and procedures and lab services may require authorization and a referral.	\$0 Copay for lab services and X-Rays 20% of the Cost for all other services Diagnostic tests and procedures and lab services may require authorization and a referral.	\$0 Copay Diagnostic tests and procedures and lab services may require authorization and a referral.
Hearing Services <ul style="list-style-type: none"> Medicare-covered services Routine hearing Exam Fitting/Evaluation for Hearing Aid Hearing Aid 	\$0 Copay for Medicare-covered services every year \$0 Copay for one routine exam and one fitting/evaluation for hearing aids every year \$149 Copay per hearing aid (all models) up to 2 aids every 3 years	\$0 Copay for Medicare-covered services every year \$0 Copay for one routine exam and one fitting/evaluation for hearing aids every year \$150 Copay per hearing aid (all models) up to 2 aids every 3 years	\$0 Copay for Medicare-covered services every year \$0 Copay for one routine exam and one fitting/evaluation for hearing aids every year \$150 Copay per hearing aid (all models) up to 2 aids every 3 years

Plan Details	Champion Advantage	Champion Connect	Champion Select
Dental Services	<p>\$0 Copay for Preventive Dental Services and Medicare-covered dental services</p> <p>20% to 40% of the Cost for Comprehensive Dental Services with a \$3,000 yearly benefit coverage limit</p> <p>\$3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined</p> <p>Comprehensive dental services may require authorization and a referral</p>	<p>\$0 Copay for Preventive Dental Services and Medicare-covered dental services</p> <p>20% to 40% of the Cost for Comprehensive Dental Services with a \$3,000 yearly benefit coverage limit</p> <p>\$3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined</p> <p>Comprehensive dental services may require authorization and a referral</p>	<p>\$0 Copay for Preventive Dental Services and Medicare-covered dental services</p> <p>20% to 40% of the Cost for Comprehensive Dental Services with a \$3,000 yearly benefit coverage limit</p> <p>\$3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined</p> <p>Comprehensive dental services may require authorization and a referral</p>
Vision Services <ul style="list-style-type: none"> • Medicare covered eye exam • Medicare covered frames and lenses or contacts • Routine eye exam • Frames and lenses, or contacts 	<p>\$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p> <p>\$0 Copay for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery</p> <p>\$0 Copay for (1) routine eye exam, refraction up to (1) per year</p> <p>\$335 Allowance for frames and lenses and upgrades every year</p>	<p>\$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p> <p>\$0 Copay for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery</p> <p>\$0 Copay for (1) routine eye exam, refraction up to (1) per year</p> <p>\$500 Allowance for frames and lenses and upgrades every year</p>	<p>\$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p> <p>\$0 Copay for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery</p> <p>\$0 Copay for (1) routine eye exam, refraction up to (1) per year</p> <p>\$335 Allowance for frames and lenses and upgrades every year</p>

Plan Details	Champion Advantage	Champion Connect	Champion Select
Mental Health Inpatient	<p>\$100 Copay for days 1-10 \$0 Copay for days 11-60 \$329 Copay for days 61-90</p> <p>Services may require authorization and a referral.</p>	<p>20% of the Cost of Part B provider services</p> <p>\$1,600* deductible per benefit period</p> <p>\$0* for days 1 through 60</p> <p>\$400* copay per day for days 61 through 90</p> <p>\$800* copay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)</p> <p>100% of all costs beyond the lifetime reserve days</p> <p>*These are 2023 cost-sharing amounts and may change for 2024. Champion Health Plan will provide updated rates as soon as they are released.</p> <p>Services may require authorization and a referral.</p>	<p>\$100 Copay for days 1-10 \$0 Copay for days 11-60 \$329 Copay for days 61-90</p> <p>Services may require authorization and a referral.</p>
Mental Health Outpatient (Medicare-covered individual and group sessions)	<p>\$0 Copay</p> <p>Services may require authorization and a referral.</p>	<p>\$0 Copay</p> <p>Services may require authorization and a referral.</p>	<p>\$0 Copay</p> <p>Services may require authorization and a referral.</p>
Skilled Nursing Facility	<p>\$0 Copay for days 1-100</p> <p>Services may require authorization and a referral.</p>	<p>\$0 Copay for days 1-100</p> <p>Services may require authorization and a referral.</p>	<p>\$0 Copay for days 1-20 \$196 Copay per day for days 21-100</p> <p>Services may require authorization and a referral.</p>
Outpatient Rehabilitation <ul style="list-style-type: none"> • Physical Therapy • Speech Therapy • Occupational Therapy 	<p>\$0 Copay</p> <p>Services may require authorization and a referral.</p>	<p>\$0 Copay</p> <p>Services may require authorization and a referral.</p>	<p>\$0 Copay</p> <p>Services may require authorization and a referral.</p>

Plan Details	Champion Advantage	Champion Connect	Champion Select
Ambulance Services	<p>0% or 20% of the Cost for Medicare-covered air ambulance services</p> <p>\$0 or \$125 of the Cost for Medicare-covered ground ambulance services</p> <p>Minimum cost share applies to non-emergency air and ground ambulance transport</p> <p>Authorization may be required for non-emergency services.</p>	<p>20% of the Cost</p> <p>Authorization may be required for non-emergency services.</p>	<p>0% or 20% of the Cost for Medicare-covered air ambulance services</p> <p>\$0 or \$125 of the Cost for Medicare-covered ground ambulance services</p> <p>Minimum cost share applies to non-emergency air and ground ambulance transport</p> <p>Authorization may be required for non-emergency services.</p>
Transportation	<p>\$0 Copay</p> <p>100 one-way plan-approved trips</p> <p>If transportation is not used and you are privately transported to dialysis service, the private driver is reimbursed at 0.60 per mile.</p>	<p>\$0 Copay</p> <p>Unlimited one-way plan-approved trips</p> <p>If transportation is not used and you are privately transported to dialysis service, the private driver is reimbursed at 0.60 per mile.</p>	<p>\$0 Copay</p> <p>100 one-way plan-approved trips</p> <p>If transportation is not used and you are privately transported to dialysis service, the private driver is reimbursed at 0.60 per mile.</p>
Medicare Part B Drugs	0% - 20% of the Cost	0% - 20% of the Cost	0% - 20% of the Cost
Dialysis	\$30 Copay	20% of the Cost	\$20 Copay
Dialysis Assistance Program <ul style="list-style-type: none"> Start Dialysis Treatment The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify. Respite Care Support for Home Dialysis 	<p>\$0 Copay Members receive a visit from a trained caregiver to perform fistula or graft cannulation and machine setup at the beginning of home hemodialysis treatments.</p> <p>\$0 Copay for up to 12 days per year of at-home dialysis administration to replace the primary caregiver assisting in home dialysis treatments.</p>	<p>\$0 Copay Members receive a visit from a trained caregiver to perform fistula or graft cannulation and machine setup at the beginning of home hemodialysis treatments.</p> <p>\$0 Copay for up to 12 days per year of at-home dialysis administration to replace the primary caregiver assisting in home dialysis treatments.</p>	<p>\$0 Copay Members receive a visit from a trained caregiver to perform fistula or graft cannulation and machine setup at the beginning of home hemodialysis treatments.</p> <p>\$0 Copay for up to 12 days per year of at-home dialysis administration to replace the primary caregiver assisting in home dialysis treatments.</p>

Plan Details	Champion Advantage	Champion Connect	Champion Select
DME	DME, Prosthetics, & Medical Supplies: \$0 for items \$100 or less 20% of the Cost for items over \$100 Services may require authorization.	20% of the Cost Services may require authorization.	DME, Prosthetics, & Medical Supplies: \$0 for items \$100 or less 20% of the Cost for items over \$100 Services may require authorization.
Over-The-Counter Items	\$90 Allowance every (3) three months \$0 Copay for weight scale and blood pressure cuff or members with diabetes, ESRD, cardiovascular disorders or chronic heart failure	\$200 Allowance every (3) three months \$0 Copay for weight scale and blood pressure cuff or members with diabetes, ESRD, cardiovascular disorders or chronic heart failure	\$50 Allowance every (6) six months \$0 Copay for weight scale and blood pressure cuff or members with diabetes, ESRD, cardiovascular disorders or chronic heart failure
Healthy Food Benefit	Not Covered	Members participating in the care management program will receive up to \$50 per month for produce/groceries. Services may require authorization.	Members participating in the care management program will receive up to \$50 per month for produce/groceries. Services may require authorization.
Acupuncture and Chiropractic (Medicare-covered services only)	\$0 Copay	\$0 Copay	\$0 Copay
Podiatry Services (Medicare-covered services only)	\$0 Copay Services may require authorization and a referral.	\$0 Copay Services may require authorization and a referral.	\$0 Copay Services may require authorization and a referral.
Hospice	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare
Personal Emergency Response System (PERS)	\$0 Copay	\$0 Copay	\$0 Copay

Prescription Drug Coverage

Plan Details	Champion Advantage		Champion Connect		Champion Select	
Part D Deductible	No Deductible	No Deductible	\$545 deductible (does not apply to Tier 1 and Tier 6)	\$545 deductible (does not apply to Tier 1 and Tier 6)	No Deductible	No Deductible
	Participating Retail Pharmacy	Mail Order	Participating Retail Pharmacy	Mail Order	Participating Retail Pharmacy	Mail Order
Initial Coverage	Up to a 30-day supply	100-day supply	Up to a 30-day supply	100-day supply	Up to a 30-day supply	100-day supply
Tier 1: Preferred Generic	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2: Generic	\$8 Copay	\$16 Copay	25% of the Cost	25% of the Cost	25% of the Cost	25% of the Cost
Tier 3: Preferred Brand	\$47 Copay	\$94 Copay	25% of the Cost	25% of the Cost	25% of the Cost	25% of the Cost
Tier 4: Non-Preferred Brand	\$100 Copay	\$200 Copay	25% of the Cost	25% of the Cost	25% of the Cost	25% of the Cost
Tier 5: Specialty Tier	33% of the Cost	A 100-day supply is not available in Tier 5	25% of the Cost	A 100-day supply is not available in Tier 5	25% of the Cost	A 100-day supply is not available in Tier 5
Tier 6: Select Care Drugs	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
	During this stage, you pay \$0 for drugs in Tier 1 and Tier 6 and 25% of the cost for generic drugs and brand name drugs (plus a portion of the dispensing fee) for drugs in Tier 2, Tier 3, Tier 4, and Tier 5.					
Catastrophic Coverage (after you or others on your behalf pay \$8,000)	During this stage, the plan pays the full cost for your covered Part D drugs.					
Important Message About What You Pay for Insulin	You won't pay more than \$20 for a one-month supply or \$60 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.		You won't pay more than \$20 for a one-month supply or \$60 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.		You won't pay more than \$20 for a one-month supply or \$60 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.	
Important Message About What You Pay for Vaccines	Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.		Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.		Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.	