CHAMPION HEALTH PLAN

Summary of *Benefits*

Champion Plus
(HMO C-SNP) H6474-010

For Carson City, Churchill, Clark and Washoe Counties

2026 Summary of *Benefits*

Champion Health Plan

January 1, 2026 - December 31, 2026

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 championhmo.com.

To join **Champion Plus (HMO C-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and have a diagnosis of Schizophrenia, Schizoaffective, Bipolar, Major Depressive or Paranoid Disorders. This plan is designed to meet the needs of individuals who qualify for Medicaid and do not receive institutional-level type of care (long-term care). Our service area includes the following counties in Nevada: Carson City, Churchill, Clark and 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 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 championhmo.com.

Plan Details	Champion Plus	Your Cost with Medicare and Medicaid
Monthly Premium	$9.50	$0 (with Extra Help)
Deductible	No Plan Deductible $257 Part B Deductible (2025 cost sharing amounts and may change for 2026. Champion Health Plan will provide updated rates on its website when 2026 rates are released.)	No Deductible
Annual Maximum Out of Pocket (MOOP)	$9,250	$0

Plan Details	Champion Plus	Your Cost with Medicare and Medicaid
Inpatient Hospital	$1,676 deductible per benefit period $0 for days 1 - 60 $419 Copay for days 61 - 90 $838 Copay for each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime) 100% of all Costs beyond the lifetime reserve days *2025 Cost sharing amounts and may change for 2026. Champion Health Plan will provide updated rates on its website when 2026 rates are released. Services may require authorization and a referral.	$0 †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services. Service may require authorization and referral.
Outpatient Hospital and Ambulatory Surgery Centers (ASC)	20% of the Cost for outpatient hospital services 20% of the Cost for surgery in an Ambulatory Surgery Center 20% of the Cost for outpatient hospital observation Services may require authorization and a referral.	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services. Services may require authorization and referral.
Primary Care Providers	$0 Copay	$0 Copay
Specialists	20% of the Cost Authorization may be required for all services except nephrology.	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services. Services may require authorization and referral.
Preventive Services (Medicare Covered Screenings)	$0 Copay	$0 Copay

Plan Details	Champion Plus	Your Cost with Medicare and Medicaid
Emergency Care (Hospital Emergency Department) **Worldwide Emergency Care**	$115 Copay Copay is waived if admitted to hospital within 24 hours for related health event. $0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan not to exceed 60% of local Medicare rates. Combined with Worldwide Urgently Needed Care.	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services.
Urgent Care Services (Non-hospital Urgent Care Center) **Worldwide Urgently Needed Care**	$0 Copay $0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan not to exceed 60% of local Medicare rates. Combined with Worldwide Emergency Care.	$0 Copay
Diagnostic Services/Labs/ Imaging • 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 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 for lab services and X-rays $0 Copay for all other services †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services. Diagnostic tests and procedures and lab services may require authorization and a referral.
Hearing Services • Medicare-covered services • Routine hearing exam and 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	

Plan Details	Champion Plus	Your Cost with Medicare and Medicaid
Dental Services	$0 Copay for Preventive Dental Services and Medicare-covered dental services 20% to 40% of the Cost for Comprehensive Dental Services $3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined Comprehensive dental services may require authorization and a referral.	
Vision Services		
• Medicare covered eye exam	$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	
• Medicare covered frames and lenses or contacts	$0 Copay for (1) pair of Medicare-covered eyewear (eyeglasses or contact lenses) after a cataract surgery	
• Routine eye exam	$0 Copay for (1) routine eye exam, refraction up to (1) per year	
• Frames and lenses, or contacts	$500 Allowance for frames and lenses and upgrades every year	

Plan Details	Champion Plus	Your Cost with Medicare and Medicaid
Mental Health Inpatient	$1,676 deductible per benefit period $0 for days 1 - 60 $419 Copay for days 61 - 90 $838 Copay for each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime) 100% of all Costs beyond the lifetime reserve days *2025 Cost sharing amounts and may change for 2026. Champion Health Plan will provide updated rates on its website when 2026 rates are released. Services may require authorization and a referral.	$0 Copay †if you have full Medicaid benefits, you may pay $0 for your Medicare-covered services Services may require authorization and referral.
Mental Health Outpatient (Medicare-covered individual and group sessions)	$0 Copay Services may require authorization and a referral.	$0 Copay Services may require authorization and a referral.
Skilled Nursing Facility	$0 Copay for days 1-20 $218 for days 21-100 Services may require authorization and a referral.	$0 Copay for days 1-100 †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services. Services may require authorization and a referral.
Outpatient Rehabilitation • Physical Therapy • Speech Therapy • Occupational Therapy	20% of the cost for physical and speech therapy services $0 for occupational therapy services Services may require authorization and a referral.	$0 Copay for physical, speech and occupational therapy sessions †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services. Services may require authorization and a referral.

Plan Details	Champion Plus	Your Cost with Medicare and Medicaid
Ambulance Services	20% of the Cost for Medicare-covered air ambulance services 0% to 20% of the Cost for Medicare-covered ground ambulance services Minimum cost share applies to non-emergency ground ambulance transport Authorization may be required for non-emergency services.	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services. Authorization may be required for non-emergency services.
Transportation	$0 Copay 36 one-way plan-approved locations	
Medicare Part B Drugs	20% of the Cost You pay no more than $35 for a 30-day supply of insulin	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services.
Dialysis	20% of the Cost	$0 Copay †If you have full Medicaid benefits, you may pay $0 for yourMedicare-covered services.
Durable Medical Equipment (DME)	DME, Prosthetics, & Medical Supplies: $0 for items $100 or less 20% of the Cost for items over $100 Services may require authorization.	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services. Services may require authorization.

Plan Details	Champion Plus	Your Cost with Medicare and Medicaid
Healthy Foods / Over-the-Counter Items / Utilities Benefit	$525 Allowance every (3) months $0 Copay for quarterly allowance to use for healthy foods and produce, over-the-counter items, wellness products and/or assistance with utilities. Benefit does not rollover to the next period. The benefits mentioned are a part of special supplemental program for the chronically ill. Qualifying conditions include Schizophrenia, Schizoaffective, Bipolar, Major Depressive or Paranoid Disorders. Please see your Evidence of Coverage, Chapter 4, Section 2's Medical Benefit Chart for Special Supplemental Benefits for more information	
Chiropractic • Medicare-covered chiropractic care	$0 Copay Services may require authorization and a referral.	$0 Copay Services may require authorization and a referral.
Silver&Fit Fitness Benefit	$0 Copay for receiving up to $35 reimbursed each month on gym membership or fitness classes	
Podiatry Services (Medicare-covered services only)	20% of the Cost Services may require authorization and a referral.	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services. Services may require authorization.
Hospice	Covered by Original Medicare	Covered by Original Medicare
Personal Emergency Response System (PERS)	$0 Copay	

Plan Details	Champion Plus	Your Cost with Medicare and Medicaid
Annual Physical Exam	$0 Copay for one (1) annual exam	
Home and Bathroom Safety Devices and Modifications	$0 Copay for the provision of a shower chair	
Health Education	$0 Copay	

Prescription Drug Coverage				
Plan Details	**Champion Plus**		**Your Cost with Medicare and Medicaid or Extra Help**	
Part D Deductible	$615 (does not apply to Tier 1 and Tier 6)		$0 Copay	
	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
Tier 1: Preferred Generic	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Tier 2: Generic	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Tier 3: Preferred Brand	25% of the Cost	25% of the Cost	Generics: $0 or $1.60 or $5.10 Copay Brands: $0 or $4.90 or $12.65 Copay	Generics: $0 or $1.60 or $5.10 Copay Brands: $0 or $4.90 or $12.65 Copay
Tier 4: Non-Preferred Brand	25% of the Cost	25% of the Cost	Generics: $0 or $1.60 or $5.10 Copay Brands: $0 or $4.90 or $12.65 Copay	Generics: $0 or $1.60 or $5.10 Copay Brands: $0 or $4.90 or $12.65 Copay
Tier 5: Specialty Tier	25% of the Cost	A 100-day supply is not available in Tier 5	Generics: $0 or $1.60 or $5.10 Copay Brands: $0 or $4.90 or $12.65 Copay	A 100-day supply is not available in Tier 5
Tier 6: Select Care Drugs	$0 Copay	$0 Copay	$0 Copay	$0 Copay

Prescription Drug Coverage		
Plan Details	**Champion Plus**	**Your Cost with Medicare and Medicaid or Extra Help**
Catastrophic Coverage (after you or others on your behalf pay $2,100)	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 on Tiers 1, 2, 3, 4 and 6 and no more than $35 for a one-month supply of insulin on Tier 5, even if you haven't paid your deductible.	Generics: $0 or $1.60 or $5.10 Copay Brands: $0 or $4.90 or $12.65 Copay
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.	
***Extra Help Program**	If you meet federal low income limits, you qualify for the Extra Help program that assists individuals with Part D cost shares, including deductibles. You may pay $0 for your Part D premium, deductible and no more than the low income subsidy amounts or all of your Part D drugs.	