



Summary of *Benefits*

Champion Choice
(HMO C-SNP) H6474-009

Carson City, Churchill, Clark and Washoe Counties

2027 Summary of Benefits



Champion Health Plan

January 1, 2027 - December 31, 2027

Champion Health Plan is an HMO, HMO C-SNP and HMO-POS 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 Choice (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 Cardiovascular Disease, Congestive Heart Failure, Chronic Heart Failure (CHF), Coronary Artery Disease (CAD), Cardiac Arrhythmias, or Diabetes. 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 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 at 1-800-885-8000. From October 1 - March 31, we're available 7 days a week, 8 am to 8 pm Pacific time (PT). From April 1 - September 30, we're available Monday through Friday, 8 am to 8 pm PT. You can also visit us at championhmo.com.

PLAN DETAILS	CHAMPION CHOICE	YOUR COST WITH MEDICARE AND MEDICAID
Monthly Premium	\$6.60	\$0 (with Extra Help)
Plan Deductible	No Plan Deductible \$283 Part B Deductible (This 2026 cost sharing amount may change for 2027. Champion Health Plan will provide updated rates on its website when 2027 rates are released.)	No Plan Deductible \$0 for Part B Deductible
Annual Maximum Out of Pocket (MOOP)	\$9,850	\$0 [†]

[†]If you have full Medicaid benefits, you may pay \$0 for your Medicare-covered services.

PLAN DETAILS	CHAMPION CHOICE	YOUR COST WITH MEDICARE AND MEDICAID
Inpatient Hospital*	\$1,736 Deductible per benefit period \$0 for days 1 - 60 \$434 Copay per day for days 61 - 90 \$868 Copay per day 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 (These 2026 cost sharing amounts may change for 2027. Champion Health Plan will provide updated rates on its website when 2027 rates are released.)	\$0 [†]
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	\$0 [†]
Primary Care Providers	\$0 Copay	\$0 Copay
Specialists*	20% of the Cost	\$0 Copay [†]
Preventive Services (Medicare Covered Screenings)	\$0 Copay	\$0 Copay

*Services may require authorization and/or a referral.

[†]If you have full Medicaid benefits, you may pay \$0 for your Medicare-covered services.

PLAN DETAILS	CHAMPION CHOICE	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 [†]
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 [†] Diagnostic tests and procedures and lab services may require authorization and a referral.

*Services may require authorization and/or a referral.

[†]If you have full Medicaid benefits, you may pay \$0 for your Medicare-covered services.

PLAN DETAILS	CHAMPION CHOICE	YOUR COST WITH MEDICARE AND MEDICAID
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 for TruHearing Advanced hearing aids.	
Dental Services* • Medicare covered dental services • Preventive dental services (exams, cleanings, fluoride treatments, x-rays, other dental services) • Comprehensive dental services (restorative, periodontics, endodontics, prosthodontics, surgeries)	\$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	
Vision Services • Medicare covered eye exam • Medicare covered frames and lenses or contacts • Routine eye exam • Routine frames and lenses, or contacts	\$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) \$0 Copay for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery \$0 Copay for (1) routine eye exam, refraction up to (1) per year \$350 Allowance for routine frames and lenses and upgrades every year	

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION CHOICE	YOUR COST WITH MEDICARE AND MEDICAID
Mental Health Inpatient*	\$1,736 deductible per benefit period \$0 for days 1 - 60 \$434 Copay per day for days 61 - 90 \$868 Copay per day 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 (These 2026 cost sharing amounts may change for 2027. Champion Health Plan will provide updated rates on its website when 2027 rates are released.)	\$0
Mental Health Outpatient* (Medicare-covered individual and group sessions)	\$0 Copay for group sessions 20% of the Cost for individual sessions	\$0 [†]
Skilled Nursing Facility*	\$0 Copay for days 1-20 \$221 Copay for days 21-100	\$0 Copay [†] for days 1-100
Outpatient Rehabilitation* - Physical Therapy - Speech Therapy - Occupational Therapy	\$0 Copay for occupational therapy services \$0 Copay for physical and speech therapy services	\$0 Copay [†] for physical, speech and occupational therapy sessions
Ambulance Services*	0% to 20% of the Cost for air ambulance 0% to 20% of the Cost for ground ambulance, not to exceed \$125 Copay Minimum cost share applies to non-emergency ambulance transport.	\$0 Copay [†]

*Services may require authorization and/or a referral.

[†]If you have full Medicaid benefits, you may pay \$0 for your Medicare-covered services.

PLAN DETAILS	CHAMPION CHOICE	YOUR COST WITH MEDICARE AND MEDICAID
Transportation	\$0 Copay 60 one-way plan-approved health-related locations. Maximum mileage per trip is 25 miles.	
Medicare Part B Drugs	0% to 20% of the Cost \$0 to \$35 Copay for a 30-day supply of insulins.	\$0 Copay [†]
Dialysis	20% of the Cost	\$0 Copay [†]
Durable Medical Equipment (DME)*	DME, Prosthetics, & Medical Supplies: 20% of the Cost	\$0 Copay [†]
Over-the-Counter Items / Healthy Foods / Utilities Benefit	\$490 Allowance every quarter. Eligible members pay \$0 Copay for monthly allowance to use for healthy foods and produce, over-the-counter items, and/or assistance with utilities. Any unused not used within 90 days do not roll over to the next period. Some of the benefits mentioned are a part of a special supplemental program for the chronically ill. Qualifying conditions include diabetes, cardiovascular disorders, and chronic heart failure. Please see your Evidence of Coverage, Chapter 4, Section 2's Medical Benefit Chart for more information about eligibility.	

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[†]If you have full Medicaid benefits, you may pay \$0 for your Medicare-covered services.

PLAN DETAILS	CHAMPION CHOICE	YOUR COST WITH MEDICARE AND MEDICAID
Acupuncture - Medicare-covered acupuncture - Routine acupuncture	\$0 Copay for Medicare-covered services \$0 Copay for up to 50 routine visits every year (combined with routine chiropractic)	\$0 Copay [†]
Chiropractic - Medicare-covered chiropractic care - Routine chiropractic care	\$0 Copay for Medicare-covered services \$0 Copay for up to 50 routine visits every year (combined with routine acupuncture)	\$0 Copay [†]
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)*	\$0 Copay	\$0 Copay [†]
Hospice	Covered by Original Medicare	Covered by Original Medicare
Respite Service (Support for Caregivers)	\$0 Copay for up to twelve (12) 4-hour sessions of Helper Bees support for member's caregiver	
Personal Emergency Response System (PERS)	\$0 Copay	
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	
Weight Management Program	\$0 Copay for consultations with a nutritionist or dietitian, a personalized exercise plan, and behavioral support as needed.	

*Services may require authorization and/or a referral.

[†]If you have full Medicaid benefits, you may pay \$0 for your Medicare-covered services.

PART D PRESCRIPTION DRUG COVERAGE

PLAN DETAILS	CHAMPION CHOICE		YOUR COST WITH MEDICARE AND MEDICAID
Part D Deductible	\$700 Deductible (does not apply to Tiers 1, 2 and 6)		\$0 Copay
	Participating Retail Pharmacy	Mail Order	LIS COPAY (with Extra Help)
Initial Coverage	Up to a 30-day supply	100-day supply	
Tier 1: Preferred Generic (including insulins)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2: Generic (including insulins)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 3: Preferred Brand • Insulins	25% of the Cost Lesser of \$35 Copay or 25% of the Cost	25% of the Cost Lesser of \$105 Copay or 25% of the Cost	Generics: \$0 or \$1.65 or \$5.80 Copay Brands: \$0 or \$5 or \$14.40 Copay
Tier 4: Non-Preferred Brand • Insulins	25% of the Cost Lesser of \$35 Copay or 25% of the Cost	25% of the Cost Lesser of \$105 Copay or 25% of the Cost	Generics: \$0 or \$1.65 or \$5.80 Copay Brands: \$0 or \$5 or \$14.40 Copay
Tier 5: Specialty Tier • Insulins	25% of the Cost Lesser of \$35 Copay or 25% of the Cost	A 100-day supply is not available in Tier 5	Generics: \$0 or \$1.65 or \$5.80 Copay Brands: \$0 or \$5 or \$14.40 Copay A 100-day supply is not available in Tier 5
Tier 6: Select Care Drugs (including insulins)	\$0 Copay	\$0 Copay	\$0 Copay

PART D PRESCRIPTION DRUG COVERAGE

PLAN DETAILS	CHAMPION CHOICE	YOUR COST WITH MEDICARE AND MEDICAID
Catastrophic Coverage (after you or others on your behalf pay \$2,400)	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 \$35 for a one-month supply or \$105 for a three-month supply of each insulin product covered by our plan on Tiers 3 and 4 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 \$1.65 or \$5.80 Copay Brands: \$0 or \$5 or \$14.40 Copay
Important Message About What You Pay for Vaccines	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.	
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 for all of your Part D drugs.	