CHAMPION HEALTH PLAN

Summary of *Benefits*

Champion Ally (HMO) H6474-007

Carson City, Churchill, Clark and Washoe Counties

H6474_SB007NV2027_M

2027 Summary of *Benefits*

CHAMPION HEALTH PLAN

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 Ally (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. 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 ALLY
Monthly Premium	$0
Annual Plan Deductible	No Deductible
Annual Maximum Out of Pocket (MOOP)	$999

PLAN DETAILS	CHAMPION ALLY
Inpatient Hospital*	$0 Per Stay
Outpatient Hospital and Ambulatory Surgery Centers (ASC)*	$100 Copay for outpatient hospital services $0 Copay for surgery in an Ambulatory Surgery Center $0 Copay for outpatient hospital observation
Primary Care Providers	$0 Copay
Specialists*	$0 Copay Authorization may be required for all services except nephrology.
Preventive Services (Medicare Covered Screenings)	$0 Copay
Emergency Care (Hospital Emergency Department) **Worldwide Emergency Care**	$150 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.
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.
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 Diagnostic tests and procedures and lab services may require authorization and a referral.

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION ALLY
Hearing Services	
• Medicare-covered services	$0 Copay for Medicare-covered services every year
• Routine hearing exam and fitting/ evaluation for hearing aid	$0 Copay for one routine exam and one fitting/ evaluation for hearing aids every year
• Hearing Aid	$149 Copay per hearing aid (all models) up to (2) aids every (3) years for TruHearing Advanced hearing aids.
Dental Services*	$0 Copay for Preventive Dental Services and Medicare-covered dental services
• Medicare covered dental services	20% to 40% of the Cost for Comprehensive Dental Services. Limitations may apply.
• Preventive dental services (exams, cleanings, fluoride treatments, x-rays, other dental services)	$3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined
• Comprehensive dental services (restorative, periodontics, endodontics, prosthodontics, surgeries)	
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
• Routine frames and lenses, or contacts	$350 Allowance for eyeglasses (routine frames and lenses) and upgrades every year
Mental Health Inpatient*	$100 Copay for days 1-10 $0 Copay for days 11-90
Mental Health Outpatient* (Medicare-covered individual and group sessions)	$0 Copay
Skilled Nursing Facility*	$0 Copay for days 1-20 $221 per day for days 21-100

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION ALLY
Outpatient Rehabilitation* • Physical Therapy • Speech Therapy • Occupational Therapy	$0 Copay
Ambulance Services*	20% of the Cost for Medicare-covered air ambulance services $0 or $125 of the Cost for Medicare-covered ground ambulance services Minimum cost share applies to non-emergency air and ground ambulance transport.
Transportation	$0 Copay 48 one-way trips to plan-approved health-related locations. Maximum mileage per trip is 25 miles.
Medicare Part B Drugs*	0% to 20% of the Cost $0 to $15 Copay for a 30-day supply of insulin.
Dialysis	20% of the Cost
Durable Medical Equipment (DME)*	DME, Prosthetics, & Medical Supplies: $0 for items $100 or less 20% of the Cost for items over $100
Over-the-Counter Items / Healthy Foods / Utilities Benefit	$220 Allowance every quarter. $0 Copay for quarterly allowance to use for healthy foods and produce, over-the-counter items, wellness products and/or assistance with utilities. Some of the benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify. Qualifying conditions include diabetes, cardiovascular disorders, stroke, overweight, obesity, metabolic syndrome, and cancer. This is not a full listing of eligible conditions. Please see your Evidence of Coverage, Chapter 4, Section 2's Medical Benefit Chart for Special Supplemental Benefits for the Chronically Ill for a full listing of qualifying conditions.

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION ALLY
Acupuncture • Medicare-covered acupuncture • Routine acupuncture	 $0 Copay for Medicare-covered services $0 Copay for up to 50 visits every year (combined with routine chiropractic)
Chiropractic • Medicare-covered chiropractic care • Routine chiropractic care	 $0 Copay for Medicare-covered services $0 Copay for up to 50 visits every year (combined with routine acupuncture)
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
Hospice	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

*Services may require authorization and/or a referral.

PART D PRESCRIPTION DRUG COVERAGE		
PLAN DETAILS	**CHAMPION ALLY**	
Part D Deductible	No Deductible	No Deductible
	Participating Retail Pharmacy	**Mail Order**
Initial Coverage	Up to a 30-day supply	100-day supply
Tier 1: Preferred Generic (including insulins)	$0 Copay	$0 Copay
Tier 2: Generic • **Insulins**	$5 Copay Lesser of $5 Copay or 25% of the Cost	$10 Copay Lesser of $10 Copay or 25% of the Cost
Tier 3: Preferred Brand • **Insulins**	$47 Copay Lesser of $35 Copay or 25% of the Cost	$94 Copay Lesser of $70 Copay or 25% of the Cost
Tier 4: Non-Preferred Brand • **Insulins**	$100 Copay Lesser of $35 Copay or 25% of the Cost	$200 Copay Lesser of $70 Copay or 25% of the Cost
Tier 5: Specialty Tier • **Insulins**	33% of the Cost Lesser of $35 Copay or 25% of the Cost	A 100-day supply is not available in Tier 5
Tier 6: Select Care Drugs (including insulins)	$0 Copay	$0 Copay
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	At retail pharmacy locations, 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 2, 3 and 4. You will not pay more than $35 for a one-month supply of insulin on Tier 5. For mail order, you won't pay more than $70 for a three month supply of each insulin product covered by our plan on Tiers 2, 3 and 4. Long term supplies of insulins in Tier 5 are not available through retail or mail order.	

PART D PRESCRIPTION DRUG COVERAGE	
PLAN DETAILS	**CHAMPION ALLY**
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 from Medicare	Medicare and Social Security have a program called Extra Help that can help pay drug costs for people with limited income and resources. If you qualify, you get help paying for your Medicare drug plan's monthly plan premium, yearly deductible, and copayments. Extra Help also counts toward your out-of-pocket costs.