

2019 SUMMARY OF BENEFITS



MeridianCare Elite (HMO)

H5475, Plan 003

MeridianCare Elite Smile (HMO)

H5475, Plan 024

MeridianCare Elite Clarity (HMO)

H5475, Plan 025

MeridianCare Essential (HMO)

H5475, Plan 006

MeridianCare Essential Clarity (HMO)

H5475, Plan 026

MeridianCare Enhanced (HMO)

H5475, Plan 007

Greater Detroit:

Genesee, Macomb, Oakland,
Saginaw, Wayne

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PA May require prior authorization from the plan

R May require a referral from your Primary Care Provider

This is a summary of drug and health services covered by MeridianCare Elite (HMO), MeridianCare Elite Smile (HMO), MeridianCare Elite Clarity (HMO), MeridianCare Essential (HMO), MeridianCare Essential Clarity (HMO) and MeridianCare Enhanced (HMO) from January 1, 2019 to December 31, 2019. You must live in our service area to be eligible for our plan. Our service area includes: Genesee, Macomb, Oakland, Saginaw, Wayne in Michigan. The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can visit our website at www.mymeridiancare.com and view the 2019 Evidence of Coverage for the MeridianCare plan in your area. You may also call **844-WHY-MCARE (TTY: 711), Monday - Sunday, 8 a.m. to 8 p.m.** and request that one be mailed to you.

\$ Monthly Premium, Deductible and Limits

Premiums & Benefits	MeridianCare Elite (003, 024, 025)	MeridianCare Essential (006, 026)	MeridianCare Enhanced (007)	What you should know
	Greater Detroit	Greater Detroit	Greater Detroit	
1 Monthly Premium	\$47 per month	\$0 per month	\$0 per month <i>Up to \$30 per month Part B premium reduction</i>	You must continue to pay your Medicare Part B premium.
2 Deductible	\$0 per month	\$0 per month	\$0 per month	
3 Maximum Out-of-Pocket (does not include prescription drugs)	\$3,200 annually	\$4,250 annually	\$6,700 annually	For medical and hospital care you receive from in-network providers.

Medical and Hospital Benefits

Benefits	MeridianCare Elite (003, 024, 025)	MeridianCare Essential (006,026)	MeridianCare Enhanced (007)	What you should know
	Greater Detroit	Greater Detroit	Greater Detroit	
4 Inpatient Hospital Coverage ^{PA}	\$175 copay per day for days 1-5 \$0 copay per day for days 6-90	\$270 copay per day for days 1-6 \$0 copay per day for days 7-90	\$372 copay per day for days 1-5 \$0 copay per day for days 6-90	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 lifetime reserve days. A copay is charged for each inpatient stay.
5 Outpatient Hospital Coverage ^{PA}	\$150 copay per surgery	\$215 copay per surgery	\$225 copay per surgery	For surgery, services and observation at an outpatient hospital.
6 Doctor Visits	Primary Care	\$0 copay	\$0 copay	
	Specialist ^R	\$25 copay	\$40 copay	\$50 copay
7 Preventive Care	\$0 copay	\$0 copay	\$0 copay	For all Medicare covered preventive services (e.g. mammograms, colorectal cancer screenings, cardiovascular screenings, diabetes screenings, etc) Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at a \$0 cost.

Medical and Hospital Benefits

Benefits		MeridianCare Elite (003, 024, 025)	MeridianCare Essential (006, 026)	MeridianCare Enhanced (007)	What you should know
		Greater Detroit	Greater Detroit	Greater Detroit	
Emergency/Urgent Care					
8	Emergency Room	\$120 copay	\$90 copay	\$90 copay	If you are admitted to the hospital within 24 hours, you do not have to pay the emergency room copay.
9	Worldwide Emergency Care	Up to \$20,000 of coverage	Up to \$20,000 of coverage	Not Covered	Emergency transportation not covered worldwide.
10	Urgently Needed Services	\$0 copay	\$0 copay	\$0 copay	Coverage within the United States.
Diagnostic Services/Labs/Imaging					
11	Lab Services				
	Physician's Office	\$0 copay	\$0 copay	\$0 copay	
	Free-standing Facility/Hospital	\$0 copay	\$0 copay	\$0 copay	
12	X-Rays				
	Physician's Office	\$0 copay	\$0 copay	\$0 copay	
	Free-standing Facility/Hospital	\$0 copay	\$0 copay	\$0 copay	
13	Doppler/Ultrasound <small>PA</small>	\$50 copay	\$100 copay	\$175 copay	
14	Nuclear Medicine <small>PA</small>	\$100 copay	\$100 copay	\$175 copay	Includes nuclear stress tests.
15	CT/MRI/MRA/PET Scans <small>PA</small>	\$100 copay	\$175 copay	\$275 copay	Includes all other diagnostic radiologic tests.
16	Echocardio/Diagnostic Scopic Procedures <small>PA</small>	\$50 copay	\$50 copay	\$75 copay	Procedures such as colonoscopies, flexible sigmoidoscopies, endoscopies and EGDs.(if the test is not part of colorectal screening) <i>Note: If removal of polyps/tumor or surgery is performed during the procedure, the outpatient surgery copay will apply.</i>
17	Sleep Study/Diagnostic Outpatient <small>PA</small>	\$100 copay	\$100 copay	\$100 copay	Includes all other diagnostic procedures/test performed at an outpatient hospital.
18	Therapeutic Radiology <small>PA</small>	20% coinsurance	20% coinsurance	20% coinsurance	

Medical and Hospital Benefits

Benefits		MeridianCare Elite (003, 024, 025)	MeridianCare Essential (006, 026)	MeridianCare Enhanced (007)	What you should know	
		Greater Detroit	Greater Detroit	Greater Detroit		
Supplemental Benefits						
19	Hearing Services	For hearing benefits, please see pages 9, 11, 13.				
20	Dental Services	For dental benefits, please see pages 9, 11, 13.				
21	Vision Services	For vision benefits, please see pages 9, 11, 13.				
Mental Health/Skilled Nursing						
22	Inpatient Mental Health Services	^{PA} Per day for days 1-7	\$296 copay per day	\$237 copay per day	\$237 copay per day	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 lifetime reserve days. A copay is charged for each inpatient stay.
		Per day for days 8-90	\$0 copay per day	\$0 copay per day	\$0 copay per day	
23	Outpatient Mental Health Services	^R Per session for individual therapy	\$25 copay	\$40 copay	\$40 copay	
		Per session for group therapy	\$25 copay	\$40 copay	\$40 copay	
24	Skilled Nursing Facility	^{PA} Per day	\$0 copay per day for days 1-8 \$20 copay per day for days 9-20 \$172 copay per day for days 21-100	\$0 copay per day for days 1-20 \$172 copay per day for days 21-100	\$0 copay per day for days 1-20 \$172 copay per day for days 21-100	Our plan covers 100 days in a Skilled Nursing Facility.
Rehabilitation Services						
25	Cardiac Rehabilitation	^{PA}	\$50 copay	\$50 copay	\$50 copay	
26	Pulmonary Rehabilitation	^{PA}	\$25 copay	\$30 copay	\$30 copay	
27	Occupational Therapy	^{R,PA}	\$25 copay	\$40 copay	\$40 copay	



Medical and Hospital Benefits

Benefits	MeridianCare Elite (003, 024, 025)	MeridianCare Essential (006, 026)	MeridianCare Enhanced (007)	What you should know
	Greater Detroit	Greater Detroit	Greater Detroit	
Rehabilitation Services continued				
28 Physical Therapy R,PA	\$25 copay	\$40 copay	\$40 copay	
29 Speech Therapy R,PA	\$25 copay	\$40 copay	\$40 copay	
30 Language Therapy R,PA	\$25 copay	\$40 copay	\$40 copay	
Transportation				
31 Ambulance	\$125 copay	\$250 copay	\$225 copay	
32 Transportation PA	For transportation benefits, please see pages 9, 11, 13.			
Medicare Part B				
33 Medicare Part B Drugs PA	20% coinsurance	20% coinsurance	20% coinsurance	Includes both chemotherapy and other Part B drugs.
Foot Care				
34 Podiatry Services	\$25 copay	\$40 copay	\$50 copay	For exams and treatment if you have diabetes-related nerve damage and/or meet certain criteria. Routine foot care is not covered unless you meet medical criteria.
Medical Equipment/Supplies				
35 Durable Medical Equipment PA	20% coinsurance	20% coinsurance	20% coinsurance	
36 Prosthetics PA	20% coinsurance	20% coinsurance	20% coinsurance	
37 Diabetic Supplies PA	\$0 copay	\$0 copay	\$0 copay	Includes therapeutic shoes or inserts.
Wellness Program				
38 Monthly Gym Membership	\$0 copay	\$0 copay	\$0 copay	At participating locations only.
39 Weight Watchers PA	\$0 copay	\$0 copay	\$0 copay	For qualified individuals only.
40 Nurse Hotline	\$0 copay	\$0 copay	\$0 copay	Available 24/7 at 1-877-902-6784 (TTY: 711).
41 Health Education	\$0 copay	\$0 copay	\$0 copay	Includes disease management programs.
Outpatient Surgery				
42 Ambulatory Surgical Center PA	\$125 copay per surgery	\$175 copay per surgery	\$200 copay per surgery	Surgery at an ambulatory surgical center.



Outpatient Prescription Drugs

	MeridianCare Elite (003, 024, 025)			MeridianCare Essential (006, 026)			
	Greater Detroit			Greater Detroit			
Deductible	You pay \$0			You pay \$0			
Tier and Day Supply	Retail Pharmacy 30-day supply	Retail Pharmacy 90-day supply	Mail Order Pharmacy 90-day supply	Retail Pharmacy 30-day supply	Retail Pharmacy 90-day supply	Mail Order Pharmacy 90-day supply	What you should know
44 Cost-Sharing Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Your share of the cost during the initial coverage phase when you get a one-month or three-month supply of a covered Part D prescription drug from a network pharmacy. Tier 6 includes Viagra and Levitra.
45 Cost-Sharing Tier 2 (Generic)	\$10 copay	\$20 copay	\$20 copay	\$15 copay	\$30 copay	\$30 copay	
46 Cost-Sharing Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$90 copay	\$47 copay	\$94 copay	\$94 copay	
47 Cost-Sharing Tier 4 (Non-Preferred Brand)	\$100 copay	\$300 copay	\$300 copay	\$100 copay	\$300 copay	\$300 copay	
48 Cost-Sharing Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	
49 Cost-Sharing Tier 6 (Supplemental Drugs)	\$40 copay	Not Covered	Not Covered	\$50 copay	Not Covered	Not Covered	

These plans do not provide additional coverage through the Coverage Gap, commonly known as the Donut Hole. Cost-sharing may change depending on the pharmacy you choose and which phase of the Part D benefit you are in.



Outpatient Prescription Drugs

MeridianCare Enhanced (007)

Greater Detroit

Deductible

You pay \$0

Tier and Day Supply

Retail Pharmacy 30-day supply

Retail Pharmacy 90-day supply

Mail Order Pharmacy 90-day supply

What you should know

50 Cost-Sharing Tier 1 (Preferred Generic)

\$4 copay

\$10 copay

\$10 copay

51 Cost-Sharing Tier 2 (Generic)

\$20 copay

\$60 copay

\$60 copay

52 Cost-Sharing Tier 3 (Preferred Brand)

\$47 copay

\$141 copay

\$141 copay

53 Cost-Sharing Tier 4 (Non-Preferred Brand)

\$100 copay

\$300 copay

\$300 copay

54 Cost-Sharing Tier 5 (Specialty Tier)

33% coinsurance

33% coinsurance

33% coinsurance

55 Cost-Sharing Tier 6 (Supplemental Drugs)

\$75 copay

Not Covered

Not Covered

Your share of the cost during the initial coverage phase when you get a one-month or three-month supply of a covered Part D prescription drug from a network pharmacy. Tier 6 includes Viagra and Levitra.

Prior authorization rules and other restrictions may apply to drugs on our Formulary (list of covered drugs); please refer to the Formulary for more information. For more information on pharmacy specific cost-sharing and the phases of the benefit, please call us at 844-WHY-MCARE (TTY users should call 711), Monday – Sunday, 8 a.m. to 8 p.m. or visit our website at www.mymeridiancare.com to access our Evidence of Coverage or Formulary.

MERIDIANCARE ELITE SUPPLEMENTAL BENEFITS

MeridianCare Elite (003)

MeridianCare Elite Smile (024)

MeridianCare Elite Clarity (025)

Greater Detroit:

**Genesee, Macomb, Oakland,
Saginaw, Wayne**

Benefits		MeridianCare Elite (003)	MeridianCare Elite Smile (024)	MeridianCare Elite Clarity (025)	What you should know
		Greater Detroit	Greater Detroit	Greater Detroit	
56 Dental Services	Preventive	\$0 copay \$500/year	\$0 copay \$500/year	\$0 copay \$500/year	2 cleanings per year 2 oral exams per year 1 dental x-ray every year 1 fluoride treatment every year
	Comprehensive ^{PA}	\$0 copay \$1,500/year Denture Coverage Bridges and Crowns are not covered	\$0 copay \$3,000/year Denture Coverage 25% coinsurance for Bridges and Crowns	Not Covered	Plan 003, 024: 1 Upper and 1 Lower Denture every 3 years. Includes Restorative Services, Endodontics, Periodontics, Extractions and Prosthodontics.
57 Vision Services	Diagnostic Exams	\$25 copay	\$25 copay	\$25 copay	For exams to diagnose and treat conditions of the eye.
	Routine Exams	\$0 copay	\$0 copay	\$0 copay	Up to 1 every year.
	Eyewear	\$0 copay \$300/year	\$0 copay \$150/year	\$0 copay \$500/year Lens + Frame Upgrades Covered	For eyeglasses and contact lenses. 1 pair of eyeglasses (lens + frames) every 2 years. Eligible for eyeglasses or contact lenses after cataract surgery.
58 Hearing Services	Diagnostic Exams	\$25 copay	\$25 copay	\$25 copay	For exams to diagnose and treat hearing and balance issues.
	Routine Exams	\$0 copay	\$0 copay	\$0 copay	Up to 1 every year.
	Hearing Aid Fitting	\$0 copay	\$0 copay	\$0 copay	Includes fittings/evaluations as needed.
	Hearing Aids ^{PA}	\$0 copay \$1,000/year	\$0 copay \$500/year	\$0 copay \$4,000/year	1 Hearing Aid per ear every 3 years.
59 Over-the-Counter (OTC)		\$20/month	Not Covered	Not Covered	Any unused benefit does not carry over to the next month. Contact the plan for plan limitations and additional information.
60 Transportation		Not Covered	Not Covered	Not Covered	
61 Meals ^{PA}		14 Meals	14 Meals	14 Meals	Meals covered post inpatient discharge. 72 hour inpatient stay is required.

MERIDIANCARE ESSENTIAL SUPPLEMENTAL BENEFITS

MeridianCare Essential (006)

MeridianCare Essential Clarity (026)

Greater Detroit:

**Genesee, Macomb, Oakland,
Saginaw, Wayne**

Benefits		MeridianCare Essential (006)	MeridianCare Essential Clarity (026)	What you should know
		Greater Detroit	Greater Detroit	
62 Dental Services	Preventive	\$0 copay \$500/year	\$0 copay \$500/year	2 cleanings per year 2 oral exams per year 1 dental x-ray every year 1 fluoride treatment every year
	Comprehensive ^{PA}	\$0 copay \$1,750/year <i>Denture Coverage</i> Bridges and Crowns are not covered	Not Covered	Plan 006: Includes Restorative Services, Endodontics, Periodontics, Extractions and Prosthodontics. 1 Upper and 1 Lower Denture every 3 years.
63 Vision Services	Diagnostic Exams	\$40 copay	\$40 copay	For exams to diagnose and treat conditions of the eye.
	Routine Exams	\$0 copay	\$0 copay	Up to 1 every year.
	Eyewear	\$0 copay \$200/year	\$0 copay \$500/year <i>Lens + Frame Upgrades Covered</i>	For eyeglasses and contact lenses. 1 pair of eyeglasses (lens + frames) every 2 years. Eligible for eyeglasses or contact lenses after cataract surgery.
64 Hearing Services	Diagnostic Exams	\$40 copay	\$40 copay	For exams to diagnose and treat hearing and balance issues.
	Routine Exams	\$0 copay	\$0 copay	Up to 1 every year.
	Hearing Aid Fitting	\$0 copay	\$0 copay	Includes fittings/evaluations as needed.
	Hearing Aids ^{PA}	\$0 copay \$500/year	\$0 copay \$4,000/year	1 Hearing Aid per ear every 3 years.
65 Over-the-Counter (OTC)		Not Covered	\$20/month	Any unused benefit does not carry over to the next month. Contact the plan for plan limitations and additional information.
66 Transportation ^{PA}		20 trips/year	12 trips/year	One-way trips.
67 Meals ^{PA}		14 Meals	14 Meals	Meals covered post inpatient discharge. 72 hour inpatient stay is required.

MERIDIANCARE ENHANCED SUPPLEMENTAL BENEFITS

MeridianCare Enhanced (007)

Greater Detroit:

Genesee, Macomb, Oakland,
Saginaw, Wayne

Benefits		MeridianCare Enhanced (007)	What you should know
		Greater Detroit	
68 Dental Services	Preventive	\$0 copay \$500/year	2 cleanings per year 2 oral exams per year 1 dental x-ray every year 1 fluoride treatment every year
	Comprehensive ^{PA}	Not Covered	
69 Vision Services	Diagnostic Exams	\$50 copay	For exams to diagnose and treat conditions of the eye.
	Routine Exams	\$0 copay	Up to 1 every year.
	Eyewear	\$0 copay \$150/year	For eyeglasses and contact lenses. 1 pair of eyeglasses (lens + frames) every 2 years. Eligible for eyeglasses or contact lenses after cataract surgery.
70 Hearing Services	Diagnostic Exams	\$50 copay	For exams to diagnose and treat hearing and balance issues.
	Routine Exams	\$0 copay	Up to 1 every year.
	Hearing Aid Fitting	\$0 copay	Includes fittings/evaluations as needed.
	Hearing Aids ^{PA}	\$0 copay \$500/year	1 Hearing Aid per ear every 3 years.
71 Over-the-Counter (OTC)		Not Covered	
72 Transportation		Not Covered	
73 Meals	^{PA}	14 Meals	Meals covered post inpatient discharge. 72 hour inpatient stay is required.

If you get Extra Help from Medicare to help pay for your prescription drug costs, your drug copays and/or coinsurance will be lower than if you did not get Extra Help from Medicare. The amount of Extra Help you get will determine the copay or coinsurance amount you pay for your prescription drugs.

 Extra Help		
Low Income Subsidy (LIS) Level	Your cost-sharing amount for generic/brand drugs treated like generics is no more than	Your cost-sharing amount for all other drugs is no more than
LIS 3	\$0 for each prescription	\$0 for each prescription
LIS 2	\$1.25 for each prescription	\$3.80 for each prescription
LIS 1	\$3.40 for each prescription	\$8.50 for each prescription
LIS 4	15% for each prescription	15% for each prescription

Many people qualify for Extra Help and don't even know it. For more information about qualifying for Extra Help, call MeridianCare Member Services at **866-821-2674**. TTY users should call **711, Monday - Sunday, 8 a.m. to 8 p.m.** Tier 6 is not subject to LIS cost share amounts.

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium may be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help you get will determine your total monthly plan premium as a member of our plan. This table shows you what your monthly plan premium will be if you get Extra Help.

<h2 style="margin: 0;">\$ LIS Premium Summary Chart</h2>			
Your level of Extra Help	Monthly Premium for MeridianCare Elite (003, 024, 025)	Monthly Premium for MeridianCare Essential (006, 026)	Monthly Premium for MeridianCare Enhanced (007)
100% (LIS 1, 2, 3)	\$14.10	\$0	\$0
75% (LIS 4)	\$22.30	\$0	\$0
50% (LIS 4)	\$30.50	\$0	\$0
25% (LIS 4)	\$38.80	\$0	\$0

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **844-949-6227** (TTY users should call **711**), **Monday - Sunday, 8 a.m. to 8 p.m.**

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.mymeridiancare.com or call **844-949-6227** (TTY: **711**), **Monday - Sunday, 8 a.m. to 8 p.m.** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

MeridianCare HMO is a Medicare Advantage organization with a Medicare contract. Enrollment in MeridianCare (HMO) depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

To join MeridianCare Elite (HMO), MeridianCare Essential (HMO) and MeridianCare Enhanced (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

MeridianCare Elite (HMO), MeridianCare Essential (HMO) and MeridianCare Enhanced (HMO) have a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

The Formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.

You can see MeridianCare's Provider and Pharmacy Directory on our website at www.mymeridiancare.com by navigating to the Provider or Pharmacy search pages.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see MeridianCare's Formulary on our website at www.mymeridiancare.com by navigating to the Formulary page.

MeridianCare - H5475

2019 Medicare Star Ratings

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, MeridianCare received the following Overall Star Rating from Medicare.

★★★
3 Stars

We received the following Summary Star Rating for MeridianCare's health/drug plan services:

Health Plan Services: ★★★
3 Stars

Drug Plan Services: ★★★
3 Stars

The number of stars shows how well our plan performs.



5 stars - excellent
4 stars - above average
3 stars - average
2 stars - below average
1 star - poor



Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 844-949-6227 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 877-902-6784 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

MeridianCare HMO is a Medicare Advantage organization with a Medicare contract. MeridianCare HMO SNP is a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid program. Enrollment in MeridianCare (HMO/HMO SNP) depends on contract renewal.

MeridianCare (HMO/HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MeridianCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MeridianCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact MeridianCare Member Services.

If you believe that MeridianCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with MeridianCare's Grievance Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, MeridianCare's Grievance Coordinator is available to help you.

Mail: MeridianCare
Attn: Medicare Grievance Coordinator
P.O. Box 44260
Detroit, MI 48244

Telephone: 1-877-902-6784
(TTY users should call 711)
Hours: Monday – Sunday, 8 a.m. to 8 p.m.
Fax: 1-313-294-5552
Email: medicaregrievances@mhplan.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

