

SUMMARY OF BENEFITS

2024

**MERIDIANCOMPLETE
(MEDICARE-MEDICAID PLAN)**



MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2024

Introduction

This document is a brief summary of the benefits and services covered by MeridianComplete. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of MeridianComplete. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.mimeridian.com.

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A. Disclaimers



This is a summary of health services covered by MeridianComplete for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can get a copy of the *Member Handbook* by calling MeridianComplete at 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. Or you can access the *Member Handbook* on our website mmp.mimeridian.com.

- ❖ MeridianComplete (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat MeridianComplete members, except in emergency situations. Please call our Member Services number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- ❖ Under MeridianComplete you can get your Medicare and Michigan Medicaid services in one health plan. A Care Coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the MeridianComplete *Member Handbook*.
- ❖ **You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.**
- ❖ To always get this document and other material in another language or format, now and in the future, please call Member Services. This is called a “standing request.” We will document your choice. If you later want to change the language and/or format choice, please call MeridianComplete at 1-855-323-4578 (TTY: 711). Hours are 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Michigan Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Care Coordinator?	<p>A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You are assigned a Care Coordinator when you enroll with MeridianComplete. Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you are getting from us, you can call your Care Coordinator. Your Care Coordinator is your “go-to” person for MeridianComplete.</p> <p>Our goal in MeridianComplete is to meet your needs in a way that works for you. This is why we call our program “person-centered.” The person-centered planning process is when you work with your Care Coordinator to create a care plan that is about your goals, choices, and abilities. When you create your care plan, you are welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.</p>



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What are long term supports and services?	Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
Will I get the same Medicare and Michigan Medicaid benefits in MeridianComplete that I get now?	<p>You will get your covered Medicare and Michigan Medicaid benefits directly from MeridianComplete. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. If you are currently getting services for mental health, substance use, or intellectual/developmental disability needs, you will continue to get these services the same way you do now.</p> <p>When you enroll in MeridianComplete, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IICSP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that MeridianComplete does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for MeridianComplete to cover your drug, if medically necessary.</p>

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Can I use the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with MeridianComplete and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in MeridianComplete’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of MeridianComplete's plan. There is no worldwide coverage provided. <p>To find out if your doctors are in the plan’s network, call Member Services or read MeridianComplete’s <i>Provider and Pharmacy Directory</i> on the plan’s website at mmp.mimeridian.com.</p> <p>If MeridianComplete is new for you, you can continue using the doctors you use now while your IICSP is being developed.</p>
What happens if I need a service but no one in MeridianComplete’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, MeridianComplete will pay for the cost of an out-of-network provider.</p>
Where is MeridianComplete available?	<p>The service area for this plan includes: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren and Wayne Counties, Michigan. You must live in one of these areas to join the plan.</p>



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Do I pay a monthly amount (also called a premium) under MeridianComplete?	You will not pay any monthly premiums to MeridianComplete for your health coverage. (You will be required to keep paying any monthly Freedom to Work program premium you have. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00 .)
What is prior authorization (PA)?	<p>PA means that you must get approval from MeridianComplete before you can get a specific service or drug or use an out-of-network provider. MeridianComplete may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3, Section D2 of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan's network. If you don't get approval, MeridianComplete may not cover the services. You don't need a referral for certain specialists, such as women's health specialists.</p> <p>Refer to Chapter 3, Section D1 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
Do I pay a deductible?	No. You do not pay deductibles in MeridianComplete.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.

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Whom should I contact if I have questions or need help? (continued on the next page)	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call your Care Coordinator or MeridianComplete Member Services:</p> <p>CALL 1-855-323-4578</p> <p>Calls to this number are free.</p> <p>8 a.m. to 8 p.m., 7 days a week.</p> <p>On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free.</p> <p>8 a.m. to 8 p.m., 7 days a week.</p> <p>On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p>



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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page) (continued on the next page)	<p>If you have questions about your health, please call the 24 Hour Nurse Advice line:</p> <p>CALL 1-855-323-4578</p> <p>Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.</p>



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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page) (continued on the next page)	<p>If you have questions about behavioral health services and resources, based on your county of residence, please call MeridianComplete or the Prepaid Inpatient Health Plan (PIHP) General Information Line. If you need immediate behavioral health services, please call the Behavioral Health Crisis Line for the local PIHP.</p> <p>CALL MeridianComplete</p> <p>In Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, and Van Buren Counties, call 1-855-323-4578.</p> <p>Calls to this number are free. Hours are 8 a.m. to 8 p.m., Monday through Friday.</p> <p>Wayne County Integrated Health Network</p> <p>In Wayne County, call 1-800-241-4949.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p> <p>TTY</p> <p>In Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, and Van Buren Counties, call 711.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p> <p>Wayne County Integrated Health Network</p> <p>In Wayne County, call 1-800-630-1044.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p>

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	<p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.</p> <p>CALL Behavioral Health Crisis Line</p> <p>In Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, and Van Buren Counties, call 1-855-323-4578.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p> <p>In Wayne County, call 1-800-241-4949.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p> <p>TTY In Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, and Van Buren Counties, call 711.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p> <p>In Wayne County, call 1-800-630-1044.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p>



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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	Referral rules may apply.
	Wellness visits, such as a physical	\$0	None.
	Transportation to a doctor's office	\$0	Prior authorization rules may apply.
	Specialist care	\$0	Referral rules may apply.
	Care to keep you from getting sick, such as flu shots	\$0	None.
	"Welcome to Medicare" preventive visit (one time only)	\$0	None.
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization rules may apply.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization rules may apply.
	Screening tests, such as tests to check for cancer	\$0	No prior authorization or referral necessary for Medicare-approved preventive screenings.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	\$0 copay for up to a 100-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to MeridianComplete's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Formulary)</i>. Our plan covers most Part D vaccines at no cost to you.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. Please refer to our Drug List to view those drugs available for an extended-day supply.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Brand name drugs	\$0 copay for up to a 100-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to MeridianComplete's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. Please refer to our Drug List to view those drugs available for an extended-day supply.</p>
	Over-the-counter drugs	\$0 copay for up to a 100-day supply.	There may be limitations on the types of drugs covered. Please refer to MeridianComplete's <i>List of Covered Drugs</i> (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>Prior authorization may be required.</p>

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You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization and referral rules may apply.
You need emergency care	Emergency room services	\$0	MeridianComplete covers out-of-network emergency care. You may get covered emergency care whenever you need it, anywhere in the United States or its territories. Emergency room care is for a medical issue that is a threat to your life, or that could cause serious harm if not treated right away. No prior authorization or referral is necessary for emergency room services.
	Ambulance services	\$0	Prior authorization is required for non-emergency ambulance services.
	Urgent care	\$0	MeridianComplete covers out-of-network urgent care in the United States. Urgent care is for medical issues that require prompt medical attention but are not life threatening. No prior authorization or referral is necessary for urgent care.
You need hospital care	Hospital stay	\$0	Prior authorization rules may apply.
	Doctor or surgeon care	\$0	Prior authorization and referral rules may apply.

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You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization may apply.
	Medical equipment for home care	\$0	Prior authorization and referral rules may apply.
	Skilled nursing care	\$0	Prior authorization and referral rules may apply.
You need eye care	Eye exams	\$0	Routine eye exam: 1 every 2 years.
	Glasses	\$0	Eyeglasses (frames and lenses): 1 every year. Contact lenses: 1 every year. Eyeglasses or contact lenses after cataract surgery. Prior authorization rules may apply.



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You need dental care	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planing, and other periodontal maintenance	\$0	<p>Cleaning: 1 every six months</p> <p>Dental x-ray(s):</p> <ul style="list-style-type: none"> • Bitewing: once every 12 months • Panoramic: once every five years • Full mouth or complete series: once every five years <p>Oral exam: 1 every six months</p> <p>Preventative Services:</p> <ul style="list-style-type: none"> • Topical Application of Flouride • Dental Sealant <p>Restorative Services:</p> <ul style="list-style-type: none"> • Crowns • Root Canal <p>Periodontal Services:</p> <ul style="list-style-type: none"> • Comprehensive periodontal evaluation • Scaling in the presence of inflammation • Periodontal maintenance • Complete and Partial Dentures • Periodontal Scaling and Root Planing <p>Comprehensive dental covered with limitations.</p> <p>Prior authorization rules may apply.</p>



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You need hearing/auditory services	Hearing screenings	\$0	Plan covers exam to diagnose and treat hearing and balance issues.
	Hearing aid evaluation and fitting	\$0	The plan covers 2 hearing aid evaluations and fittings every year. Prior authorization and referral rules may apply.
	Hearing aids	\$0	The plan covers 1 hearing aid every 5 years. Prior authorization and referral rules may apply.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization rules may apply.
	Diabetes supplies and services	\$0	Diabetic glucometer and supplies are limited to OneTouch when obtained at a Pharmacy. Other brands and continuous glucose monitoring systems are not covered unless pre-authorized. Quantity limits may apply.
You have a mental health condition	Behavioral health services, including inpatient behavioral health care and partial hospitalization services	\$0	For Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, and Van Buren Counties, this service is provided through MeridianComplete. For Wayne County, this service is provided through the Prepaid Inpatient Health Plan (PIHP).

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You have concerns related to substance use	Substance use services, including outpatient substance use disorder services and partial hospitalization services	\$0	For Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, and Van Buren Counties, this service is provided through MeridianComplete. For Wayne County, this service is provided through the Prepaid Inpatient Health Plan (PIHP).
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization rules may apply.
	Nebulizers	\$0	Prior authorization rules may apply.
	Crutches	\$0	Prior authorization rules may apply.
	Walkers	\$0	Prior authorization rules may apply.
	Oxygen equipment and supplies	\$0	Prior authorization rules may apply.
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	Home Delivered Meals (up to 2 meals every day) Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Chore services, such as heavy household chores and mowing and raking	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.

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You need help living at home (continued) (This service is continued on the next page)	Preventive nursing services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Up to 2 hrs. per visit, cannot be receiving private duty nursing Authorization and eligibility rules apply.
	Private duty nursing services to provide skilled nursing services in your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Fiscal intermediary services to help you control your budget and choose the staff to work with you	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.mimeridian.com.



MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Environmental modifications to your home, such as adding ramps and widening doorways	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Expanded community living supports to help you complete activities of daily living and instrumental activities of daily living	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Personal care services (You may be able to choose your own personal care assistant. Call Member Services for more information.)	\$0	Prior authorization rules may apply.
	Personal Emergency Response System (PERS)	\$0	Prior authorization rules may apply.
	Assistive technology	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Home health care services	\$0	Prior authorization rules may apply.
	Adult day services or other support services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.mimeridian.com.



MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Nursing home care	A Patient Pay Amount (PPA) may be required.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards. Authorization and eligibility rules apply.
Your caregiver needs some time off	Respite care	\$0	Some services are only available to individuals on the MI Health Link 1915(c) waiver. Non-waiver Respite care limited to 336 hours per year. Authorization and eligibility rules apply.
Additional covered services (This service is continued on the next page)	Community Transition Services	\$0	The plan will pay for one-time expenses for you to transition from a nursing home to another residence where you are responsible for your own living arrangement. Authorization rules may apply.
	COVID-19 Testing	\$0	Up to 8 over-the-counter COVID-19 home test kits per calendar month, per beneficiary, purchased through a retail store or online retailer.
	Doula Services	\$0	Prenatal and postpartum visits, 6 visits per pregnancy and attendance at labor and delivery, 1 visit per pregnancy.
	Non-Medical Transportation	\$0	The plan covers transportation services to enable you to access waiver and other community services, activities, and resources, if you qualify. Authorization rules may apply.

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.mimeridian.com.



MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Over-the-Counter (OTC)	\$0	<p>The plan covers up to \$20 per calendar month. OTC items are available by mail or at select CVS pharmacy retail stores.</p> <p>The OTC benefit is limited to one order per benefit period. Unused balance at the end of each calendar month will be forfeited.</p> <p>You can order up to 3 of the same item per calendar month unless noted in the catalog. There is no limit on the number of total items in your order. This benefit can only be used to order OTC products for the member.</p>



If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.mimeridian.com.

MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2024

D. Services covered outside of MeridianComplete

This is not a complete list. Call your Care Coordinator or Member Services to find out about other services not covered by MeridianComplete but available through Medicare or Michigan Medicaid.

Other services covered by Medicare or Michigan Medicaid	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services. If you live in Wayne County, these benefits are provided by the Wayne County Integrated Health Network. Contact the Wayne County Integrated Health Network for more information.	\$0
Some hospice care services	\$0

E. Services that MeridianComplete, Medicare, and Michigan Medicaid do not cover

This is not a complete list. Call your Care Coordinator or Member Services to find out about other excluded services.

Services not covered by MeridianComplete, Medicare, or Michigan Medicaid	
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Services considered not “reasonable and necessary,” according to the standards of Medicare and Michigan Medicaid, unless these services are listed by our plan as covered services.
A private room in a hospital or nursing facility, except when it is medically needed.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically needed.



If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.mimeridian.com.

MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2024

Services not covered by MeridianComplete, Medicare, or Michigan Medicaid

Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.

Surgical treatment for morbid obesity, except when it is medically needed and Medicare pays for it.

Radial keratotomy, LASIK surgery, and vision therapy

Acupuncture

F. Your rights as a member of the plan

As a member of MeridianComplete, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - get information in other formats (e.g., large print, braille, audio)
 - be free from any form of physical restraint or seclusion
 - not be billed by network providers
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - description of the services we cover
 - how to get services
 - how much services will cost you
 - names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - choose a Primary Care Provider (PCP) and change your PCP at any time during the year



If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.mimeridian.com.

MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2024

- use a women's health care provider without a referral
- get your covered services and drugs quickly
- know about all treatment options, no matter what they cost or whether they are covered
- refuse treatment, even if your doctor advises against it
- stop taking medicine
- ask for a second opinion. MeridianComplete will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - get timely medical care
 - get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - have interpreters to help with communication with your doctors and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - get emergency services without PA in an emergency
 - use an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - file a complaint or grievance against us or our providers
 - ask for a state fair hearing
 - get a detailed reason for why services were denied

For more information about your rights, you can read the MeridianComplete *Member Handbook*. If you have questions, you can also call MeridianComplete Member Services.



If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.mimeridian.com.

MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2024

G. How to file a complaint or appeal a denied service

If you have a complaint or think MeridianComplete should cover something we denied, call MeridianComplete at the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the MeridianComplete *Member Handbook*. You can also call MeridianComplete Member Services.

Complaints, grievances and appeals can be submitted in writing to the addresses below. Additionally, you can call us or fax your appeal to one of the numbers listed below.

Appeals for Part D (Drugs)

MeridianComplete
Attn: Medicare Part D Appeals
P.O. Box 31383
Tampa, FL 33631-3383

Phone: 1-855-323-4578 (TTY: 711)

Fax: 1-866-388-1766

Appeals for Part C (Medical and Part B Drugs) and Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)

MeridianComplete
Appeals & Grievances
Medicare Operations
7700 Forsyth Blvd
St. Louis, MO 63105

Phone: 1-855-323-4578 (TTY: 711)

Fax Number: 1-844-273-2671

H. What do you do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at MeridianComplete Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.mimeridian.com.



Multi-Language Insert
Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at 1-855-323-4578 (TTY: 711). Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos al 1-855-323-4578 (TTY: 711). El horario de atención es de 8 a.m. a 8 p.m, los siete días de la semana. Los fines de semana y los días festivos estatales o federales, es posible que se le pida que deje un mensaje. Se le devolverá la llamada al siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，您僅需於每週七天上午 8 點至晚上 8 點致電 1-855-323-4578 (TTY：711) 與我們聯絡。週末及州或聯邦假日，可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人員可以幫助您。此為免費服務。

Chinese (Mandarin): 我们提供免费口译服务，可解答您对我们的健康或药物计划的有关疑问。要获得口译服务，请于周一至周日上午 8 点至晚上 8 点致电 1-855-323-4578 (TTY：711)。在周末及州或联邦假日，您可能需要留言。您的来电将在下一个工作日内得到回复。您将获得中文普通话口译员的帮助，而且这是一项免费服务。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa 1-855-323-4578 (TTY: 711) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au 1-855-323-4578 (TTY : 711) tous les jours, de 8 h à 20 h. Si vous appelez pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous prendrons alors votre appel en compte le jour ouvrable suivant. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số 1-855-323-4578 (TTY: 711), từ 8 a.m. đến 8 p.m., bảy ngày một tuần. Vào các ngày cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: 1-855-323-4578 (TTY: 711). Außerhalb der Geschäftszeiten, an Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 주 7일, 오전 8시부터 오후 8시까지 1-855-323-4578(TTY: 711)번으로 당사에 연락해 주십시오. 주말 및 공휴일에는 메시지를 남겨 주시면 됩니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру 1-855-323-4578 (TTY: 711). Часы работы: с 8 а.м. до 8 р.м. без выходных. В выходные и праздничные дни федерального уровня или на уровне штата вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: وفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم 1-855-323-4578 (TTY: 711) طوال أيام الأسبوع من الساعة 8 صباحًا لغاية الساعة 8 مساءً. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وخلال الإجازات الوطنية والفيدرالية وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero 1-855-323-4578 (TTY: 711) dalle 8:00 alle 20:00, sette giorni a settimana. Nei fine settimana e nei giorni festivi potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número 1-855-323-4578 (TTY: 711). O serviço está disponível sete dias por semana, das 8:00 às 20:00. Se ligar ao fim de semana ou num feriado estadual ou federal, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan 1-855-323-4578 (TTY: 711). Lè biwo yo se soti 8è a.m. rive 8è p.m., sèt jou pa semèn. Nan wikenn ak pandan jou ferye eta oswa federal yo, yo gendwa mande w pou ou kite yon mesaj. Y ap rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-855-323-4578 (TTY: 711) w godzinach od 8:00 do 20:00, siedem dni w tygodniu. Po godzinach pracy, w weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें 1-855-323-4578 (TTY: 711) पर कॉल करें। कॉल करने का समय सप्ताह के सातों दिन सुबह 8 बजे से रात 8 बजे तक है। सप्ताहांत और राज्य या संघीय छुट्टियों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、月曜日～金曜日の午前8時～午後8時に、1-855-323-4578（TTY：711）までお電話ください。週末や祝日は、留守番電話にメッセージを残す必要がある場合があります。その場合は、折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。

Albanian: Ne ofrojmë shërbime interpretimi pa pagesë për t'iu përgjigjur çdo pyetje që mund të keni lidhur me planin tonë për shëndetin ose për barnat. Për t'u lidhur me një interpret, thjesht na telefononi në numrin 1-855-323-4578 (TTY: 711), nga ora 8:00 deri në 20:00, nga e hëna në të premte. Gjatë fundjavave dhe festave, mund t'ju kërkohet të lini një mesazh. Telefonata do t'ju kthehet brenda ditës së ardhshme të punës. Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.

[illegible]

Bengali: আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার যে কোনও প্রশ্নের উত্তর দিতে আমরা বিনামূল্যে দোভাষীর পরিষেবা দিই। দোভাষীর পরিষেবা পেতে কেবল আমাদের 1-855-323-4578 (TTY: 711) নম্বরে কল করুন। সময় হ'ল সপ্তাহের সাত দিনই সকাল ৪টা থেকে রাত্রি ৪টা। সপ্তাহান্তে এবং প্রদেশ বা কেন্দ্রীয় ছুটির দিনগুলিতে আপনাকে একটি মেসেজ দিয়ে রাখতে বলা হতে পারে। আপনাকে পরবর্তী কাজের দিন কল করা হবে। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারেন। এই পরিষেবাটি বিনামূল্যে।

Serbo-Croatian: Nudimo besplatne usluge tumača koji će odgovoriti na sva pitanja koja potencijalno imate o svom zdravlju i planu lekova. Da biste dobili tumača treba samo da nas pozovete na broj 1-855-323-4578 (TTY: 711). Radno vreme je od 08:00 do 20:00, sedam dana u nedelji. Tokom vikenda, državnih i nacionalnih praznika možemo tražiti od vas da ostavite poruku. Poziv ćete primiti u toku narednog radnog dana. Neko ko govori srpskohrvatski jezik će vam pomoći. Usluga je besplatna.



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TTY: 711

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