



CommuniCare  
ADVANTAGE

# 2026 Summary of Benefits

Medicare Advantage HMO  
Chronic Condition Special Needs Plan

Look inside to learn more about the health services and drug coverage  
CommuniCare Advantage provides.

**Toll-Free (866) 212-4582, TTY/TDD 711**

8:00 a.m. – 8:00 p.m. seven days a week October 1  
through March 31 (8:00 a.m. – 8:00 p.m. Monday  
through Friday April 1 through September 30)

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[www.communicare-advantage.com](http://www.communicare-advantage.com)



## Summary of Benefits — January 1, 2026, through December 31, 2026

### About Our Plan

CommuniCare Advantage Chronic Condition Special Needs Plan (CSNP) is a Medicare Advantage HMO plan with a Medicare contract. It is insured through OH CHS SNP, Inc. Enrollment in the plan depends on contract renewal. The CommuniCare Advantage CSNP has been approved by the Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) through 2026 based on a review of CommuniCare Advantage's Model of Care.

To join our plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B, be a United States citizen (or lawfully present in the United States), live within our service area, and have at least one of the following chronic conditions: diabetes, chronic heart failure, or cardiovascular disease. Our service area includes these states and counties:

- Maryland: Baltimore City, Baltimore County, and Anne Arundel Counties
- Ohio: Butler, Cuyahoga, Hamilton, Lorain, and Montgomery Counties

CommuniCare Advantage CSNP has a network of doctors, hospitals, pharmacies, and other types of providers. Except in emergency situations, if you use providers or pharmacies that are not part of our network, we may not pay for these services. If you are new to our plan, we will cover important care from out of network providers for a limited time (no more than 90 days) until your services can be moved to an in-network doctor or provider. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

To find out more about which providers are in our network, please go to [www.communicare-advantage.com](http://www.communicare-advantage.com). You will also find a link to our Drug List to see what drugs are covered, any restrictions, and your options for purchasing.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare and You" handbook. You can view it online at [www.medicare.gov](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/TDD users should call (877) 486-2048. This information is available in other formats and languages.

The benefit information provided is a summary of what we cover and what you pay for the services or drugs. It does not list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.communicare-advantage.com](http://www.communicare-advantage.com) or you can call Member Services at (866) 212-4582 (TTY/TDD 711) for help. Our hours are 8:00 a.m. – 8:00 p.m. seven days a week October 1 through March 31 (8:00 a.m. – 8:00 p.m. Monday through Friday April 1 through September 30).



Premiums and Benefits	CommuniCare Advantage CSNP
<b>Monthly Plan Premium</b>	Part C: \$0 Part D: \$0 You must continue to pay your Medicare Part B premium
<b>Deductible</b>	Part B deductible: \$0 Part C deductible: \$0 Part D deductible: \$615 except for insulin furnished through an item of durable medical equipment
<b>Maximum Out-of-Pocket Responsibility</b> (does not include out of network or Part D prescription drugs)	\$9,250
<b>Inpatient Hospital</b> (including Mental Health Inpatient)	Per benefit period: You pay \$375 per day for days 1-5 You pay nothing per day for days 6-90 You pay \$788 per day for up to 60 lifetime reserve days Once lifetime reserve days are exhausted you pay all costs  For Mental Health Inpatient: You pay \$325 per day for days 1-5 You pay nothing per day for days 6-90 You pay \$788 per day for up to 60 lifetime reserve days Once lifetime reserve days are exhausted you pay all costs  Prior Authorization is required for all inpatient stays
<b>Outpatient Hospital</b>	You pay 20% coinsurance Prior authorization is required
<b>Ambulatory Surgical Center (ASC)</b>	You pay 10% coinsurance Prior authorization is required
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary Care Provider (PCP)</li> <li>• Specialists</li> </ul>	You pay \$0 for PCP visits You pay \$50 per visit for most specialists  Exceptions: You pay \$15 for each chiropractor visit You pay \$10 for each visit to a cardiologist or endocrinologist
<b>Preventive Care</b> (flu vaccine, COVID vaccine, diabetic screenings, mammograms, colorectal cancer screenings, and other preventive services)	You pay \$0 for Medicare-covered zero-dollar preventive care services like those listed here. Other preventive services are available, some with a cost.
<b>Emergency Care</b>	You pay \$90 for each visit
<b>Urgently Needed Services</b>	You pay \$40 for each visit



<p><b>Diagnostic Services/Labs/Imaging</b></p> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• Diagnostic radiology (e.g. MRI, CT scans)</li> <li>• Outpatient X-rays</li> </ul>	<p>You pay 20% coinsurance for diagnostic procedures and tests including radiology and x-rays</p> <p>You pay \$3.00 for labs in a doctor's office or free standing lab, and \$20 for lab services in an outpatient hospital setting</p> <p>Prior authorization is required for most diagnostic tests and radiology</p>
<p><b>Hearing Services</b></p> <ul style="list-style-type: none"> <li>• Diagnostic hearing and balance evaluations performed by your PCP to determine if you need medical treatment</li> <li>• Extra benefits for routine hearing care, as outlined in the Extra Benefits section</li> </ul>	<p>You pay \$0 for routine hearing exams</p> <p>You pay \$0 for extra hearing benefits up to an annual benefit limit of \$2,500</p>
<p><b>Dental services</b></p> <ul style="list-style-type: none"> <li>• Preventive services and comprehensive dental care</li> <li>• Extra benefits for routine hearing care, as outlined in the Extra Benefits section</li> </ul>	<p>You pay \$0 for preventive and comprehensive dental services, up to an annual benefit limit of \$2,000</p>
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Routine Eye Exam</li> <li>• Eyewear</li> </ul>	<p>You pay \$0 per visit for Medicare-covered eye exams.</p> <p>You pay \$0 for routine vision services up to an annual benefit limit of \$250</p>
<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• Outpatient group therapy/individual therapy</li> <li>• Outpatient partial hospitalization</li> </ul>	<p>You pay \$35 per visit for group and individual therapy</p> <p>You pay \$55 per day for partial hospitalization Prior authorization is required</p>
<p><b>Skilled Nursing Facility</b></p>	<p>You pay \$0 for days 1-20 You pay \$194.50 for days 21-100 You pay all costs for days 101 and beyond</p>
<p><b>Physical Therapy, and Speech Therapy Occupational Therapy</b></p>	<p>You pay \$40 per visit You pay \$35 per visit Prior authorization is required</p>
<p><b>Ambulance (Ground and Air)</b></p>	<p>You pay 20% coinsurance for each one way trip. Prior authorization is required</p>
<p><b>Transportation (Non-emergent)</b></p>	<p>36 one-way trips per year</p>
<p><b>Medicare Part B Drugs</b></p>	<p>You pay \$35 copayment for Part B Insulin drugs</p> <p>You pay no more than a 20% coinsurance for all other Part B drugs</p> <p>Prior authorization is required for drugs over \$250</p>



## Prescription Drugs

If you do not qualify for a Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for the LIS, your costs may be lower.

About our drug coverage:

- We offer five tiers of drug coverage: (1) preferred generic, (2) generic, (3) preferred brand, (4) non-preferred drug, and (5) specialty drugs.
- In the catastrophic phase the plan pays the full cost for your covered Part D drugs. You pay nothing.
- We cover most Part D vaccines at no cost to you, even if you haven't paid your deductible.
- You won't pay more than \$35 for a one-month supply of each insulin product.

Outpatient Prescription Drugs	
Deductible	Tiers 1, 2, 3: \$0 Tiers 4, 5: \$615
Initial Coverage for 30-day supply <ul style="list-style-type: none"><li>• Tier 1: Preferred Generic</li><li>• Tier 2: Generic</li><li>• Tier 3: Preferred Brand</li><li>• Tier 4: Non-Preferred Drug</li><li>• Tier 5: Specialty</li></ul>	You pay per drug, per month: \$6 retail/\$5 mail order \$17 retail/\$15 mail order \$45 retail/\$40 mail order \$92 retail/\$90 mail order 25% of the cost of the drug, plus dispensing fee
Catastrophic Coverage (after you or others on your behalf pay \$2,100)	The plan pays the full cost for your covered Part D drugs. You pay nothing.



## Extra Benefits

The following benefits are available as applicable with the in-network costs as noted. There is no additional premium for access to these benefits.

Benefit	Description	In-Network Costs
Hearing Services	Up to \$2,500 per year for routine hearing exams, hearing aids, and hearing aid services, including evaluation and fitting, repair, and batteries.	\$0
Dental Services	Preventive, diagnostic, and comprehensive dental services including x-rays, cleanings, oral exams, extractions, and other services. Annual benefit amount is \$2,000.	\$0
Vision Services	Up to \$250 for routine vision screening exams, contacts, or glasses to address normal changes with aging.	\$0
Meal Service after Hospitalization	After hospitalization, you can receive three meals per day for seven days (requires prior authorization). This benefit is limited to one occurrence per year.	\$0
Non-Emergent Transportation	36 one-way trips per to medical appointments. Authorization is required.	\$0