

## **Appendix 2 – Model Summary of Benefits Instructions (422.2267(e)(5), 423.2267(e)(5))**

Plans must reflect Part C and Part D benefits and cost sharing in the SB. If there is no cost sharing, plans must notate no costs (e.g., \$0 cost for day six (6) and beyond). If the benefit is not offered, then notate that it is not offered. Part C benefits and cost sharing must be in the following order:

- Monthly plan premium (Part C and D premium combined);
- Part B premium buy-down, if applicable;
- Deductibles, including plan level and category level deductible;
- Maximum Out-of-Pocket Responsibility (does not include prescription drugs);
- Inpatient Hospital coverage;
- Outpatient Hospital coverage;
- Ambulatory Surgical Center (ASC) Services;
- Doctor Visits (Primary Care Providers and Specialists);
- Preventive Care;
- Emergency Care;
- Urgently Needed Services;
- Diagnostic Services/Labs/Imaging (include diagnostic tests and procedures, labs, diagnostic radiology, and X-rays);
- Hearing Services (Include mandatory and optional supplemental benefits);
- Dental Services (Include mandatory and optional supplemental benefits);
- Vision Services (Include mandatory and optional supplemental benefits); and,
- Mental Health Services.

In addition to the benefits in §§ 422.2267(e)(5)(ii), plans should include the following five (5) benefits in the SB under Part C:

- Skilled Nursing Facility;
- Physical Therapy;
- Ambulance;
- Transportation; and
- Medicare Part B Drugs.

Part D benefits must include:

- Cost sharing for deductible, the initial coverage phase, coverage gap, and catastrophic coverage. Cost sharing must be broken down by the tier number/name (e.g., tier 1 generic).

When applicable, a notation that costs may differ based on pharmacy type or status (e.g., preferred/non-preferred, mail order, long-term care (LTC), and 30- or 90-day supply).

To avoid beneficiary confusion when comparing plans, plans must maintain the above order of the data elements. The monthly premium, deductible and the maximum out-of-pocket cost must always be displayed first. Plans may then decide whether to display drug or health benefits next.

If any of the benefits are not offered (e.g., transportation), indicate them as “not covered.” Plans may remove certain benefits if they are not applicable to a particular plan type (e.g., Part D only plan removes Part C benefits).

Additional benefits may be listed after all the required elements are provided in the SB. They may be listed after Part C or after Part C and D benefits.

Plans may list supplemental benefits for the chronically ill (SSBCI) in addition to Part C benefits and Part D.

When adding Value Added Items and Services (VAIS) in the SB:

- They should be placed in a separate section, distinguishable from the benefits;
- Services/items should not be called *benefits* as they are not part of the Medicare plan benefit package; and,
- Plans should provide language in the SB to make it clear that these additional services/items are not part of the plan benefit package or the Medicare benefit.

Please refer to [Medicare Managed Care Manual](#), Chapter 4, Section 80 for additional information on VAIS.

Other required information in the SB:

- The document must be labeled as “Summary of Benefits” noting the plan year;
- The plan name and type must be clearly labeled for all Plans in the SB. For example, <Plan name, HMO or PPO, SNP, MSA, etc.>;
- Service area and eligibility requirements, including the Medicaid eligibility criteria applicable to Dual Eligible Special Needs Plans (D-SNPs);
- Phone number, including TTY/TDD;
- Days and hours of operation;
- Website address;
- In-network and out-of-network cost-sharing information for applicable plan types;
- Applicable disclaimers;
- Language stating that the complete list of services is found in the Evidence of Coverage (EOC), as well as language directing readers how to access or order the EOC;
- Language that directs readers how to access or order the "Medicare & You" handbook;
- If the SB includes plans with and without Part D prescription drug coverage, the distinction between plans must be clear;
- Notate services that require a physician referral or prior authorization; and
- If offering optional supplemental benefits, plans must include the additional premium amount.

D-SNPs

We encourage FIDE SNPs to work with their contracted State Medicaid agencies in developing an SB that displays integrated benefits.

#### Medicare Premium and Deductible:

Plans that use Medicare premium, deductible, or cost sharing amounts (e.g., inpatient hospital) must insert the current year's Medicare amounts. In addition, the category must also note that these amounts may change for the following year and the plan will provide updated rates at [insert website] as soon as Medicare releases them.

#### Overall design and layout:

Plans may present multiple plan benefit packages (PBPs) in the same document by displaying the benefits in separate columns. Plans using this option may include similar or different plan types (e.g., HMO to HMO, or HMO to PFFS, or HMO to PPO). Plans may also:

- Make use of colors to enhance the ability to navigate the document, or
- Incorporate various icons/graphics to help locate important information, such as how to complete an application online or contact customer service (e.g., phone number).

**Note:** SNPs must remain separate from non-SNP plans to avoid confusion for beneficiaries.

#### Recommendations:

The following recommendations are based on consumer testing:

- Avoid the use of multiple folds and large charts as it may make it cumbersome and difficult to use;
- Include definitions and purpose of the document;
- Avoid using dimensions that are too large as it could diminish the usefulness of the SB; and,
- Avoid the use of footnotes. If necessary to include footnoted information, visually emphasize (e.g., larger or bold font) the inclusion of superscripts in coverage charts.

#### HPMS Submission Process:

The SB is a File & Use document, and therefore must be submitted in HPMS under “CMS Required” as one document.