

DATE: August 22, 2002
NOTE TO: Medicare Cost Contractors
FROM: Gary A. Bailey, Acting Director, Health Benefits Group
SUBJECT: Summary of Benefits- Template for Cost Plans for Contract Year 2003

Attached is the revised Summary of Benefits (SB) Template for Cost Plans and Health Care Prepayment Plans (HCPPs) under Section 1833 for Contract Year 2003. The revised template reflects changes necessary to facilitate ease of use by Cost Contractors.

General Instructions

- The benefit description column and Original Medicare column must remain unchanged.
- All sentences in the plan column of the matrix must be completed with applicable copays or coinsurance amounts
- Additional instructions provided in *italicized text* and in parentheses should be removed from the Summary of Benefits prior to submitting the document to CMS for review.
- Choose all that apply
Unless otherwise indicated, cost contractors should choose all of the applicable sentences in each category to describe their benefits
- Deleted Sentences
Redundant sentences were removed to facilitate readability and ease of use.

2003 Summary of Benefits Changes:

- Optional Supplemental Benefits- CMS has made certain changes to the Plan Benefit Package to display more detailed information concerning Optional Supplemental benefits on the Summary of Benefits for the following service categories: Chiropractic, Podiatrist, Transportation, Outpatient Drugs, Dental-Preventative, Dental-Comprehensive, Vision-Eye Exams, Vision-Eye Wear, Hearing-Hearing Exams, Hearing-Hearing Aids, and Point-of-Service. The Summary of Benefits report will display the premium and relevant sentences for these services categories if they are offered as Optional Supplemental Benefits.

In order to provide the information accurately in the PBP, the M+CO should enter Optional Supplemental benefits either in Section B or in Section D of the PBP. For further information please refer to 2003 renewal instructions which are posted on the website.

- *Note: For the optional supplemental benefit packages, sentences will not be generated for the cost sharing for Medicare-covered benefits*
- New Lock-in Provisions-According to the Public Health Security and Bioterrorism Response Act of 2002, a Medicare+Choice eligible individual can may enroll or disenroll in a health plan through December 31, 2004. To reflect this change in the Summary of Benefits, please delete the following lock-in sentence from Section 1 of the Hardcopy SB:

“Starting January 1, 2002, you may be able to join or leave a plan only at certain times. Please call [Organization Marketing Name] or 1-800-MEDICARE (1-800-633-4227) for more information.”

- Request to Change Hard Copy Summary of Benefits
CMS has implemented a process to request changes to the hard copy Summary of Benefits. Please refer to the 2003 Renewal/Non-Renewal instructions for further detail.

Supplemental Instructions

Section 1- Beneficiary Information Section

1. For cost contractors that are "closed" to new enrollment, the pre-enrollment language in Section 1 will not apply. Therefore, these cost contractors should include the following disclaimer in their ANOC cover letter. Any additional information regarding the contractor's "closed status" should also be included in the cover letter.

Section 2 - Benefit Comparison Matrix

1. Cost contractors may include the following footnote on each page of the benefit comparison matrix. The text of the footnote should appear at the bottom of every page.

If you go to a provider outside of [insert name of cost contractor] who accepts Medicare patients, your coverage would be the same as Original Medicare. Original Medicare deductibles and copayments apply.

Closing Note

Should you require assistance in clarification or use of the document, please contact your CMS Regional Office Plan Manager. You may also post your questions through the Internet by writing to: sb2003@cms.hhs.gov. Additional information, including SB Questions and Answers will be posted on the Internet at: <http://www.cms.hhs/healthplans/acr/>.