



DATE: September 15, 2006

TO: All Medicare Advantage, Medicare Advantage Prescription Drug Organizations and Demonstrations

FROM: David A. Lewis, Acting Director, Medicare Advantage Group

SUBJECT: Summary of Benefits

CMS identified two errors in the Plan Benefit Package (PBP) for organizations that enter data in Section D under the Maximum Plan Benefit Coverage amount tab. The pick list within this tab should only identify non-Medicare covered benefit categories. However, currently it identifies all benefit categories - many of which cannot have a maximum plan benefit coverage amount (Medicare-covered benefits). Additionally, the PBP does not include the correct language in the Summary of Benefits (SB) or Medicare Personal Plan Finder sentences to indicate that the maximum plan benefit coverage amount applies to only non-Medicare covered services.

Organizations that offer a Maximum Plan Benefit Coverage amount for non-Medicare covered services must select the appropriate benefit categories. Plans may not cap coverage of Medicare-covered services. Organizations that have been identified as potentially generating the incorrect language in the SB **must** use the language provided below. This SB hard copy change is considered global and will not require review by the CMS Central Office.

“There is a <enter amount> maximum every (period) that your plan will cover for the following non-Medicare covered supplemental benefits: (include the list of services)”.

The Medicare Personal Plan Finder will also be updated to include an “Important Note” for those organizations that have been identified as potentially generating the incorrect language. The Important Note will read as follows: “In the section ‘Premium and Other Important Information,’ the dollar limit applies only to the non-Medicare covered services listed.”

Please contact your regional office if you have any further questions regarding these required changes.