CarePlus HEALTH PLANS

CarePlus CareEssentials Allowance Eligibility Policy

Key point	The CareEssentials Allowance is a Special Supplemental Benefit for the Chronically Ill (SSBCI). That means you must have one or more of the long-term health conditions listed below and meet all of the rules in this policy to get the benefit.

Benefit overview

If your CarePlus Medicare Advantage (MA) plan offers the CareEssentials Allowance, you get money each month on a prepaid debit card called the CarePlus Spending Account Card. You can use the card to buy approved over-the-counter items. If you meet all the rules in this policy, you can also use the money for other things, such as healthy food and utility bills*.

Allowance amounts are different for each plan. Not all plans offer the CareEssentials Allowance. Certain MA plans (non-SNPs), Dual Eligible Special Needs Plans (D-SNPs), and Chronic Condition Special Needs Plans (C-SNPs) offer this benefit.

Want to know what your plan covers? Check the "Additional resources" section in this policy. It shows how to find approved items and services.

Benefit eligibility requirements

To get the CareEssentials Allowance, you must have a plan that offers it. You must also meet all of these requirements.

1	**Have eligible chronic condition(s)** You must have one or more eligible chronic conditions from the list below. How many conditions you need and how we verify them depends on plan type. See more details below.
2	**Be at high risk of hospitalization or other adverse health outcomes** Based on clinical research, members of non-SNPs with two or more of the eligible chronic conditions listed below are at high risk for hospitalization or other adverse health outcomes. Clinical research also shows that members of SNPs with one or more eligible

	chronic conditions listed below are at high risk for hospitalization or other adverse health outcomes.
3	**Require intensive care coordination** Based on clinical research, members of non-SNPs with two or more of the eligible chronic conditions listed below need ongoing care management and coordination of healthcare services. Clinical research also shows that members of SNPs with one or more of the eligible chronic conditions listed below need ongoing care management and coordination of healthcare services.

Eligible chronic conditions

CarePlus has determined, through clinical research, that the following chronic conditions are medically complex, may threaten the life or limit the health or function of our members, and put our members at high risk of hospitalization and adverse health outcomes and require intensive care coordination.

Eligible chronic conditions include:

• **Autoimmune disorders**
• **Cancer**
• **Cardiovascular disorders**
• **Chronic alcohol use and other substance use disorders**
• **Chronic and disabling mental health conditions**
• **Chronic gastrointestinal disease**
• **Chronic heart failure**
• **Chronic hyperlipidemia**
• **Chronic hypertension**
• **Chronic kidney disease**
• **Chronic lung disorders**
• **Conditions associated with cognitive impairment**
• **Conditions with functional challenges**
• **Dementia**
• **Diabetes mellitus**
• **HIV/AIDS**
• **Neurologic disorders**
• **Post-organ transplant**

• **Severe hematologic disorders**
• **Stroke**

How we determine eligibility

Having an eligible chronic condition does not mean you will get the CareEssentials Allowance benefit. CarePlus checks your eligibility in different ways, depending on your plan type.

Non-SNPs

If you are on an MA plan that is not a Special Needs Plan, you must have at least two eligible chronic conditions from one or both of the categories below to qualify.

1. Medical claims

You have a medical claim in the CarePlus system that shows a diagnosis for an eligible chronic condition. The date of service must be on or after Jan. 1, 2022.

2. Health Risk Assessment

You reported an eligible chronic condition on the CarePlus Health Risk Assessment (HRA), completed on or after Jan. 1, 2022.

D-SNPs and C-SNPs

If you are on a D-SNP or C-SNP plan, you must have at least one eligible chronic condition from one of the categories below to qualify.

1. **Medical claims**
   You have a medical claim in the CarePlus system that shows a diagnosis for an eligible chronic condition. The date of service must be on or after Jan. 1, 2022.
2. **Health Risk Assessment**
   You reported an eligible chronic condition on the CarePlus Health Risk Assessment. The HRA must be completed on or after Jan. 1, 2022.

Additional resources

Learn more about the CareEssentials Allowance in your plan documents at **www.CarePlusHealthPlans.com/medicare/medicare-advantage-plans**. Or call Member Services using the phone number on the back of your CarePlus member ID card. You can also sign in to MyCarePlus at **account.careplushealthplans.com**.

Disclaimer

*Some rent or utility companies may not accept this form of payment.

CareEssentials Allowance is a special supplemental benefit for members with specific chronic conditions who require intensive care coordination and are at a high risk for hospitalization or other adverse health outcomes. Qualifying conditions may include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. Some plans require at least two conditions. See the plan's Evidence of Coverage/Member Handbook for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income. Contact your local HUD office with questions.

Benefits, eligibility requirements, and qualifying conditions may change from year to year.

This policy does not replace, modify, or supplement your plan's Evidence of Coverage (EOC). In the event of a conflict between this policy and the EOC, the EOC will govern. CarePlus reserves the right to update this policy.