



CY 2024

SSBCI Qualifying Criteria &
Supplemental Benefits Administration Table

For SSBCI benefits, a member can have ANY of the CMS defined chronic conditions:

- **Chronic alcohol and other drug dependence**
- **Autoimmune disorders limited to:**
 - i. Polyarteritis nodosa
 - ii. Polymyalgia rheumatica
 - iii. Polymyositis
 - iv. Rheumatoid arthritis
 - v. Systemic lupus erythematosus
- **Cancer, excluding pre-cancer conditions or in-situ status**
- **Cardiovascular disorders limited to:**
 - i. Cardiac arrhythmias
 - ii. Coronary artery disease
 - iii. Peripheral vascular disease
 - iv. Chronic venous thromboembolic disorder
- **Chronic heart failure**
- **Dementia**
- **Diabetes mellitus**
- **End-stage liver disease**
- **End-stage renal disease (ESRD) requiring dialysis**
- **Severe hematologic disorders limited to:**
 - i. Aplastic anemia
 - ii. Hemophilia
 - iii. Immune thrombocytopenic purpura
 - iv. Myelodysplastic syndrome
 - v. Sickle-cell disease (excluding sickle-cell trait)
 - vi. Chronic venous thromboembolic disorder
- **HIV/AIDS**
- **Chronic lung disorders limited to:**
 - i. Asthma
 - ii. Chronic bronchitis
 - iii. Emphysema
 - iv. Pulmonary fibrosis
 - v. Pulmonary hypertension
- **Chronic and disabling mental health conditions limited to:**
 - i. Bipolar disorders
 - ii. Major depressive disorders
 - iii. Paranoid disorder
 - iv. Schizophrenia
 - v. Schizoaffective disorder
- **Neurologic disorders limited to:**
 - i. Amyotrophic lateral sclerosis (ALS)
 - ii. Epilepsy
 - iii. Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia)
 - iv. Huntington's disease
 - v. Multiple sclerosis
 - vi. Parkinson's disease
 - vii. Polyneuropathy
 - viii. Spinal stenosis
 - ix. Stroke-related neurologic deficit
- **Stroke**



Sonder Health Plans, Supplemental Benefits Administration Table

Benefits Administration Summary							
Category	Need to Qualify	Criteria	Complete (HMO- PBP 001)	Diabetes Wellness (C SNP-PBP 003)	Heart Healthy (C SNP-PBP 004)	Dual Complete (D SNP- PBP 005)	My Choice (Tiers-PBP 010)
SSBCI	Flex Card \$135/ mth	YES	Chronic Condition	Yes			
	Flex Card \$235/ mth	YES	Chronic Condition		Yes*	Yes*	
	Flex Card \$275/ mth	YES	Chronic Condition				Yes
	Gas			X	X	X	
	Home Safety			X	X	X	X
	Social			X	X	X	X
	Internet/ Cell			X	X	X	X
	Sports License (hunt/ fish)				X	X	X
	Grocery Card \$55/ mth	YES	Chronic Condition	Yes			
	Grocery Card \$75/ mth	YES	Chronic Condition		Yes*	Yes*	
Meals: Routine 10/ mth	YES	Chronic Condition		Yes*	Yes*	Yes	
Non-SSBCI	Non-Emerg/ Non-Med Transportation: 50 one-way	YES	Chronic Condition		Yes	Yes	Yes
	In Home Support: 4 hrs/ day (104 hrs/ yr)	No		Yes	Yes	Yes	Yes
	Personal Emergency Response System	No		Yes	Yes	Yes	Yes
	Routine Foot Care: \$0 / 6 visits	No			Yes	Yes	Yes
	Routine Chiro: \$0 / 12 visits	No			Yes	Yes	Yes
	Flex Card: Dental, Vision, Hearing / \$500/ yr	No			Yes	Yes	
VBID	Grocery Card \$75/ mth	No					Yes
	Gas Card \$25/ mth	No					Yes
	\$0 Cost Share Rx	No					Yes
SSBCI (Tiers)	Select 1 from this category	YES	Chronic Condition				Yes
	\$400 Grocery/ mth (annual selection)	YES	Chronic Condition				X
	\$325 Gas/ mth (annual selection)	YES	Chronic Condition				X
	\$3,500 Cosmetic Elective/ yr	YES	Chronic Condition				X
	\$2,500 Mobility Device/yr	YES	Chronic Condition				X
Non-SSBCI (Tiers)	Select 1 from this category	No					Yes
	\$4,000 Comprehensive Dental/ yr	No					X
	\$3,500 Comprehensive Vision/ yr	No					X
	\$3,000 Hearing Aid Allowance/ yr	No					X
OTC	\$125/ Quarter	No			Yes	Yes	
	\$200/ Quarter	No		Yes			Yes
	\$500/ Quarter	No				Yes	
Meals (Post-Acute)	2 meals/ day for 14 days immediately following surgery or inpatient hospitalization; 2 times/ yr	YES	Surgery/ Hospital/ SNF	Yes			Yes
	2 meals/ day for 14 days immediately following surgery or inpatient hospitalization; 4 times/ yr	YES	Surgery/ Hospital/ SNF		Yes	Yes	Yes