



2018 Benefit Sneak Peek

Network, Footprint and Benefits

9/5/2017

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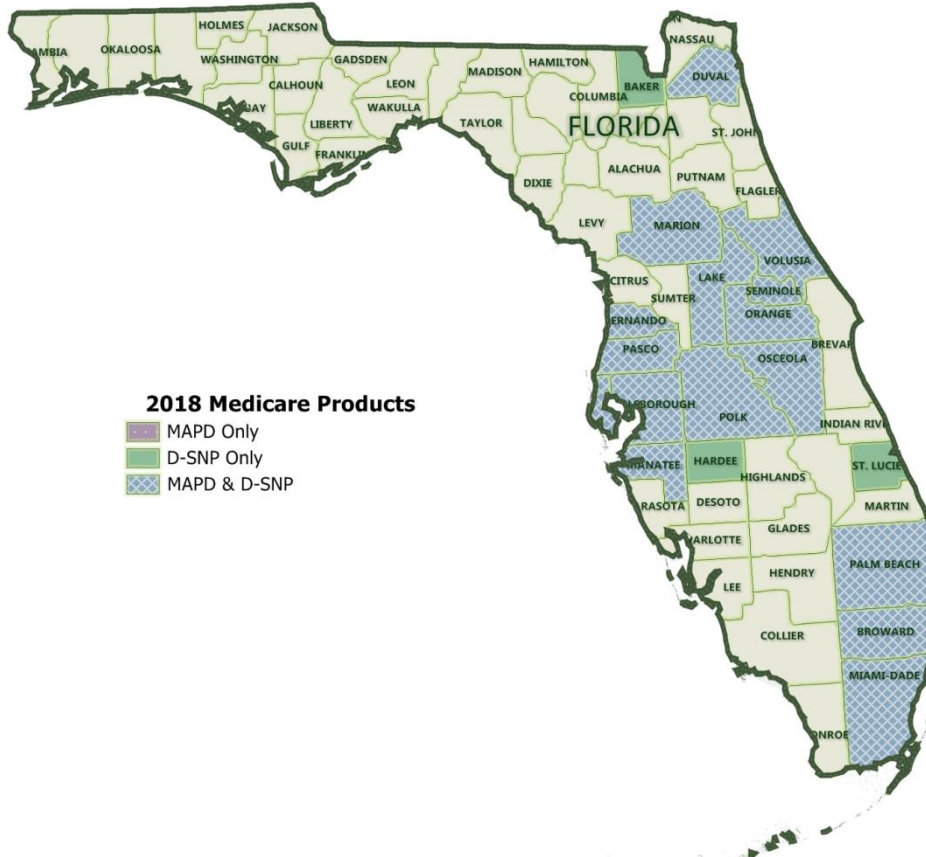
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Florida



TM



2018 Medicare Products

- MAPD Only
- D-SNP Only
- MAPD & D-SNP

Network

- Tampa Family Health
- Family Care Partners
- Doctors Medical
- Access/Community Medical Group (CMG)
- Florida Family Primary Care
- Premier
- Primenet
- Little Havana
- CHC
- Jay Care Medical
- Manatee County Rural Health
- Optima
- Zion Medical
- Verimed
- ChenMed
- Orlando Family Physicians
- Advanced Internal Med

Contract: H5190-001 (HMO SNP)

Counties: Baker, Duval, Hardee, Hernando, Manatee, Marion, Martin, Polk, Volusia

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$3,400 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	0% or 20%*
RX	Deductible - \$280, only applies to Tiers 3-5 Tier 1 - Preferred Generic \$0 copay Tier 2 - Generic \$0 copay Tier 3 - Preferred Brand - \$47 copay or LIS cost sharing Tier 4 - Non-Preferred Brand - \$100 copay or LIS cost sharing Tier 5 - Specialty Tier - 25% or LIS cost sharing Tier 6 - Select Care Drugs - \$0
Value Adds	Vision-Routine Covered Services; Maximum Allowance \$300 every year Dental- 0\$ Preventative Services; Comprehensive Dental - \$2,000 every year Hearing - Maximum Allowance \$750, applies to one hearing aid per year. Transportation- Unlimited One-way Trip(s) Every year OTC- \$60 Every Month Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H5190-002 (HMO SNP)

Counties: Hillsborough, Lake, Orange, Osceola, Pasco, Pinellas, Seminole, St. Lucie

BENEFIT OVERVIEW	
MOOP _(Maximum Out Of Pocket)	\$3,400 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$0 SPC Visits
RX	Deductible - \$405, only applies to Tiers 3-5 Tier 1 - Preferred Generic \$0 copay Tier 2 - Generic \$0 copay Tier 3 - Preferred Brand - \$47 copay or LIS cost sharing Tier 4 - Non-Preferred Brand - \$100 copay or LIS cost sharing Tier 5 - Specialty Tier - 25% or LIS cost sharing Tier 6 - Select Care Drugs - \$0
Value Adds	Vision-Routine Covered Services; Maximum Allowance \$300 every year Dental- \$0 Preventative Services; Comprehensive Dental - \$2,000 per year Hearing - Maximum Allowance \$750, applies to one hearing aid per year for either ear. Transportation- Unlimited One-way Trip(s) Every year OTC- \$65 Every Month Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H5190-003 (HMO SNP)
Counties: Broward, Palm Beach

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$3,400 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$0 SPC Visits
RX	Deductible - \$405, only applies to Tiers 3-5 Tier 1 - Preferred Generic \$0 copay Tier 2 - Generic \$0 copay Tier 3 - Preferred Brand - \$47 copay or LIS cost sharing Tier 4 - Non-Preferred Brand - \$100 copay or LIS cost sharing Tier 5 - Specialty Tier - 25% or LIS cost sharing Tier 6 - Select Care Drugs - \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance - \$400 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$2,500 per year Hearing - Maximum Allowance \$1,750, applies to one hearing aid per year. Transportation- Unlimited One-way Trip(s) Every year OTC-\$80 Every Month Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H5190-004 (HMO SNP)

Counties: Miami-Dade

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$3,400 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$0 SPC Visits
RX	Deductible - \$405, only applies to Tiers 3-5 Tier 1 - Preferred Generic \$0 copay Tier 2 - Generic \$0 copay Tier 3 - Preferred Brand - \$47 copay or LIS cost sharing Tier 4 - Non-Preferred Brand - \$100 copay or LIS cost sharing Tier 5 - Specialty Tier - 25% or LIS cost sharing Tier 6 - Select Care Drugs - \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance - \$600 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$6,000 per year Hearing - Maximum Allowance \$1,750, applies to one hearing aid per year for either ear. Transportation - Unlimited One-way Trip(s) Every year OTC-\$85 Every Month Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-001 (HMO)

Counties: Duval, Lake, Pinellas, Polk and Volusia

2018 BENEFIT OVERVIEW	
MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$100 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$20 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 /\$0 Tier 2 - Generic: \$0/\$0 Tier 3 - Preferred Brand: \$35/\$105 Tier 4 - Non-Preferred Brand: \$80/\$240 Tier 5 - Specialty Tier: 33%/33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision-Routine Covered Services; Maximum Allowance \$150 Every Year Dental - \$0 Preventative Services; Comprehensive Dental- \$1,500 per year Transportation - 24 One-way Trip(s) Every year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-002 (HMO)

Counties: Duval, Pinellas, Polk, Hernando, Pasco, Volusia

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$6,700 In-Network
Inpatient	\$150 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$35 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$5 / \$15 Tier 3 - Preferred Brand: \$45 / \$135 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$210 Every Year Dental - \$0 Preventative Services; Comprehensive Dental- \$1,000 per year Fitness Benefit
Part B Give Back	\$95

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-003 (HMO)

Counties: Palm Beach, Manatee, Marion, Seminole

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$6,700 In-Network
Inpatient	\$295 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$35 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$0 / \$0 Tier 3 - Preferred Brand: \$45 / \$135 Tier 4 - Non-Preferred Brand: \$95 / \$285 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$180 Every Year Dental - \$0 Preventative Services Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-004 (HMO)
Counties: Miami-Dade

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$3,400 In-Network
Inpatient	\$0
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$0 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 /\$0 Tier 2 - Generic: \$0/\$0 Tier 3 - Preferred Brand: \$0/\$0 Tier 4 - Non-Preferred Brand: \$35/\$105 Tier 5 - Specialty Tier: 33%/33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision-Routine Covered Services; Maximum Allowance \$300 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - Unlimited every Year Hearing - Maximum Allowance \$1250 Every Year Transportation - Unlimited One-way Trip(s) Every year OTC-\$55 Every Month Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-005 (HMO)
Counties: Miami-Dade

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$6,700 In-Network
Inpatient	\$100 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$0 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$0 / \$0 Tier 3 - Preferred Brand: \$20 / \$60 Tier 4 - Non-Preferred Brand: \$60 / \$180 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$6,000 Every Year Hearing - Maximum Allowance \$750 Every Year Transportation - Unlimited One-way Trip(s) Every year OTC - \$35 Every Month Fitness Benefit
Part B Give Back	\$100

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-006 (HMO)
Counties: Hillsborough

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$4,900 In-Network
Inpatient	\$150 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$20 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$0 / \$0 Tier 3 - Preferred Brand: \$35 / \$105 Tier 4 - Non-Preferred Brand: \$80 / \$240 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - Unlimited Every Year Transportation - 48 One-way Trip(s) Every year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-007 (HMO)
Counties: Hillsborough

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$6,700 In-Network
Inpatient	\$200 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90;
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$30 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$10 / \$30 Tier 3 - Preferred Brand: \$50 / \$150 Tier 4 - Non-Preferred Brand: \$92 / \$276 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision-Routine Covered Services; Maximum Allowance \$250 Every Year Dental- \$0 Preventative Services; Comprehensive Dental- Unlimited Every Year Fitness Benefit
Part B Give Back	\$92

Note: Filed benefits only. Pending CMS approval and subject to change.

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Contract: H9276-008 (HMO)
Counties: Osceola

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$4,500 In-Network
Inpatient	\$150 Per Day, Days 1 - 10; \$0 Per Day, Days 11 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$30 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$0 / \$0 Tier 3 - Preferred Brand: \$35 / \$105 Tier 4 - Non-Preferred Brand: \$85 / \$255 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services; Comprehensive Dental- Unlimited Every Year Transportation- 48 One-way Trip(s) Every year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-009 (HMO)
Counties: Osceola

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,500 In-Network
Inpatient	\$195 Per Day, Days 1 - 10; \$0 Per Day, Days 11 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$5 / \$15 Tier 3 - Preferred Brand: \$45 / \$135 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$250 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$1,000 Every Year Fitness Benefit
Part B Give Back	\$60

Note: Filed benefits only. Pending CMS approval and subject to change.

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Contract: H9276-010 (HMO)
Counties: Orange

BENEFIT OVERVIEW	
MOOP _(Maximum Out Of Pocket)	\$4,500 In-Network
Inpatient	\$100 Per Day, Days 1 - 10; \$0 Per Day, Days 11 - 90;
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$25 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$0 / \$0 Tier 3 - Preferred Brand: \$35 / \$105 Tier 4 - Non-Preferred Brand: \$85 / \$255 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$250 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - Unlimited Every Year Transportation - Unlimited One-way Trip(s) Every year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-011 (HMO)
Counties: Orange

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$5,500 In-Network
Inpatient	\$150 Per Day, Days 1 - 10; \$0 Per Day, Days 11 - 90;
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$5 / \$15 Tier 3 - Preferred Brand: \$45 / \$135 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$150 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$1,000 Every Year Transportation - 24 One-way Trip(s) Every year OTC - \$10 Every Month Fitness Benefit
Part B Give Back	\$75

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-012 (HMO)
Counties: Broward

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$5,900 In-Network
Inpatient	\$0
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$0 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 /\$0 Tier 2 - Generic: \$0/\$0 Tier 3 - Preferred Brand: \$20/\$60 Tier 4 - Non-Preferred Brand: \$60/\$180 Tier 5 - Specialty Tier: 33%/33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$250 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - Unlimited Every Year Hearing - Maximum Allowance- \$750 Every Year Transportation - Unlimited One-way Trip(s) Every year OTC-\$55 Every Month Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H9276-013 (HMO)
Counties: Broward

BENEFIT OVERVIEW	
MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$100 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$10 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 /\$0 Tier 2 - Generic: \$0/\$0 Tier 3 - Preferred Brand: \$30/\$90 Tier 4 - Non-Preferred Brand: \$75/\$225 Tier 5 - Specialty Tier: 33%/33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$125 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$1,000 Every Year Hearing - Maximum Allowance- \$750 Every Year Transportation - 48 One-way Trip(s) Every year OTC-\$45 Every Month Fitness Benefit
Part B Give Back	\$80

Note: Filed benefits only. Pending CMS approval and subject to change.




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Georgia



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2018 Medicare Products

-  MAPD Only
-  D-SNP Only
-  MAPD & D-SNP



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Network

- Grady Hospital
- Morehouse Medical
- Northside Hospital
- Emory Healthcare
- St Francis
- MyHealth Network
- Georgia Clinic
- Provider Health Link
- FQHC

Contract: H7173-001 (HMO SNP)

Counties: Butts, Chattahoochee, Clayton, Dawson, De Kalb, Fayette, Forsyth, Fulton, Greene, Gwinnett, Harris, Heard, Henry, Lumpkin, Marion, Morgan, Muscogee, Oconee, Pickens, Rabun, Rockdale, Taliaferro, Towns, Union, White

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$3,400 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	0 % or 20% PCP Visits 0 % or 20% SPC Visits
RX	Deductible - \$250, only applies to Tiers 2-5 Tier 1 - Preferred Generic: \$0/ \$0 Tier 2 - Generic: \$7/ \$21 Tier 3 - Preferred Brand: \$47/ \$141 Tier 4 - Non-Preferred Brand: \$100/ \$300 Tier 5 - Specialty Tier: 28%/ 28% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision-Routine Covered Services; Maximum Allowance \$300 Every Year Dental- \$0 Preventative services; Comprehensive Dental- \$1,500 Every Year Hearing - Maximum Allowance- \$1,000 Every Year Transportation - (24 One-way Trip(s) Every year) OTC-\$35 Every Month Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H7173-002 (HMO)

Counties: Clayton, DeKalb, Fayette, Fulton, Gwinnett, Henry, Rockdale

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$295 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$280, only applies to Tiers 4 & 5 Tier 1 - Preferred Generic: \$0/ \$0 Tier 2 - Generic: \$7/ \$21 Tier 3 - Preferred Brand: \$47/ \$141 Tier 4 - Non-Preferred Brand: \$100/ \$300 Tier 5 - Specialty Tier: 27%/ 27% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$100 Every Year Dental - \$0 Preventative services; Comprehensive Dental - \$1,400 Every Year Hearing - Maximum Allowance- \$1,000 Every Year Transportation - (12 One-way Trip(s) Every year) OTC - \$15 Every Month Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H7173-003 (HMO)

Counties: Chattahoochee, Harris, Muscogee

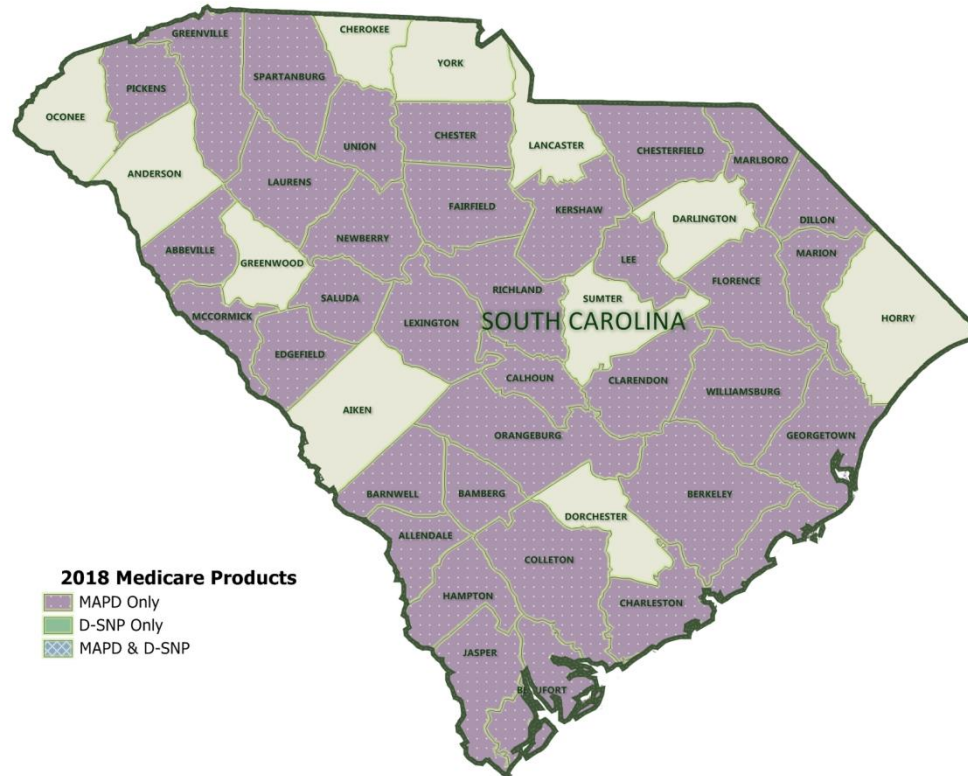
BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,900 In - Network
Inpatient	\$295 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$280, only applies to Tiers 3-5 Tier 1 - Preferred Generic: \$0/ \$0 Tier 2 - Generic: \$16/ \$48 Tier 3 - Preferred Brand: \$42/ \$126 Tier 4 - Non-Preferred Brand: \$86/ \$258 Tier 5 - Specialty Tier: 27%/ 27% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative services Hearing - Maximum Allowance - \$1,000 Every Year Transportation - (12 One-way Trip(s) Every year) OTC - \$35 Every Month Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

South Carolina





Network

- Roper/St. Francis
- MUSC
- Greenville Health

PA

FOR BROKER USE ONLY



Contract: H1436-001 (HMO)

Counties: Abbeville, Allendale, Bamberg, Barnwell, Chester, Chesterfield, Clarendon, Dillon, Edgefield, Florence, Georgetown, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Orangeburg, Union, Williamsburg

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$6,700 In-Network
Inpatient	\$360 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$12/ \$36 Tier 3-Preferred Brand: \$47 / \$141 Tier 4-Non-Preferred Brand: \$100 / \$300 Tier 5-Specialty Drugs: 33% / 33% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$250 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$250 Every Year Hearing - Maximum Allowance - \$1,500 Every Year (1 Hearing Aid) OTC-\$85 Every 3 Months Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H1436-002 (HMO)

Counties: Beaufort, Charleston, Colleton, Hampton and Jasper

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$360 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$12/ \$36 Tier 3-Preferred Brand: \$47 / \$141 Tier 4-Non-Preferred Brand: \$100 / \$300 Tier 5-Specialty Drugs: 33% / 33% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$250 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$250 Every Year Hearing - Maximum Allowance - \$1,500 Every Year (1 Hearing Aid) OTC-\$85 Every 3 Months Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H1436-003 (HMO)

Counties: Calhoun, Fairfield, Kershaw, Richland and Saluda

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$360 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$12/ \$36 Tier 3-Preferred Brand: \$47 / \$141 Tier 4-Non-Preferred Brand: \$100 / \$300 Tier 5-Specialty Drugs: 33% / 33% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$250 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$250 Every Year Hearing - Maximum Allowance - \$1,500 Every Year (1 Hearing Aid) OTC-\$85 Every 3 Months Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H1436-004 (HMO)

Counties: Greenville, Pickens and Spartanburg

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$4,900 In-Network
Inpatient	\$360 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$8/ \$24 Tier 3-Preferred Brand: \$47 / \$141 Tier 4-Non-Preferred Brand: \$100 / \$300 Tier 5-Specialty Drugs: 33% / 33% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$250 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$250 Every Year Hearing - Maximum Allowance - \$1,500 Every Year (1 Hearing Aid) OTC-\$85 Every 3 Months Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H1436-005 (HMO SNP)

Counties: Abbeville, Allendale, Bamberg, Barnwell, Beaufort, Calhoun, Charleston, Chester, Chesterfield, Clarendon, Colleton, Dillon, Edgefield, Fairfield, Florence, Georgetown, Greenville, Hampton, Jasper, Kershaw, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union, Williamsburg

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$6,700 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay Primary Care Provider/Specialist Copay	0% or 20%* PCP Visits 0% or 20%*SPC Visits
RX	Deductible - \$405 25% or \$0 or \$1.25 generics and \$3.70 brands or \$3.35 generics or \$8.35 brands or 15%
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$300 Every Year Hearing - Maximum Allowance - \$2,000 Every 3 Years (1 Hearing Aid) OTC-\$100 Every 3 months Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H1436-006 (HMO SNP)

Counties: Abbeville, Allendale, Bamberg, Barnwell, Beaufort, Calhoun, Charleston, Chester, Chesterfield, Clarendon, Colleton, Dillon, Edgefield, Fairfield, Florence, Georgetown, Greenville, Hampton, Jasper, Kershaw, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union, Williamsburg

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$6,700 In-Network
Inpatient	\$450 Per Day, Days 1 -4; \$0 Per Day, Days 5- 90;
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$20 SPC Visits
RX	Deductible - \$140, only applies to tiers 2-5 Tier 1 - Preferred Generic Drugs: \$0 / \$0 Tier 2 - Generic Drugs: \$12 / \$36 Tier 3 - Preferred Brand Drugs: \$47 / \$141 Tier 4 - Non-Preferred Brand Drugs: \$100 / \$300 Tier 5 - Specialty Drugs: 30% / 30% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$250 Every Year Hearing - Maximum Allowance - \$1,500 Every Year (1 Hearing Aid) OTC-\$85 Every 3 months Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

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Ohio



TM



2018 Medicare Products

-  MAPD Only
-  D-SNP Only
-  MAPD & D-SNP



Network

- Cincinnati Area: Tri Health, Mercy, Christ and UC
- Dayton: Kettering Health Network
- Metro Health/University Hospital
- NW: Promedica
- Toledo: St Charles Mercy
- Youngstown: Summa/St Joseph Warren

Contract: H0908-001 (HMO SNP)

Counties: Allen, Ashtabula, Auglaize, Brown, Carroll, Clark, Clermont, Cuyahoga, Defiance, Erie, Fulton, Geauga, Green, Hamilton, Hancock, Hardin, Henry, Holmes, Huron, Lake, Lorain, Lucas, Medina, Montgomery, Ottawa, Paulding, Portage, Putnam, Sandusky, Seneca, Stark, Summit, Tuscarawas, Van Wert, Warren, Wayne, Williams, Wood and Wyandot

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$3,400 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay Primary Care Provider/Specialist Copay	0% or 20%* PCP Visits 0% or 20%* SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$20 / \$60 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental- \$0 Preventative Services Hearing - Maximum Allowance- \$1,000 Every Year (1 Hearing Aid) Transportation Services-, (48 One Way Trip(s) Every Year) OTC-\$55 Every 3 months

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H0724-001 (HMO)

Counties: Columbiana, Cuyahoga, Mahoning, Stark and Trumbull

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$4,900 In-Network
Inpatient	\$350 Days 1-5 Per day \$0 Days 6-90 Per day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$45 SPC Visits
RX	Deductible - \$400, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$9 / \$27 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Tier: 25% / 25% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$150 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$1,000 Every Year Hearing - Maximum Allowance - \$1,500 Every Year (1 Hearing Aid)) OTC-\$90 Every 3 months Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H0724-002 (HMO)

Counties: Butler, Greene, Hamilton, Montgomery

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$4,900 In-Network
Inpatient	\$350 Days 1-5 Per day \$0 Days 6-90 Per day
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$45 SPC Visits
RX	Deductible - \$400, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$9 / \$27 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Tier: 25% / 25% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$100 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$1,000 Every Year Hearing - Maximum Allowance - \$1,500 Every Year (1 Hearing Aid) OTC-\$70 Every 3 months Fitness Benefit

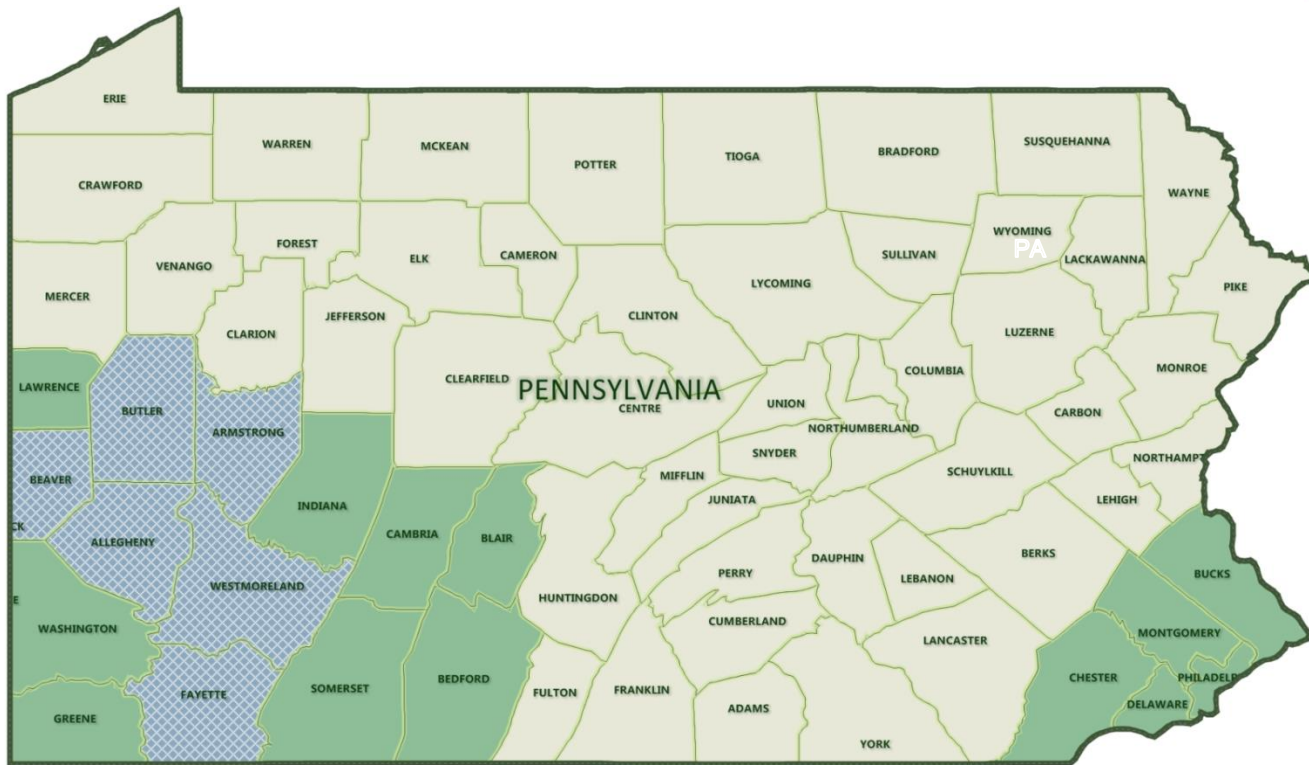
Note: Filed benefits only. Pending CMS approval and subject to change.

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Pennsylvania



TM



2018 Medicare Products

-  MAPD Only
-  D-SNP Only
-  MAPD & D-SNP



Network

- Allegheny Valley
- Allegheny General
- West Penn
- Forbes
- Heritage Valley
- UPMC
- Crozer
- CHS
- Mainline Health
- Penn Medicine
- Prime Health

PA

Contract: H2915-001(HMO SNP)

Counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$3,400 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316*deductible Days 61-90: \$329* Per day Days 91-150: \$658* Per lifetime reserve day
PCP/SPC-Copay Primary Care Provider/Specialist Copay	20% PCP Visits 20% SPC Visits
RX	Deductible - \$405 Tier 1 - Preferred Generic: \$0 Copay Tier 2 - Generic: \$20 Copay or LIS Cost Sharing Tier 3 - Preferred Brand: \$47 or LIS Cost Sharing Tier 4 - Non-Preferred Brand: \$100 or LIS Cost Sharing Tier 5 - Specialty Tier: 25% or LIS Cost Sharing
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$300 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$1,300 Every Year Hearing - Maximum Allowance- \$1,000 Every Year (1 Hearing Aid) Transportation- \$0 Copay (48 one way trips per year) OTC-\$75 Every Month Meal Benefit- 14 meals/week 2 Weeks of meals after hospitalization- Max 28 days per year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H2915-002 (HMO SNP)

Counties: Bucks, Chester, Delaware, Montgomery, Philadelphia

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$3,400 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316*deductible Days 61-90: \$329* Per day Days 91-150: \$658* Per lifetime reserve day
PCP/SPC-Copay Primary Care Provider/Specialist Copay	20% PCP Visits 20% SPC Visits
RX	Deductible - \$405 Tier 1 - Preferred Generic: \$0 Copay Tier 2 - Generic: \$20 Copay or LIS Cost Sharing Tier 3 - Preferred Brand: \$47 or LIS Cost Sharing Tier 4 - Non-Preferred Brand: \$100 or LIS Cost Sharing Tier 5 - Specialty Tier: 25% or LIS Cost Sharing
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental - \$0 Preventative Services and Comprehensive Dental - \$500 Every Year Transportation- \$0 Copay (24 one way trips per year) OTC-\$45 Every Month Meal Benefit- 14 meals/week 2 Weeks of meals after hospitalization- Max 28 days per year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H2915-003 (HMO)

Counties: Allegheny, Armstrong, Beaver, Butler, Fayette,
Westmoreland

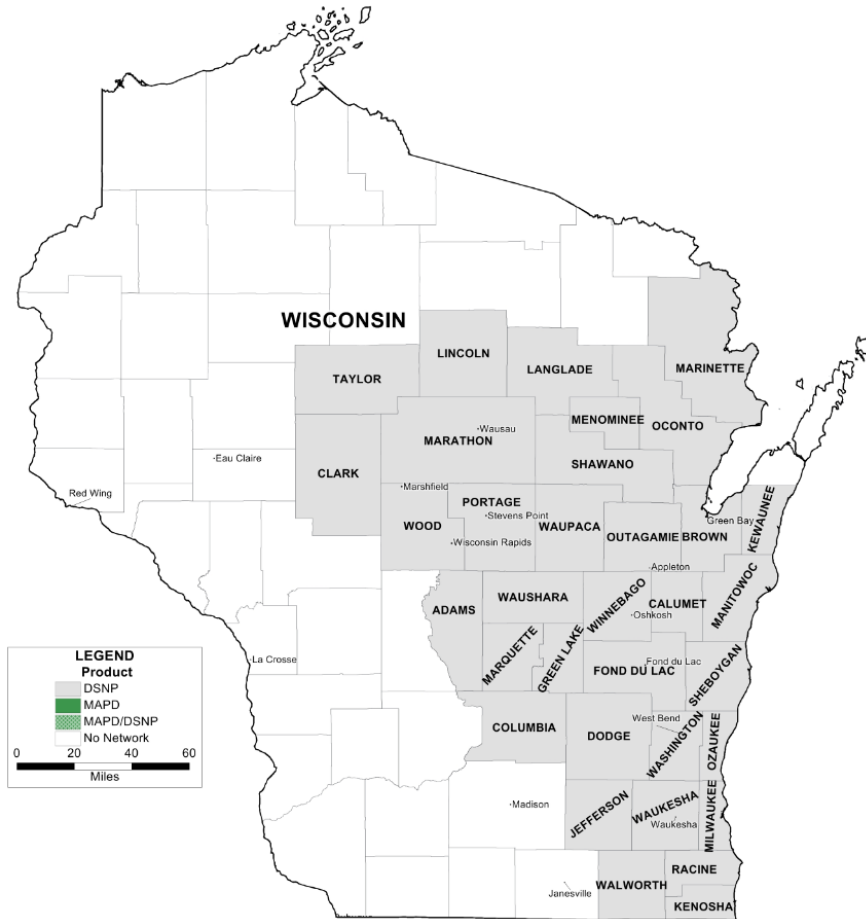
BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$6,700 In-Network
Inpatient	Days 1-6 \$295 Per Day Days 7-90 \$0 Per Day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visit \$40 SPC Visit
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 Copay Tier 2 - Generic: \$10/30 Tier 3 - Preferred Brand: \$47/141 Tier 4 - Non-Preferred Brand: \$100/300 Tier 5 - Specialty Tier: 33%/33% Tier 6 – Select Care Drugs: \$0/\$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services and Comprehensive Dental - \$500 Every Year Hearing - Maximum Allowance- \$500 Every Year (1 Hearing Aid) OTC-\$50 Every 3 months Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Wisconsin



Network

- SE WI: Aurora, Columbia St Mary's, Froedtert, ProCare, Isaac Coggs, 16th St. Clinic, Wheaton, United Hospital Systems
- Northern WI: ThedaCare, Agnesian, Affinity, Aspirus, Ministry, Aurora, Bellin, Northshore

Contract: H8189-001 (HMO SNP)

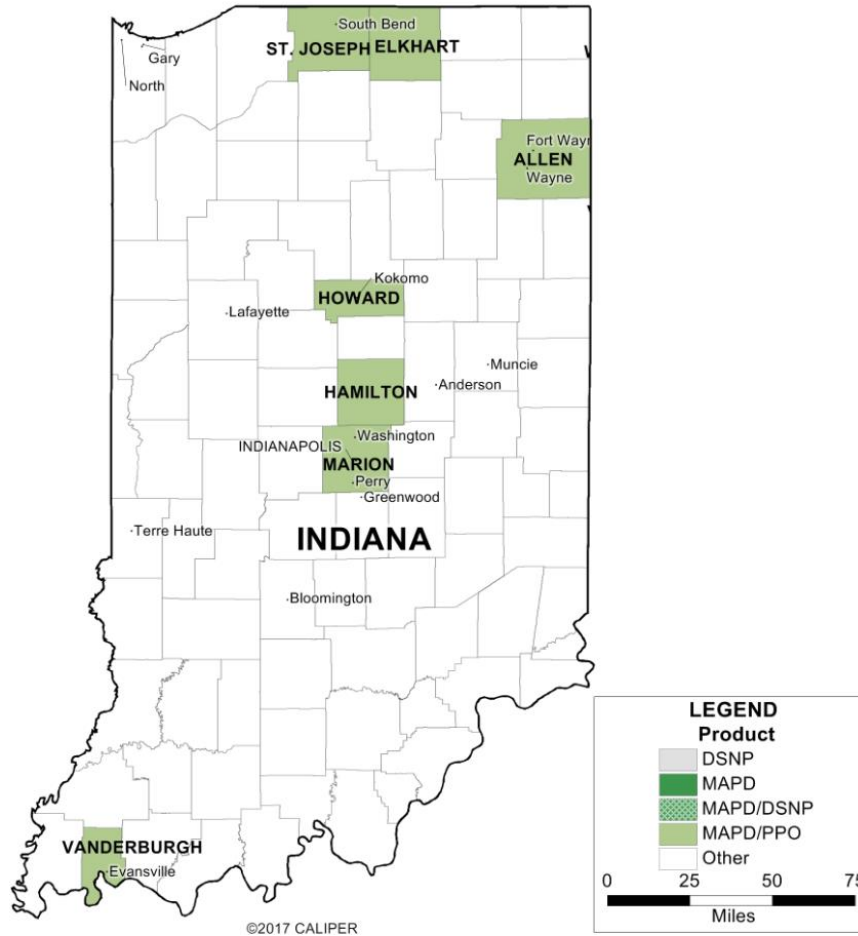
Counties: Adams, Brown, Calumet, Clark, Columbia, Dodge, Fond du Lac, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago and Wood

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$3,400 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316*deductible Days 61-90: \$329* Per day Days 91-150: \$658* Per lifetime reserve day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	20% PCP Visit 20% SPC Visit
RX	Deductible - \$85, only applies to tiers 2-5 Tier 1 - Preferred Generic: \$0 Copay Tier 2 - Generic: \$20/60 Tier 3 - Preferred Brand: \$47/141 Tier 4 - Non-Preferred Brand: \$100/300 Tier 5 - Specialty Tier: 31% Tier 6 – Select Care Drugs: \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$500 Every Year Dental - \$0 Preventative Services and Comprehensive Dental - \$2,000 Every Year Hearing - Maximum Allowance- \$1,000 Every Year (1 Hearing Aid) OTC-\$65 Every Month Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

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Network

- Community
- CHS/Lutheran
- Beacon
- Deaconess
- Indiana University

FOR BROKER USE ONLY



Contract: H3499-001 (HMO)
Counties: Hamilton, Howard, Marion



BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$4,100 In-Network
Inpatient	\$245 Per Day, Days 1 - 8 \$0 Per Day, Days 9 - 90
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$25 SPC Visits
RX	Deductible - \$400, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$5 / \$15 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 25% / 25% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental- \$0 Preventative services Hearing- \$0 Routine exam, Fittings, Maximum Allowance- \$1,500 Every Year, one hearing aid per year Fitness OTC-\$65 Every 3 Months

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H3499-002 (HMO)

Counties: Allen, Elkhart, St Joseph



BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$4,100 In-Network
Inpatient	\$245 Per Day, Days 1 - 8 \$0 Per Day, Days 9 - 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$25 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$5 / \$15 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental- \$0 Preventative services Hearing- \$0 Routine exam, Fittings, Maximum Allowance- \$1,500 Every Year, one hearing aid per year Fitness OTC-\$65 Every 3 Months

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H3499-003 (HMO)

Counties: Vanderburgh



BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$4,100 In-Network
Inpatient	\$245 Per Day, Days 1 - 8 \$0 Per Day, Days 9 - 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$25 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$5 / \$15 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental- \$0 Preventative services Hearing- \$0 Routine exam, Fittings, Maximum Allowance- \$1,500 Every Year, one hearing aid per year Fitness OTC-\$65 Every 3 Months

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H6348-001 (PPO)
Counties: Hamilton, Howard, Marion

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$5,000 In-Network \$7,750 Out of Network \$0 Out of Network Deductible
Inpatient	\$285 Per Day, Days 1 - 6 \$0 Per Day, Days 7 – 90 40% - Out of Network
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$5 PCP Visits \$35 SPC Visits – In-Network 40% - Out of Network
RX	Deductible - \$400, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$5 / \$15 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 25% / 25% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental- \$0 Preventative services Hearing- \$0 Routine exam, Fittings, Maximum Allowance- \$1,500 Every Year, one hearing aid per year OTC-\$65 Every 3 Months Fitness

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H6348-002 (PPO)

Counties: Allen, Elkhart, St Joseph

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$5,000 In-Network \$7,750 Out of Network \$0 Out of Network Deductible
Inpatient	\$285 Per Day, Days 1 - 6 \$0 Per Day, Days 7 – 90 40% - Out of Network
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$5 PCP Visits \$35 SPC Visits 40% - Out of Network
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$5 / \$15 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental- \$0 Preventative services Hearing- \$0 Routine exam, Fittings, Maximum Allowance- \$1,500 Every Year, one hearing aid per year OTC-\$65 Every 3 Months Fitness

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H6348-003 (PPO)

Counties: Vanderburgh



BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,000 In-Network \$7,750 Out of Network \$0 Out of Network Deductible
Inpatient	\$285 Per Day, Days 1 - 6 \$0 Per Day, Days 7 – 90 40% - Out of Network
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$5 PCP Visits \$35 SPC Visits 40% - Out of Network
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$15 / \$45 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 33% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental- \$0 Preventative services Hearing- \$0 Routine exam, Fittings, Maximum Allowance- \$1,500 Every Year, one hearing aid per year OTC-\$65 Every 3 Months Fitness

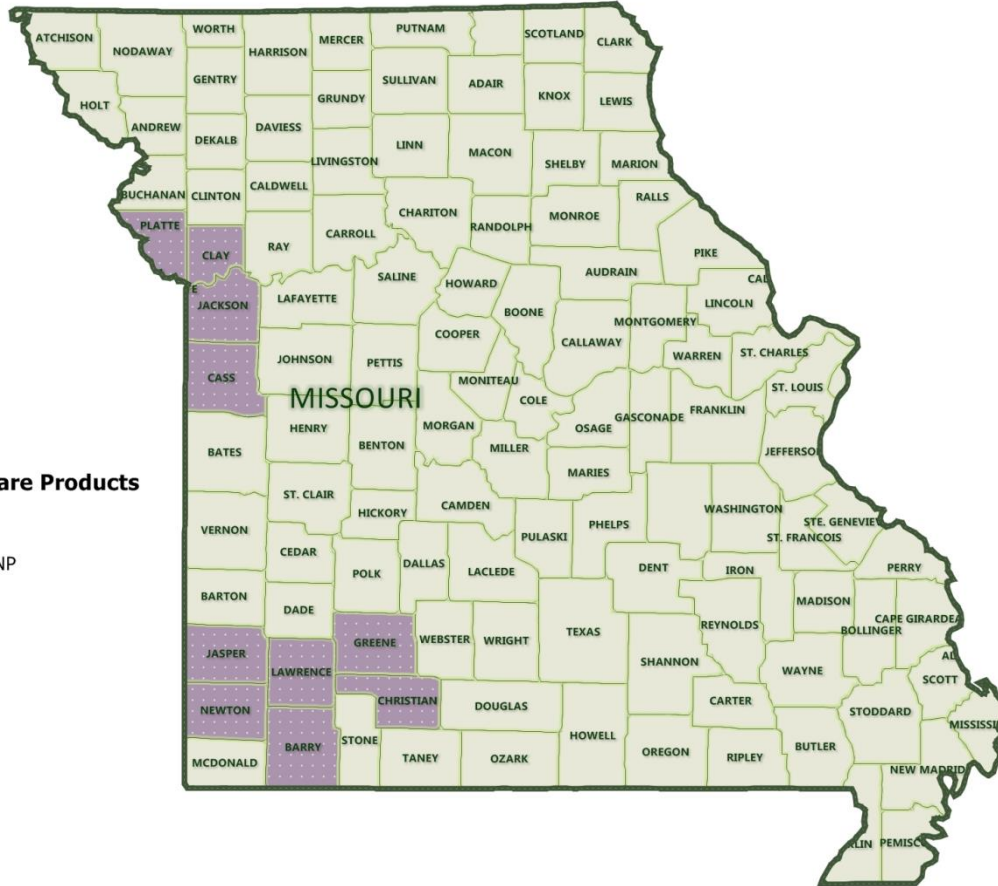
Note: Filed benefits only. Pending CMS approval and subject to change.

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Missouri



TM



2018 Medicare Products

- MAPD Only
- D-SNP Only
- MAPD & D-SNP



Network

- Mercy
- HCA
- Prime
- Truman
- St. Luke's

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home state health.



Contract: H1664-001 (HMO)

Counties: Barry, Christian, Greene, Jasper, Lawrence, Newton

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$5,300 In-Network
Inpatient	\$360 Per Day, Days 1 - 5 \$0 Per Day, Days 6 – 90
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$45 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$5 / \$15 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental- \$0 Preventative services Hearing- \$0 Routine exam, Fittings, Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC-\$50 Every 3 Months Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

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home state health.

Contract: H1664-002 (HMO)

Counties: Cass, Clay, Jackson, Platte



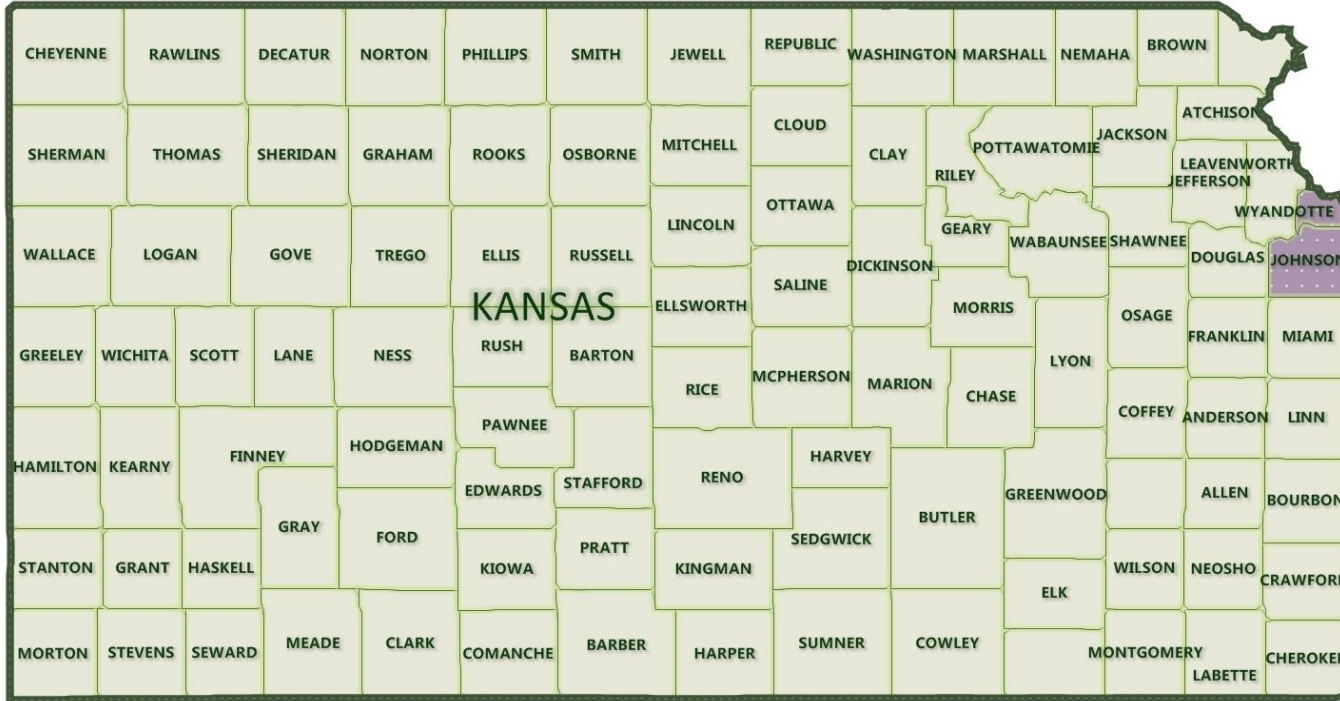
BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$6,500 In-Network
Inpatient	\$300 Per Day, Days 1 - 6 \$0 Per Day, Days 7 – 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$50 SPC Visits
RX	Deductible - \$205, only applies to tiers 3-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$5 / \$15 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 28% / 28% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$175 Every Year Hearing- \$0 Routine exam, Fittings, Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC-\$50 Every 3 Months Fitness Benefit Meal Benefit – 2 meals for 14 days




Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Kansas



2018 Medicare Products

-  MAPD Only
-  D-SNP Only
-  MAPD & D-SNP



Network

- HCA
- Prime
- St. Luke's

FOR BROKER USE ONLY



Contract: H6550-001 (HMO)

Counties: Johnson, Wyandotte

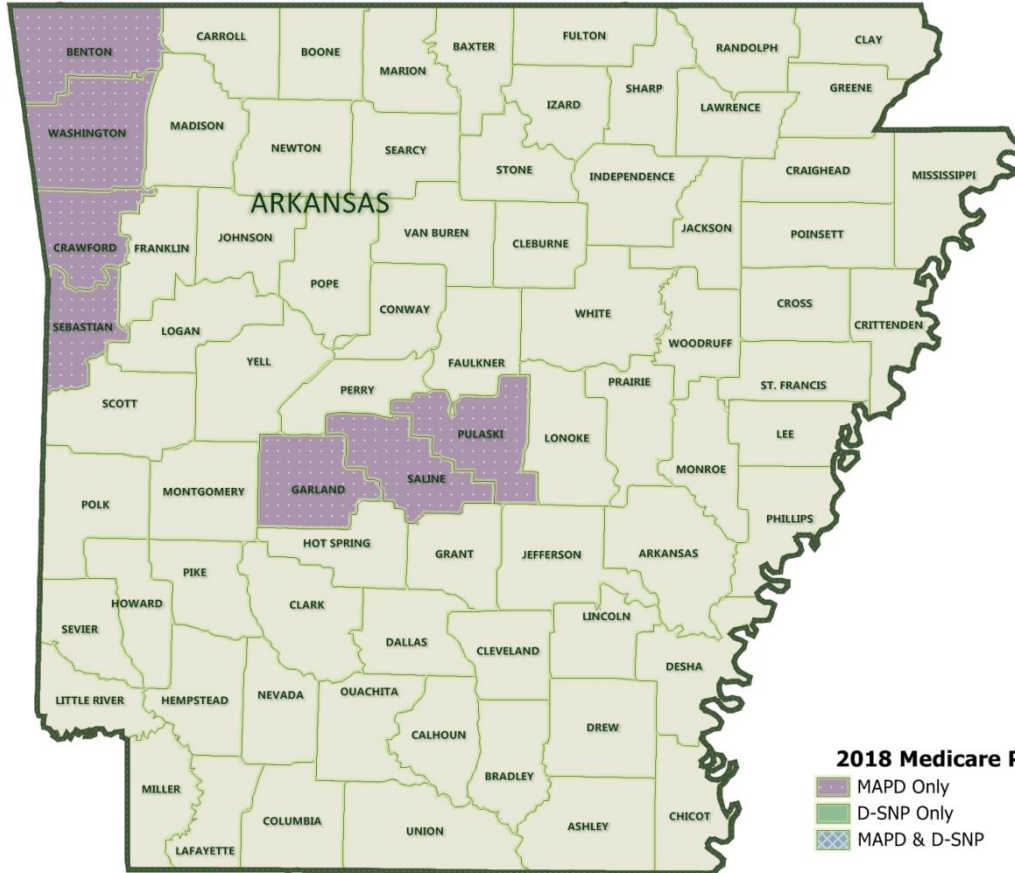
BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$4,850 In-Network
Inpatient	\$325 Per Day, Days 1 - 5 \$0 Per Day, Days 6 – 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$9 / \$27 Tier 3 - Preferred Brand: \$37 / \$111 Tier 4 - Non-Preferred Brand: \$90 / \$270 Tier 5 - Specialty Drugs: 33% / 33% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental- \$0 Preventative services; Comprehensive Dental- \$1,000 Every Year, buy up option to additional \$1000, \$33 premium Hearing- \$0 Routine exam, Fittings, Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC-\$50 Every 3 Months Meal Benefit – 28 meals for 14 days Fitness

Note: Filed benefits only. Pending CMS approval and subject to change.

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Arkansas





Network

- University of Arkansas (UAMS)
- Baptist Health
- Capella
- AR Health Network (CHI)
- CHS/Premier Care
- Health Partners
- Mercy

Contract: H9630-001 (HMO)

Counties: Benton, Crawford, Sebastian, Washington

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$295 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$250, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$8 / \$24 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 28% / 28% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$150 Every Year Hearing- \$0 Routine exam, Fittings , Maximum Allowance- \$1,500 every year OTC-\$80 Every 3 Months Meal Benefit – 28 meals for 14 day Fitness

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H9630-002 (HMO)
Counties: Garland, Pulaski, Saline



BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$295 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$250, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$8 / \$24 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 28% / 28% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$150 Every Year Dental- \$0 Preventative services, Comprehensive Dental- \$1,000 Every Year Hearing- \$0 Routine exam, Fittings , Maximum Allowance- \$1,500 every year OTC-\$80 Every 3 Months Meal Benefit – 28 meals for 14 day Fitness

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H9630-003 (HMO)
Counties: Benton, Washington



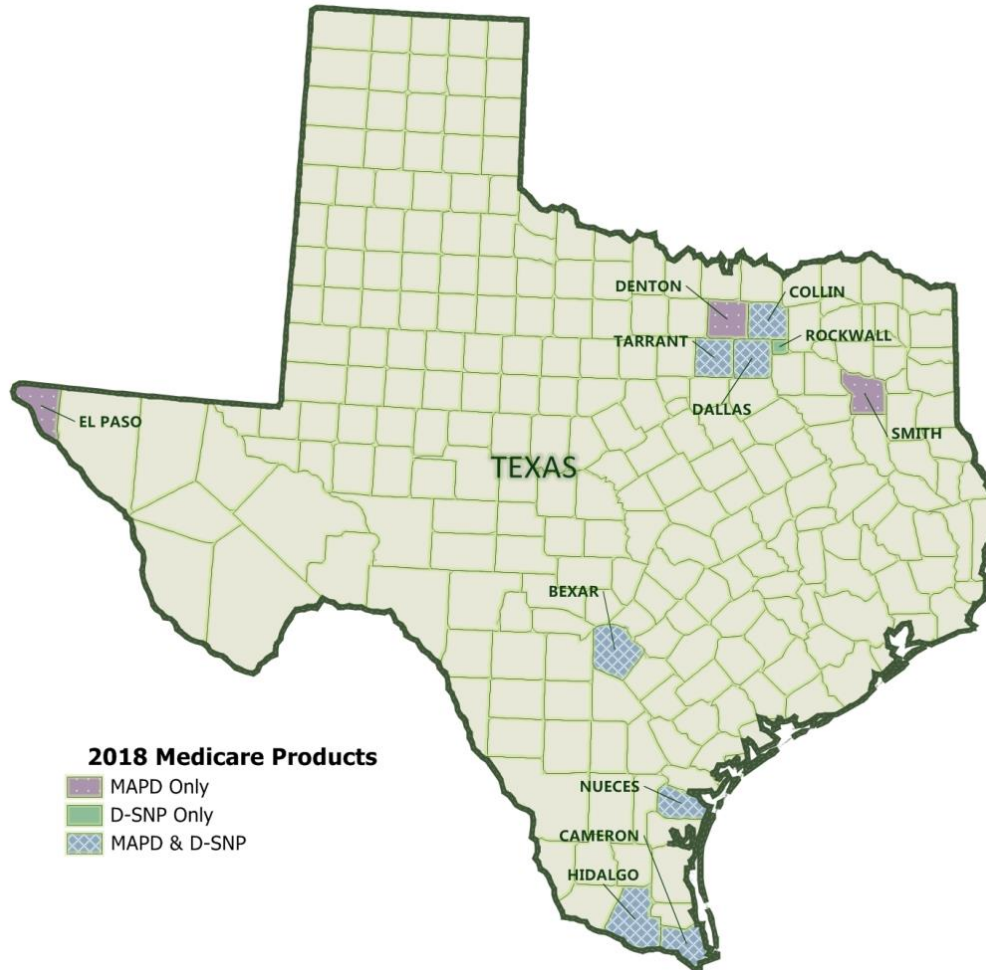
BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$295 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$8 / \$24 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 33% / 33% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$250 Every Year Dental- \$0 Preventative services, Comprehensive Dental- \$1,000 Every Year Hearing- \$0 Routine exam, Fittings , Maximum Allowance- \$1,500 every year OTC-\$80 Every 3 Months Meal Benefit – 28 meals for 14 day Fitness

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Texas



2018 Medicare Products

- MAPD Only
- D-SNP Only
- MAPD & D-SNP



Network

- HCA/Methodist
- Texas Tech
- University Hospital – Bexar, El Paso
- El Paso Medical Network
- Christus
- DHR IPA
- Mission Health
- Baptist
- IASIS
- THR

FOR BROKER USE ONLY



Contract: H0062-001 (HMO)
Counties: Bexar



BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$4,000 In-Network
Inpatient	\$150 Per Day, Days 1 - 7 \$0 Per Day, Days 8 – 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$35 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$3/\$9 Tier 2 - Generic: \$12/\$36 Tier 3 - Preferred Brand: \$47/\$141 Tier 4 - Non-Preferred Brand: \$95/\$285 Tier 5 - Specialty Tier: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$150 Every Year Hearing - \$0 Routine exam, Fittings OTC - \$30 Every 3 Months Transportation – 8 one-way trips per year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H0062-002 (HMO)

Counties: Collin, Dallas, Denton, Smith, Tarrant

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$4,300 In-Network
Inpatient	\$250 Per Day, Days 1 - 7 \$0 Per Day, Days 8 – 90
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$35 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0/\$0 Tier 2 - Generic: \$14/\$42 Tier 3 - Preferred Brand: \$47/\$141 Tier 4 - Non-Preferred Brand: \$100/\$300 Tier 5 - Specialty Tier: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Maximum Allowance \$125 Every Year Dental – Preventative and Comprehensive Dental – optional buy-up package - \$1500, \$35.80 premium Hearing - Maximum Allowance- \$750 Every 3 years, one hearing aid per year OTC - \$50 Every 3 Months Fitness Benefit Personal Emergency Response System

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H0062-003 (HMO)
Counties: Cameron, Hidalgo

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$3,400 In-Network
Inpatient	\$175 Per Day, Days 1 - 7 \$0 Per Day, Days 8 – 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$35 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$2/\$6 Tier 2 - Generic: \$12/\$36 Tier 3 - Preferred Brand: \$37/\$111 Tier 4 - Non-Preferred Brand: \$95/\$285 Tier 5 - Specialty Tier: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$150 Every Year Dental - \$0 Preventative Services, Comprehensive Dental- \$1,000 Every Year Hearing - \$0 Routine exam, Fittings OTC - \$60 Every 3 Months Fitness Benefit Transportation – 24 one-way trips per year Personal Emergency Response System

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H0062-004 (HMO)
Counties: El Paso



BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$3,400 In-Network
Inpatient	\$175 Per Day, Days 1 - 6 \$0 Per Day, Days 7 – 90
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$1/\$3 Tier 2 - Generic: \$12/\$36 Tier 3 - Preferred Brand: \$47/\$141 Tier 4 - Non-Preferred Brand:\$95/\$285 Tier 5 - Specialty Tier: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$150 Every Year Hearing - \$0 Routine exam, Fittings OTC - \$45 Every 3 Months Fitness Benefit Transportation – 8 one-way trips per year

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H0062-005 (HMO)
Counties: Nueces

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$4,600 In-Network
Inpatient	\$140 Per Day, Days 1 - 6 \$0 Per Day, Days 7 – 90
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$10 PCP Visits \$45 SPC Visits
RX	Deductible - \$325, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$3/\$9 Tier 2 - Generic: \$14/\$42 Tier 3 - Preferred Brand: \$47/\$141 Tier 4 - Non-Preferred Brand:\$100/\$300 Tier 5 - Specialty Tier: 26% / 26% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$275 Every Other Year Dental - \$0 Preventative Dental Hearing - \$0 Routine exam, Fittings OTC - \$45 Every 3 Months Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H5294-001 (HMO - DSNP)

Counties: Collin, Rockwall

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$6,700 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$0 SPC Visits
RX	Deductible - \$50, only applies to tiers 2-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$19 / \$57 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 32% / 32% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services, Comprehensive Dental- \$1,000 Every Year Hearing - Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC - \$50 Every 3 Months Transportation - 24 one-way trips per year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H5294-002 (HMO - DSNP)

Counties: Cameron, Hidalgo

BENEFIT OVERVIEW	
MOOP _(Maximum Out Of Pocket)	\$6,700 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$0 SPC Visits
RX	Deductible - \$50, only applies to tiers 2-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$19 / \$57 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 – Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 32% / 32% Tier 6 – Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$100 Every Year Dental - \$0 Preventative Services, Comprehensive Dental- \$1,750 Every Year Hearing - Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC - \$100 every 3 months Transportation – 30 one-way trips per year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY



Contract: H5294-003 (HMO - DSNP)
Counties: Dallas, Tarrant



BENEFIT OVERVIEW	
MOOP (Maximum Out Of Pocket)	\$6,700 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$0 SPC Visits
RX	Deductible - \$50, only applies to tiers 2-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$19 / \$57 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 32% / 32% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$100 Every Year Dental - \$0 Preventative Services, Comprehensive Dental- \$1,500 Every Year Hearing - Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC - \$110 every 3 months Transportation - 24 one-way trips per year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

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Contract: H5294-004 (HMO - DSNP)
Counties: Bexar, Nueces

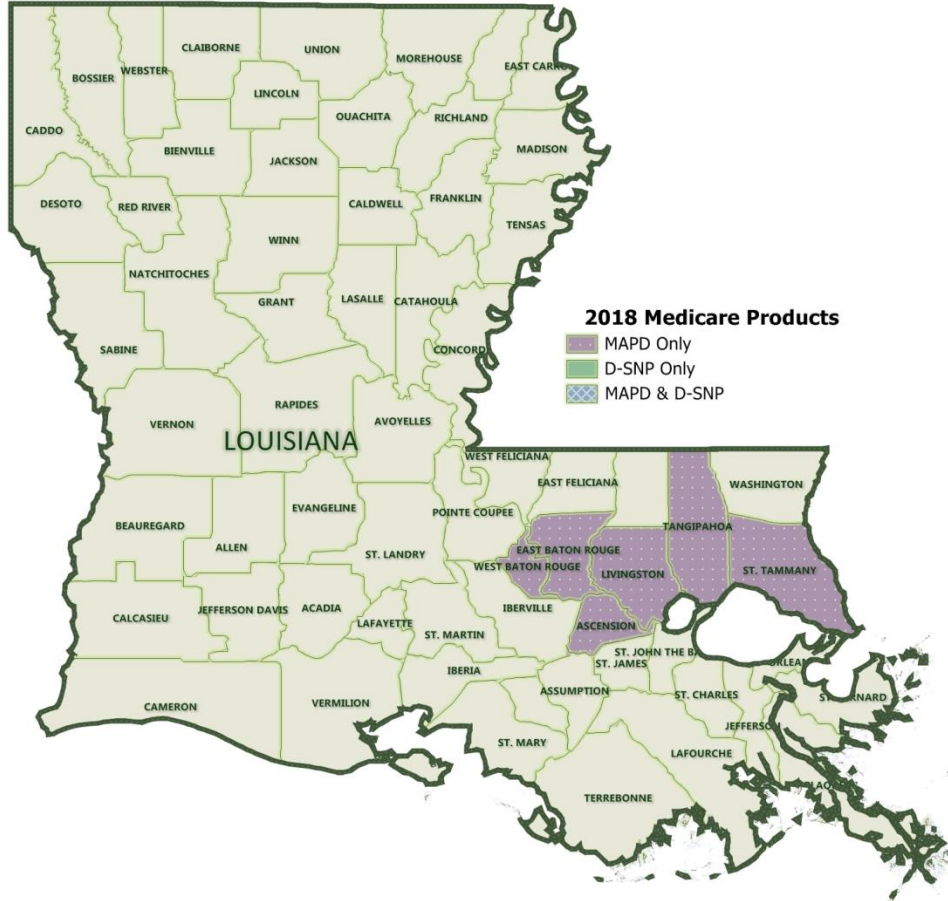
BENEFIT OVERVIEW	
MOOP (Maximum Out Of Pocket)	\$6,700 In-Network
Inpatient	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$0 SPC Visits
RX	Deductible - \$50, only applies to tiers 2-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$19 / \$57 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 32% / 32% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services, Comprehensive Dental- \$1,750 Every Year Hearing - Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC - \$65 every 3 months Transportation - 30 one-way trips per year Fitness

Note: Filed benefits only. Pending CMS approval and subject to change.

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Louisiana

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Network

- All hospitals in the service area
- ACCESS health FQHC
- St. Tammany Physicians group
- St. Tammany Quality Network
- North Oaks Physicians group
- HLN (Health Leaders Network) Physicians group



Contract: H5117-001 (HMO)

Parishes: Ascension, East Baton Rouge, West Baton Rouge, Livingston, Tangipahoa

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$6,700 In-Network
Inpatient	\$199 Per Day, Days 1 - 10 \$0 Per Day, Days 11 – 90
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$300, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$10 / \$30 Tier 3-Preferred Brand: \$37 / \$111 Tier 4-Non-Preferred Brand: \$90 / \$270 Tier 5-Specialty Drugs: 27% / 27% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$150 Every Year Dental - \$0 Preventative services, Comprehensive Dental- optional buy-up package - \$1500, \$33.50 premium Hearing - Maximum Allowance- \$1200 Every 3 Years, one hearing aid per year OTC - \$60 Every 3 Months Fitness Benefit Personal Emergency Response System

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H5117-002 (HMO)

Parishes: St. Tammany



BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$6,700 In-Network
Inpatient	\$199 Per Day, Days 1 - 10 \$0 Per Day, Days 11 – 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$300, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$10 / \$30 Tier 3-Preferred Brand: \$37 / \$111 Tier 4-Non-Preferred Brand : \$90 / \$270 Tier 5-Specialty Drugs: 27% / 27% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$150 Every Year Dental - \$0 Preventative services, Comprehensive Dental- optional buy-up package - \$1500, \$34.80 premium Hearing - Maximum Allowance- \$1200 Every 3 Years, one hearing aid per year OTC - \$60 Every 3 Months Fitness Benefit Chiropractic – 6 routine visits Personal Emergency Response System

Note: Filed benefits only. Pending CMS approval and subject to change.

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Mississippi



Network

- Merit Health/Singing River System (Jackson, Harrison, Stone and George counties)
- George County Regional Hospital
- Merit Health (Hinds, Rankin and Madison counties)
- FQHC's (Madison, Rankin, Hinds, Jackson and Harrison counties)
- Rural Health Clinics



Contract: H9811-001 (HMO)

Counties: George, Harrison, Hinds, Jackson, Madison, Rankin, Stone

BENEFIT OVERVIEW	
MOOP (Maximum Out Of Pocket)	\$6,700 In-Network
Inpatient	\$265 Per Day, Days 1-7; \$0 Per Day, Days 8-90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$300, only applies to tiers 3-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$15 / \$45 Tier 3 - Preferred Brand: \$42 / \$126 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 27% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$150 Every Year Dental- \$0 Preventative services Hearing- Maximum Allowance- \$750 Every 3 Years, one hearing aid per year Fitness Benefit

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY