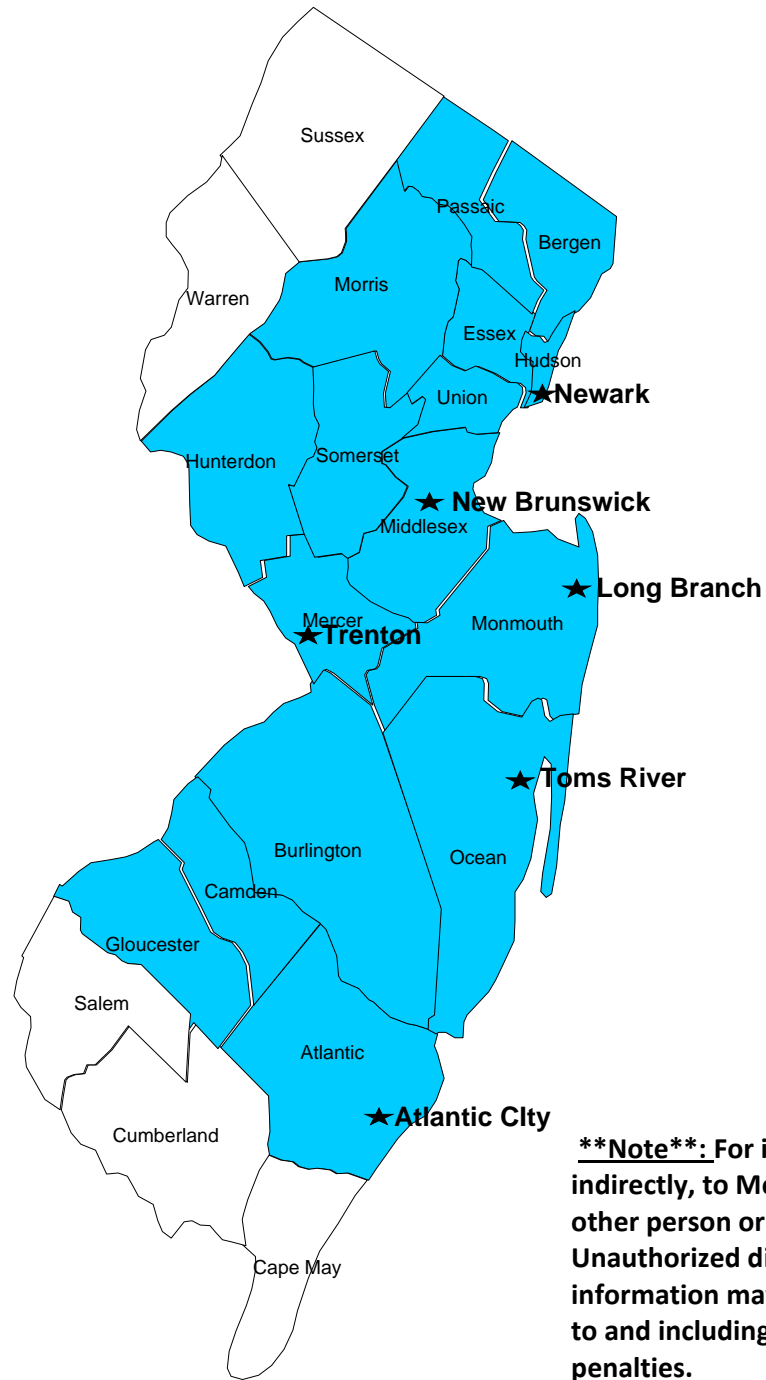


# New Jersey



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Medicare Advantage Plans - 2017 CMS Approved

Friday, September 23, 2016

County	H-PBP	Year	Plan Type SNP Type	M A P D	Plan Name	House Calls	GK Ref	Member Premium	Member Cost Share in Network			OOP Maximum	Medical Deductible	Rx Deductible	Rx Copay/Coins (T1/T2/T3/T4/T5)
									PCP	Specialist	Inpatient				
<b>State: New Jersey</b>															
Atlantic	H3113-005	2016	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$37.00	20%	20%	FFS: Days 1- 60: \$1,288 deductible / Days 61- 90: \$322 per day / Days 91- 150: \$644 per lifetime reserve day	\$6700	FFS	\$360	25%/25%/25%/25%/25%
		2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Bergen	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/27%
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 New Plan	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 New Plan	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-004	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 1 Membership Mapped to H0755-034	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/26%
	H3107-008	2016	HMO Not SNP	N	AARP MedicareComplete Essential Membership Mapped to H0755-037	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-014	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 3 Membership Mapped to H0755-035	N	Y	\$39.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H3107-015	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 4 Membership Mapped to H0755-036	N	N	\$79.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%

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County	H-PBP	Year	Plan Type SNP Type	M A P D	Plan Name	House Calls	GK Ref	Member Premium	Member Cost Share in Network			Medical Deductible	Rx Deductible	Rx Copay/Coins (T1/T2/T3/T4/T5)	
									PCP	Specialist	Inpatient				
Bergen	H3113-005	2016	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$37.00	20%	20%	FFS: Days 1- 60: \$1,288 deductible / Days 61- 90: \$322 per day / Days 91- 150: \$644 per lifetime reserve day	\$6700	FFS	\$360	25%/25%/25%/25%/25%
		2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Burlington	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/27%
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 New Plan	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 New Plan	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3113-005	2016	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$37.00	20%	20%	FFS: Days 1- 60: \$1,288 deductible / Days 61- 90: \$322 per day / Days 91- 150: \$644 per lifetime reserve day	\$6700	FFS	\$360	25%/25%/25%/25%/25%
		2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Camden	H3113-005	2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE New Plan	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Essex	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/27%

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Medicare Advantage Plans - 2017 CMS Approved

County	H-PBP	Year	Plan Type SNP Type	M A P D	Plan Name	House Calls	GK Ref	Member Premium	Member Cost Share in Network				Medical Deductible	Rx Deductible	Rx Copay/Coins (T1/T2/T3/T4/T5)
									PCP	Specialist	Inpatient	OOP Maximum			
Essex	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 New Plan	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 New Plan	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H0755-038	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 2 New Plan	Y	N	\$0.00	\$5.00	\$20.00	\$345 days 1-5/ \$0 days 6-Unlimited	\$6700	\$0	\$250 T3/T4/T5 Only	\$2/\$12/\$47/\$100/28%
	H3107-004	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 1 Membership Mapped to H0755-034	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/26%
	H3107-008	2016	HMO Not SNP	N	AARP MedicareComplete Essential Membership Mapped to H0755-037	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-012	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 2 Membership Mapped to H0755-038	N	Y	\$0.00	\$5.00	\$20.00	\$345 days 1-5/ \$0 days 6-Unlimited	\$6700	\$0	\$250 T3/T4/T5 Only	\$2/\$12/\$47/\$100/27%
	H3107-013	2016	HMO Not SNP	Y	UnitedHealthcare MedicareComplete Focus Membership Mapped to H0755-035	N	Y	\$29.00	\$0.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H3107-015	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 4 Membership Mapped to H0755-036	N	N	\$79.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H3113-005	2016	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$37.00	20%	20%	FFS: Days 1- 60: \$1,288 deductible / Days 61- 90: \$322 per day / Days 91- 150: \$644 per lifetime reserve day	\$6700	FFS	\$360	25%/25%/25%/25%/25%
		2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%

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County	H-PBP	Year	Plan Type SNP Type	M A P D	Plan Name	House Calls	GK Ref	Member Premium	Member Cost Share in Network			OOP Maximum	Medical Deductible	Rx Deductible	Rx Copay/Coins (T1/T2/T3/T4/T5)
									PCP	Specialist	Inpatient				
Gloucester	H3113-005	2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE <b>New Plan</b>	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Hudson	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 <b>New Plan</b>	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/27%
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 <b>New Plan</b>	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 <b>New Plan</b>	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential <b>New Plan</b>	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-004	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 1 <b>Membership Mapped to H0755-034</b>	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/26%
	H3107-008	2016	HMO Not SNP	N	AARP MedicareComplete Essential <b>Membership Mapped to H0755-037</b>	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-013	2016	HMO Not SNP	Y	UnitedHealthcare MedicareComplete Focus <b>Membership Mapped to H0755-035</b>	N	Y	\$29.00	\$0.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H3107-015	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 4 <b>Membership Mapped to H0755-036</b>	N	N	\$79.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H3113-005	2016	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$37.00	20%	20%	FFS: Days 1- 60: \$1,288 deductible / Days 61- 90: \$322 per day / Days 91- 150: \$644 per lifetime reserve day	\$6700	FFS	\$360	25%/25%/25%/25%/25%
		2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%

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County	H-PBP	Year	Plan Type SNP Type	M A P D	Plan Name	House Calls	GK Ref	Member Premium	Member Cost Share in Network			OOP Maximum	Medical Deductible	Rx Deductible	Rx Copay/Coins (T1/T2/T3/T4/T5)
									PCP	Specialist	Inpatient				
Hunterdon	H3113-005	2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE <b>New Plan</b>	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Mercer	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 <b>New Plan</b>	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/27%
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 <b>New Plan</b>	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 <b>New Plan</b>	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential <b>New Plan</b>	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-004	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 1 <b>Membership Mapped to H0755-034</b>	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/26%
	H3107-008	2016	HMO Not SNP	N	AARP MedicareComplete Essential <b>Membership Mapped to H0755-037</b>	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-014	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 3 <b>Membership Mapped to H0755-035</b>	N	Y	\$39.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H3107-015	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 4 <b>Membership Mapped to H0755-036</b>	N	N	\$79.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H3113-005	2016	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$37.00	20%	20%	FFS: Days 1- 60: \$1,288 deductible / Days 61- 90: \$322 per day / Days 91- 150: \$644 per lifetime reserve day	\$6700	FFS	\$360	25%/25%/25%/25%/25%
		2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%

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									PCP	Specialist	Inpatient	OOP Maximum			
Middlesex	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/27%
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 New Plan	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 New Plan	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-004	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 1 Membership Mapped to H0755-034	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/26%
	H3107-008	2016	HMO Not SNP	N	AARP MedicareComplete Essential Membership Mapped to H0755-037	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-014	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 3 Membership Mapped to H0755-035	N	Y	\$39.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H3107-015	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 4 Membership Mapped to H0755-036	N	N	\$79.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H3113-005	2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE New Plan	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Monmouth	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/27%
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 New Plan	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 New Plan	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		

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County	H-PBP	Year	Plan Type SNP Type	M A P D	Plan Name	House Calls	GK Ref	Member Premium	Member Cost Share in Network			OOP Maximum	Medical Deductible	Rx Deductible	Rx Copay/Coins (T1/T2/T3/T4/T5)
									PCP	Specialist	Inpatient				
Monmouth	H3107-004	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 1 Membership Mapped to H0755-034	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290	\$2/\$12/\$45/\$95/26% T3/T4/T5 Only
	H3107-008	2016	HMO Not SNP	N	AARP MedicareComplete Essential Membership Mapped to H0755-037	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-013	2016	HMO Not SNP	Y	UnitedHealthcare MedicareComplete Focus Membership Mapped to H0755-035	N	Y	\$29.00	\$0.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225	\$2/\$8/\$45/\$95/28% T3/T4/T5 Only
	H3107-015	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 4 Membership Mapped to H0755-036	N	N	\$79.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H3113-005	2016	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$37.00	20%	20%	FFS: Days 1- 60: \$1,288 deductible / Days 61- 90: \$322 per day / Days 91- 150: \$644 per lifetime reserve day	\$6700	FFS	\$360	25%/25%/25%/25%/25%
		2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Morris	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290	\$2/\$12/\$45/\$95/27% T3/T4/T5 Only
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 New Plan	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225	\$2/\$8/\$45/\$95/28% T3/T4/T5 Only
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 New Plan	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-004	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 1 Membership Mapped to H0755-034	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290	\$2/\$12/\$45/\$95/26% T3/T4/T5 Only

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Medicare Advantage Plans - 2017 CMS Approved

County	H-PBP	Year	Plan Type SNP Type	M A P D	Plan Name	House Calls	GK Ref	Member Premium	Member Cost Share in Network			OOP Maximum	Medical Deductible	Rx Deductible	Rx Copay/Coins (T1/T2/T3/T4/T5)
									PCP	Specialist	Inpatient				
Morris	H3107-008	2016	HMO Not SNP	N	AARP MedicareComplete Essential Membership Mapped to H0755-037	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-014	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 3 Membership Mapped to H0755-035	N	Y	\$39.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H3107-015	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 4 Membership Mapped to H0755-036	N	N	\$79.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H3113-005	2016	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$37.00	20%	20%	FFS: Days 1- 60: \$1,288 deductible / Days 61- 90: \$322 per day / Days 91- 150: \$644 per lifetime reserve day	\$6700	FFS	\$360	25%/25%/25%/25%/25%
		2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Ocean	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/27%
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 New Plan	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 New Plan	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H0755-038	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 2 New Plan	Y	N	\$0.00	\$5.00	\$20.00	\$345 days 1-5/ \$0 days 6-Unlimited	\$6700	\$0	\$250 T3/T4/T5 Only	\$2/\$12/\$47/\$100/28%
	H3107-004	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 1 Membership Mapped to H0755-034	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/26%

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County	H-PBP	Year	Plan Type SNP Type	M A P D	Plan Name	House Calls	GK Ref	Member Premium	Member Cost Share in Network			Medical Deductible	Rx Deductible	Rx Copay/Coins (T1/T2/T3/T4/T5)	
									PCP	Specialist	Inpatient				
Ocean	H3107-008	2016	HMO Not SNP	N	AARP MedicareComplete Essential Membership Mapped to H0755-037	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-012	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 2 Membership Mapped to H0755-038	N	Y	\$0.00	\$5.00	\$20.00	\$345 days 1-5/ \$0 days 6-Unlimited	\$6700	\$0	\$250 T3/T4/T5 Only	
	H3107-013	2016	HMO Not SNP	Y	UnitedHealthcare MedicareComplete Focus Membership Mapped to H0755-035	N	Y	\$29.00	\$0.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	
	H3107-015	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 4 Membership Mapped to H0755-036	N	N	\$79.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0 \$2/\$8/\$45/\$95/33%	
	H3113-005	2016	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$37.00	20%	20%	FFS: Days 1- 60: \$1,288 deductible / Days 61- 90: \$322 per day / Days 91- 150: \$644 per lifetime reserve day	\$6700	FFS	\$360	25%/25%/25%/25%/25%
		2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Passaic	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 New Plan	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 New Plan	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0 \$2/\$8/\$45/\$95/33%	
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-004	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 1 Membership Mapped to H0755-034	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	

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County	H-PBP	Year	Plan Type SNP Type	M A P D	Plan Name	House Calls	GK Ref	Member Premium	Member Cost Share in Network			OOP Maximum	Medical Deductible	Rx Deductible	Rx Copay/Coins (T1/T2/T3/T4/T5)
									PCP	Specialist	Inpatient				
Passaic	H3107-008	2016	HMO Not SNP	N	AARP MedicareComplete Essential Membership Mapped to H0755-037	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3107-014	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 3 Membership Mapped to H0755-035	N	Y	\$39.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H3107-015	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 4 Membership Mapped to H0755-036	N	N	\$79.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H3113-005	2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE New Plan	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Somerset	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/27%
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 New Plan	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 New Plan	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%
	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0		
	H3113-005	2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE New Plan	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400	25%/25%/25%/25%/25%
Union	H0755-034	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 1 New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only	\$2/\$12/\$45/\$95/27%
	H0755-035	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 3 New Plan	Y	N	\$36.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only	\$2/\$8/\$45/\$95/28%
	H0755-036	2017	HMO Not SNP	Y	AARP MedicareComplete Plan 4 New Plan	Y	N	\$76.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0	\$2/\$8/\$45/\$95/33%

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County	H-PBP	Year	Plan Type SNP Type	M A P D	Plan Name	House Calls	GK Ref	Member Premium	Member Cost Share in Network			Medical Deductible	Rx Deductible	Rx Copay/Coins (T1/T2/T3/T4/T5)
									PCP	Specialist	Inpatient			
Union	H0755-037	2017	HMO Not SNP	N	AARP MedicareComplete Essential New Plan	Y	N	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	
	H3107-004	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 1 Membership Mapped to H0755-034	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	\$290 T3/T4/T5 Only
	H3107-008	2016	HMO Not SNP	N	AARP MedicareComplete Essential Membership Mapped to H0755-037	N	Y	\$0.00	\$25.00	\$50.00	\$395 days 1-4/ \$0 days 5-Unlimited	\$6700	\$0	
	H3107-014	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 3 Membership Mapped to H0755-035	N	Y	\$39.00	\$5.00	\$15.00	\$250 days 1-5/ \$0 days 6-Unlimited	\$5900	\$0	\$225 T3/T4/T5 Only
	H3107-015	2016	HMO Not SNP	Y	AARP MedicareComplete Plan 4 Membership Mapped to H0755-036	N	N	\$79.00	\$0.00	\$15.00	\$150 days 1-5/ \$0 days 6-Unlimited	\$3400	\$0	\$0 \$2/\$8/\$45/\$95/33%
	H3113-005	2016	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$37.00	20%	20%	FFS: Days 1- 60: \$1,288 deductible / Days 61- 90: \$322 per day / Days 91- 150: \$644 per lifetime reserve day	\$6700	FFS	\$360 25%/25%/25%/25%/25%
		2017	HMO Dual	Y	UnitedHealthcare Dual Complete ONE	N	N	\$38.70	20%	20%	FFS: TBD	\$6700	FFS	\$400 25%/25%/25%/25%/25%

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