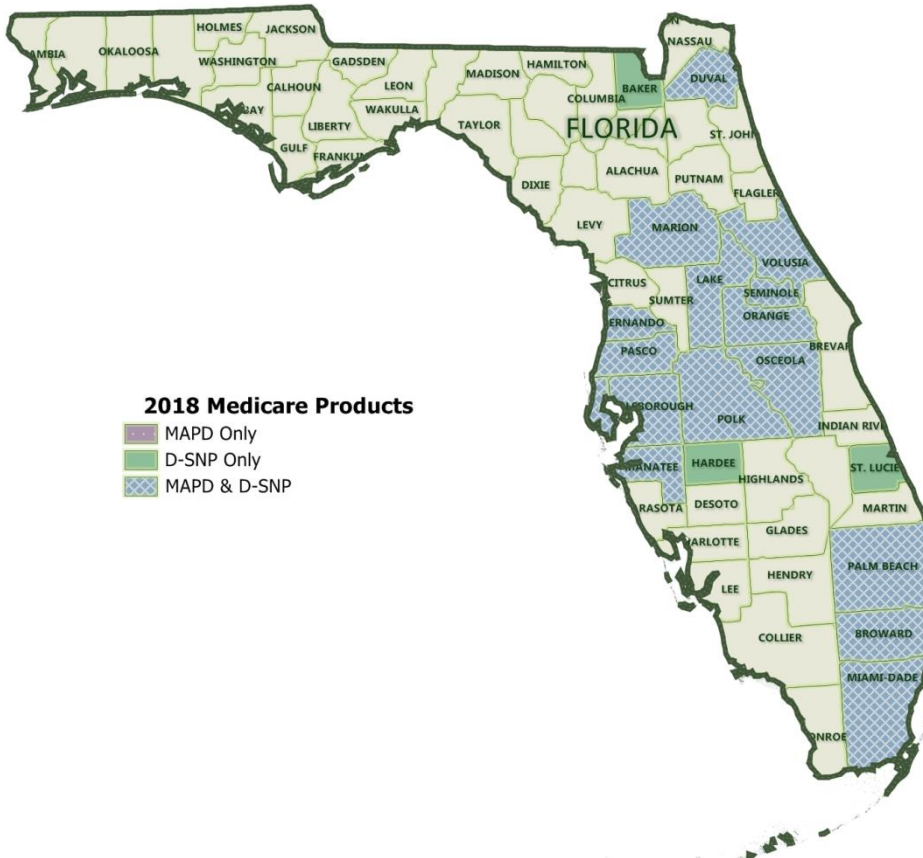





Florida

allwell.

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
- Zion Medical
- CHC
- Jay Care Medical
- Manatee County Rural Health
- Optima
- Zion
- 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 for either ear. Transportation- Unlimited One-way Trip(s) Every year OTC- \$40 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 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 \$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- \$40 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 - \$1,750 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-\$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 (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 - \$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-\$80 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 - 20 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 _(Maximum Out Of Pocket)	\$6,700 In-Network
Inpatient	\$150 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 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: \$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 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 \$150 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 (Maximum Out Of Pocket)	\$3,400 In-Network
Inpatient	\$0
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: \$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 - \$25 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 \$150 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.

FOR BROKER USE ONLY

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

<u>Benefit</u>	<u>2018</u>
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 \$150 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.

FOR BROKER USE ONLY

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

Primary Care Provider/Specialist Copay

\$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 \$200 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 (Maximum Out Of Pocket)	\$5,500 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 \$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 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 (Maximum Out Of Pocket)

\$5,900 In-Network

Inpatient

\$0

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 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-\$40 Every Month Fitness Benefit
Part B Give Back	\$80

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

FOR BROKER USE ONLY