



Georgia



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

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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.
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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 - \$1,000 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.

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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 - \$25 Every Month Fitness Benefit

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

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