




# Indiana



TM

### 2018 Medicare Products

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





# Network

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



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

## BENEFIT OVERVIEW

<b>MOOP</b> (Maximum Out Of Pocket)	\$4,600 In-Network
<b>Inpatient</b>	\$245 Per Day, Days 1 - 8 \$0 Per Day, Days 9 - 90
<b>PCP/SPC-Copay</b> Primary Care Provider/Specialist Copay	\$0 PCP Visits \$25 SPC Visits
<b>RX</b>	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
<b>Value Adds</b>	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-\$50 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

<b>MOOP</b> (Maximum Out Of Pocket)	\$4,600 In-Network
<b>Inpatient</b>	\$245 Per Day, Days 1 - 8 \$0 Per Day, Days 9 - 90
<b>PCP/SPC-Copay</b> Primary Care Provider/Specialist Copay	\$0 PCP Visits \$25 SPC Visits
<b>RX</b>	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
<b>Value Adds</b>	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-\$50 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

<b>MOOP</b> (Maximum Out Of Pocket)	\$4,600 In-Network
<b>Inpatient</b>	\$245 Per Day, Days 1 - 8 \$0 Per Day, Days 9 - 90
<b>PCP/SPC-Copay</b> Primary Care Provider/Specialist Copay	\$0 PCP Visits \$25 SPC Visits
<b>RX</b>	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
<b>Value Adds</b>	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-\$50 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

<b>MOOP</b> <small>(Maximum Out Of Pocket)</small>	\$5,500 In-Network \$8,250 Out of Network \$0 Out of Network Deductible
<b>Inpatient</b>	\$285 Per Day, Days 1 - 6 \$0 Per Day, Days 7 – 90 40% - Out of Network
<b>PCP/SPC-Copay</b> <small>Primary Care Provider/Specialist Copay</small>	\$5 PCP Visits \$35 SPC Visits – In-Network 40% - Out of Network
<b>RX</b>	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
<b>Value Adds</b>	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-\$50 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

<b>MOOP</b> <small>(Maximum Out Of Pocket)</small>	\$5,500 In-Network \$8,250 Out of Network \$0 Out of Network Deductible
<b>Inpatient</b>	\$285 Per Day, Days 1 - 6 \$0 Per Day, Days 7 – 90 40% - Out of Network
<b>PCP/SPC-Copay</b> <small>Primary Care Provider/Specialist Copay</small>	\$5 PCP Visits \$35 SPC Visits 40% - Out of Network
<b>RX</b>	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
<b>Value Adds</b>	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-\$50 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

<b>MOOP</b> (Maximum Out Of Pocket)	\$5,500 In-Network \$8,250 Out of Network \$0 Out of Network Deductible
<b>Inpatient</b>	\$285 Per Day, Days 1 - 6 \$0 Per Day, Days 7 – 90 40% - Out of Network
<b>PCP/SPC-Copay</b> Primary Care Provider/Specialist Copay	\$5 PCP Visits \$35 SPC Visits 40% - Out of Network
<b>RX</b>	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
<b>Value Adds</b>	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-\$50 Every 3 Months Fitness

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

**FOR BROKER USE ONLY**