




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- \$1,500 Every Year (1 Hearing Aid) Transportation Services-, (48 One Way Trip(s) Every Year) OTC-\$70 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 \$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.

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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