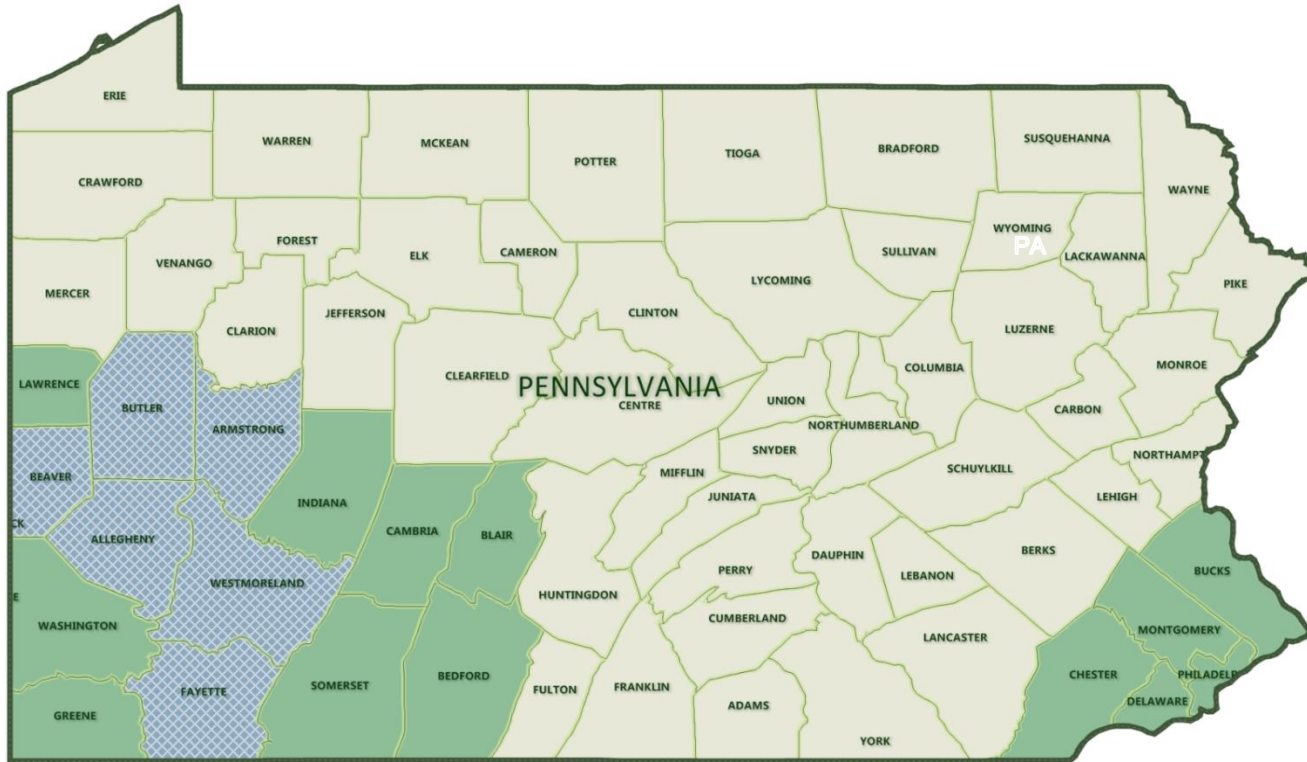





Pennsylvania



TM



2018 Medicare Products

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



Network

- Allegheny Valley
- Allegheny General
- West Penn
- Forbes
- Heritage Valley
- UPMC
- Crozer
- CHS
- Mainline Health
- Penn Medicine
- Prime Health

PA

Contract: H2915-001(HMO SNP)

Counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland

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	20% PCP Visits 20% SPC Visits
RX	Deductible - \$405 Tier 1 - Preferred Generic: \$0 Copay Tier 2 - Generic: \$20 Copay or LIS Cost Sharing Tier 3 - Preferred Brand: \$47 or LIS Cost Sharing Tier 4 - Non-Preferred Brand: \$100 or LIS Cost Sharing Tier 5 - Specialty Tier: 25% or LIS Cost Sharing
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 (1 Hearing Aid) Transportation- \$0 Copay (60 one way trips per year) OTC-\$75 Every Month Meal Benefit- 14 meals/week 2 Weeks of meals after hospitalization- Max 28 days per year Fitness Benefit

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

FOR BROKER USE ONLY



Contract: H2915-002 (HMO SNP)

Counties: Bucks, Chester, Delaware, Montgomery, Philadelphia

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	20% PCP Visits 20% SPC Visits
RX	Deductible - \$405 Tier 1 - Preferred Generic: \$0 Copay Tier 2 - Generic: \$20 Copay or LIS Cost Sharing Tier 3 - Preferred Brand: \$47 or LIS Cost Sharing Tier 4 - Non-Preferred Brand: \$100 or LIS Cost Sharing Tier 5 - Specialty Tier: 25% or LIS Cost Sharing
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services and Comprehensive Dental - \$500 Every Year Hearing - Maximum Allowance - \$500 Every Year (1 Hearing Aid) Transportation- \$0 Copay (24 one way trips per year) OTC-\$50 Every Month Meal Benefit- 14 meals/week 2 Weeks of meals after hospitalization- Max 28 days per year Fitness Benefit

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

FOR BROKER USE ONLY



Contract: H2915-003 (HMO)

Counties: Allegheny, Armstrong, Beaver, Butler, Fayette,
Westmoreland

BENEFIT OVERVIEW

MOOP <small>(Maximum Out Of Pocket)</small>	\$6,700 In-Network
Inpatient	Days 1-6 \$295 Per Day Days 7-90 \$0 Per Day
PCP/SPC-Copay <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visit \$40 SPC Visit
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 Copay Tier 2 - Generic: \$10/30 Tier 3 - Preferred Brand: \$47/141 Tier 4 - Non-Preferred Brand: \$100/300 Tier 5 - Specialty Tier: 33%/33% Tier 6 – Select Care Drugs: \$0/\$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services and Comprehensive Dental - \$500 Every Year Hearing - Maximum Allowance- \$500 Every Year (1 Hearing Aid) OTC-\$50 Every 3 months Fitness Benefit

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

FOR BROKER USE ONLY