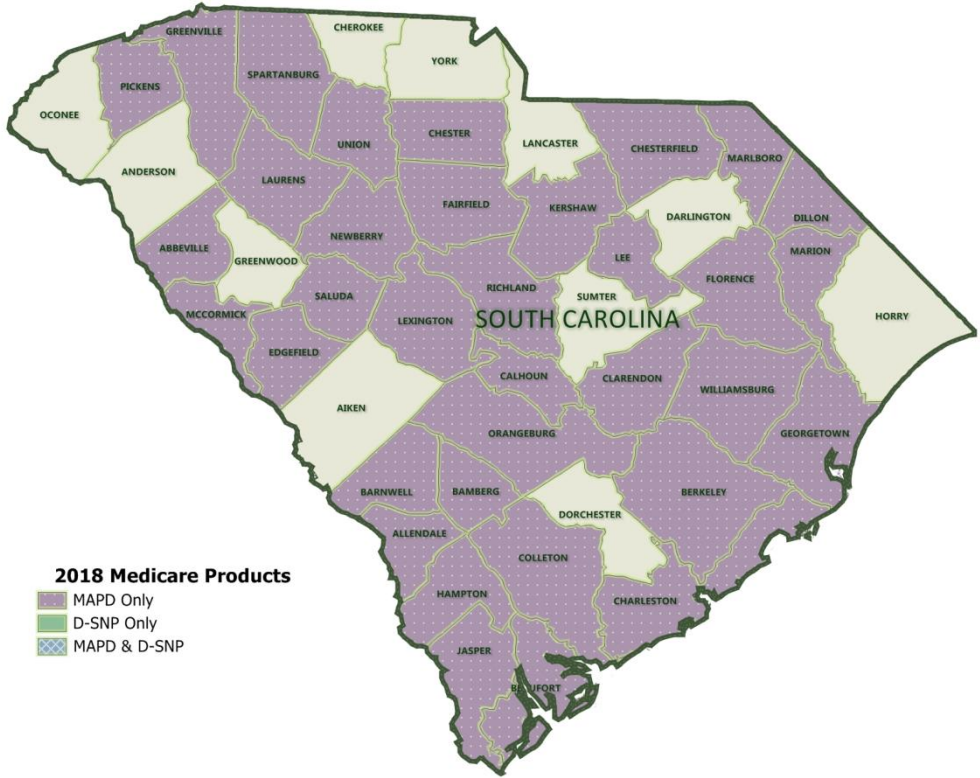




# South Carolina



**2018 Medicare Products**  
MAPD Only  
D-SNP Only  
MAPD & D-SNP



# Network

- Roper/St. Francis
- MUSC
- Greenville Health



**Contract:** H1436-001 (HMO)

**Counties:** Abbeville, Allendale, Bamberg, Barnwell, Chester, Chesterfield, Clarendon, Dillon, Edgefield, Florence, Georgetown, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Orangeburg, Union, Williamsburg

## BENEFIT OVERVIEW

<b>MOOP</b> (Maximum Out Of Pocket)	\$6,700 In-Network
<b>Inpatient</b>	\$360 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
<b>PCP/SPC-Copay</b> Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
<b>RX</b>	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$12/ \$36 Tier 3-Preferred Brand: \$47 / \$141 Tier 4-Non-Preferred Brand: \$100 / \$300 Tier 5-Specialty Drugs: 33% / 33% Tier 6 - Select Care: \$0 / \$0
<b>Value Adds</b>	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$250 Every Year Hearing - Maximum Allowance - \$1,000 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:** H1436-002 (HMO)

**Counties:** Beaufort, Charleston, Colleton, Hampton and Jasper

## BENEFIT OVERVIEW

<b>MOOP</b> (Maximum Out Of Pocket)	\$5,900 In-Network
<b>Inpatient</b>	\$360 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
<b>PCP/SPC-Copay</b> Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
<b>RX</b>	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$12/ \$36 Tier 3-Preferred Brand: \$47 / \$141 Tier 4-Non-Preferred Brand: \$100 / \$300 Tier 5-Specialty Drugs: 33% / 33% Tier 6 - Select Care: \$0 / \$0
<b>Value Adds</b>	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$250 Every Year Hearing - Maximum Allowance - \$1,000 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:** H1436-003 (HMO)

**Counties:** Calhoun, Fairfield, Kershaw, Richland and Saluda

## BENEFIT OVERVIEW

<b>MOOP</b> (Maximum Out Of Pocket)	\$5,900 In-Network
<b>Inpatient</b>	\$360 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
<b>PCP/SPC-Copay</b> Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
<b>RX</b>	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$12/ \$36 Tier 3-Preferred Brand: \$47 / \$141 Tier 4-Non-Preferred Brand: \$100 / \$300 Tier 5-Specialty Drugs: 33% / 33% Tier 6 - Select Care: \$0 / \$0
<b>Value Adds</b>	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$250 Every Year Hearing - Maximum Allowance - \$1,000 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:** H1436-004 (HMO)

**Counties:** Greenville, Pickens and Spartanburg

## BENEFIT OVERVIEW

<b>MOOP</b> (Maximum Out Of Pocket)	\$4,900 In-Network
<b>Inpatient</b>	\$360 Per Day, Days 1 - 5; \$0 Per Day, Days 6 - 90;
<b>PCP/SPC-Copay</b> Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
<b>RX</b>	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$8/ \$24 Tier 3-Preferred Brand: \$47 / \$141 Tier 4-Non-Preferred Brand: \$100 / \$300 Tier 5-Specialty Drugs: 33% / 33% Tier 6 - Select Care: \$0 / \$0
<b>Value Adds</b>	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services; Comprehensive Dental - \$250 Every Year Hearing - Maximum Allowance - \$1,000 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:** H1436-005 (HMO SNP)

**Counties:** Abbeville, Allendale, Bamberg, Barnwell, Beaufort, Calhoun, Charleston, Chester, Chesterfield, Clarendon, Colleton, Dillon, Edgefield, Fairfield, Florence, Georgetown, Greenville, Hampton, Jasper, Kershaw, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union, Williamsburg

### BENEFIT OVERVIEW

<b>MOOP</b> (Maximum Out Of Pocket)	\$6,700 In-Network
<b>Inpatient</b>	\$0 or: Days 1-60: \$1,316* deductible Days 61-90: \$329* per day Days 91-150: \$658* per lifetime reserve day
<b>PCP/SPC-Copay</b> Primary Care Provider/Specialist Copay	0% or 20%* PCP Visits 0% or 20%*SPC Visits
<b>RX</b>	Deductible - \$405 25% or \$0 or \$1.25 generics and \$3.70 brands or \$3.35 generics or \$8.35 brands or 15%
<b>Value Adds</b>	Vision- Routine Covered Services; Maximum Allowance \$400 Every Year Hearing - Maximum Allowance - \$2,000 Every 3 Years (1 Hearing Aid) OTC-\$100 Every 3 months Fitness Benefit

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

**FOR BROKER USE ONLY**



**Contract:** H1436-006 (HMO SNP)

**Counties:** Abbeville, Allendale, Bamberg, Barnwell, Beaufort, Calhoun, Charleston, Chester, Chesterfield, Clarendon, Colleton, Dillon, Edgefield, Fairfield, Florence, Georgetown, Greenville, Hampton, Jasper, Kershaw, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union, Williamsburg

## BENEFIT OVERVIEW

<b>MOOP</b> <small>(Maximum Out Of Pocket)</small>	\$6,700 In-Network
<b>Inpatient</b>	\$450 Per Day, Days 1 -4; \$0 Per Day, Days 5- 90;
<b>PCP/SPC-Copay</b> <small>Primary Care Provider/Specialist Copay</small>	\$0 PCP Visits \$20 SPC Visits
<b>RX</b>	Deductible - \$140, only applies to tiers 2-5 Tier 1 - Preferred Generic Drugs: \$0 / \$0 Tier 2 - Generic Drugs: \$12 / \$36 Tier 3 - Preferred Brand Drugs: \$47 / \$141 Tier 4 - Non-Preferred Brand Drugs: \$100 / \$300 Tier 5 - Specialty Drugs: 30% / 30% Tier 6 - Select Care Drugs: \$0 / \$0
<b>Value Adds</b>	Vision- Routine Covered Services; Maximum Allowance \$200 Every Year Hearing - Maximum Allowance - \$1,000 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**