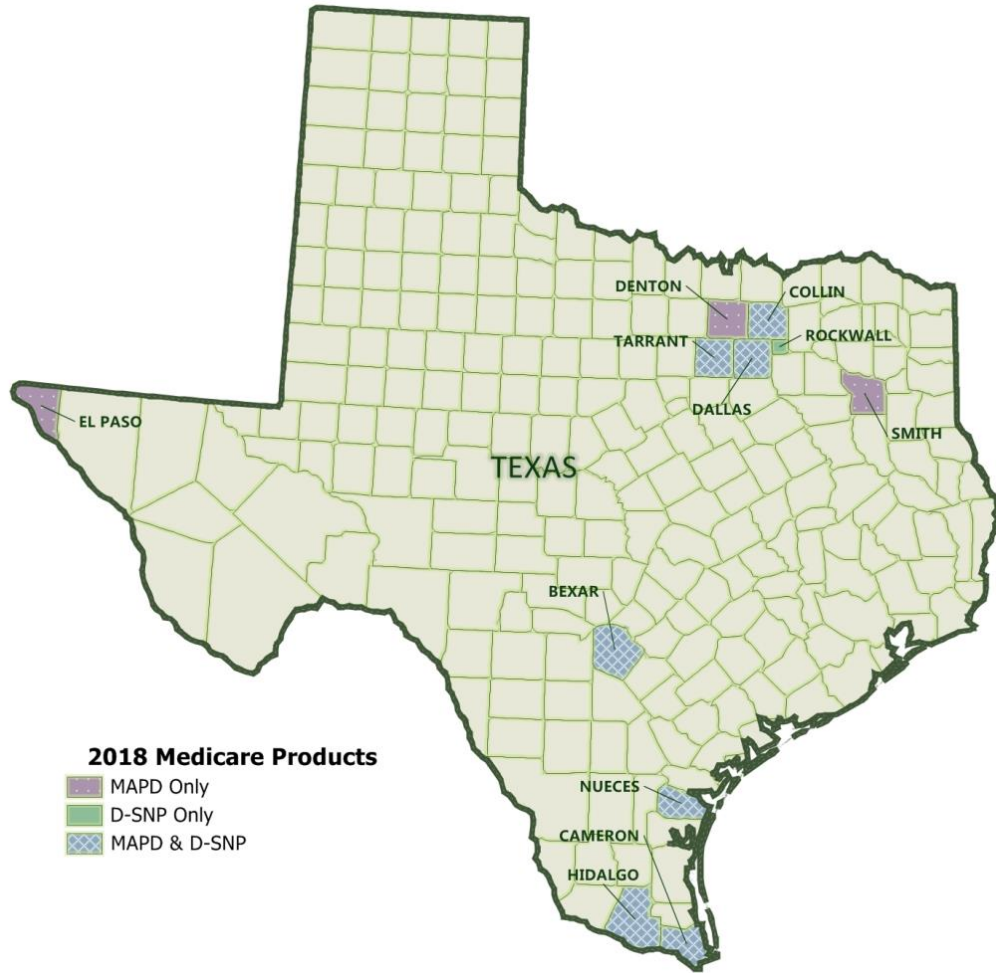


Texas





Network

- HCA/Methodist
- Texas Tech
- University Hospital – Bexar, El Paso
- El Paso Medical Network
- Christus
- DHR IPA
- Mission Health
- Baptist
- IASIS
- THR



Contract: H0062-001 (HMO)

Counties: Bexar

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$4,700 In-Network
Inpatient	\$150 Per Day, Days 1 - 7 \$0 Per Day, Days 8 – 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$35 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$3/\$9 Tier 2 - Generic: \$12/\$36 Tier 3 - Preferred Brand: \$47/\$141 Tier 4 - Non-Preferred Brand: \$95/\$285 Tier 5 - Specialty Tier: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$150 Every Year Hearing - \$0 Routine exam, Fittings OTC - \$30 Every 3 Months Transportation – 8 one-way trips per year Fitness Benefit

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

FOR BROKER USE ONLY



Contract: H0062-002 (HMO)

Counties: Collin, Dallas, Denton, Smith, Tarrant

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$4,900 In-Network
Inpatient	\$250 Per Day, Days 1 - 7 \$0 Per Day, Days 8 – 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$35 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0/\$0 Tier 2 - Generic: \$14/\$42 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 - Maximum Allowance \$125 Every Year Dental - \$0 Preventative Services, Dental Platinum Rider option Hearing - Maximum Allowance- \$750 Every 3 years, one hearing aid per year OTC - \$50 Every 3 Months Fitness Benefit Personal Emergency Response System

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

FOR BROKER USE ONLY



Contract: H0062-003 (HMO)
Counties: Cameron, Hidalgo

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$3,700 In-Network
Inpatient	\$175 Per Day, Days 1 - 7 \$0 Per Day, Days 8 – 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$35 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$2/\$6 Tier 2 - Generic: \$12/\$36 Tier 3 - Preferred Brand: \$37/\$111 Tier 4 - Non-Preferred Brand: \$95/\$285 Tier 5 - Specialty Tier: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$150 Every Year Dental - \$0 Preventative Services, Comprehensive Dental- \$1,000 Every Year Hearing - \$0 Routine exam, Fittings OTC - \$60 Every 3 Months Fitness Benefit Transportation – 24 one-way trips per year Personal Emergency Response System

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

FOR BROKER USE ONLY

Contract: H0062-004 (HMO)

Counties: El Paso

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$4,700 In-Network
Inpatient	\$175 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 - \$0 Tier 1 - Preferred Generic: \$1/\$3 Tier 2 - Generic: \$12/\$36 Tier 3 - Preferred Brand: \$47/\$141 Tier 4 - Non-Preferred Brand:\$95/\$285 Tier 5 - Specialty Tier: 33% / 33% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$150 Every Year Hearing - \$0 Routine exam, Fittings OTC - \$45 Every 3 Months Fitness Benefit Transportation – 8 one-way trips per year

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

FOR BROKER USE ONLY



Contract: H0062-005 (HMO)

Counties: Nueces

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,500 In-Network
Inpatient	\$140 Per Day, Days 1 - 6 \$0 Per Day, Days 7 – 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$10 PCP Visits \$45 SPC Visits
RX	Deductible - \$325, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$3/\$9 Tier 2 - Generic: \$14/\$42 Tier 3 - Preferred Brand: \$47/\$141 Tier 4 - Non-Preferred Brand:\$100/\$300 Tier 5 - Specialty Tier: 26% / 26% Tier 6 - Select Care Drugs: \$0/\$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$275 Every Other Year Dental - \$0 Preventative Dental Hearing - \$0 Routine exam, Fittings OTC - \$45 Every 3 Months Fitness Benefit

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

FOR BROKER USE ONLY

Contract: H5294-001 (HMO - DSNP)

Counties: Collin, Rockwall

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$6,700 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 PCP Visits \$0 SPC Visits
RX	Deductible - \$50, only applies to tiers 2-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$19 / \$57 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 32% / 32% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services, Comprehensive Dental- \$1,000 Every Year Hearing - Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC - \$60 Every 3 Months Transportation - 30 one-way trips per year Fitness Benefit

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

FOR BROKER USE ONLY



Contract: H5294-002 (HMO - DSNP)

Counties: Cameron, Hidalgo

BENEFIT OVERVIEW	
MOOP <small>(Maximum Out Of Pocket)</small>	\$6,700 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 PCP Visits \$0 SPC Visits
RX	Deductible - \$50, only applies to tiers 2-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$19 / \$57 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 – Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 32% / 32% Tier 6 – Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$100 Every Year Dental - \$0 Preventative Services, Comprehensive Dental- \$1,750 Every Year Hearing - Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC - \$40 per month Transportation – 30 one-way trips per year Fitness Benefit

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

FOR BROKER USE ONLY

Contract: H5294-003 (HMO - DSNP)

Counties: Dallas, Tarrant

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$6,700 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 PCP Visits \$0 SPC Visits
RX	Deductible - \$50, only applies to tiers 2-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$19 / \$57 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 32% / 32% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$100 Every Year Dental - \$0 Preventative Services, Comprehensive Dental- \$1,500 Every Year Hearing - Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC - \$50 per month Transportation - 24 one-way trips per year Fitness Benefit

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

FOR BROKER USE ONLY



Contract: H5294-004 (HMO - DSNP)

Counties: Bexar, Nueces

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$6,700 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 PCP Visits \$0 SPC Visits
RX	Deductible - \$50, only applies to tiers 2-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$19 / \$57 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 32% / 32% Tier 6 - Select Care: \$0 / \$0
Value Adds	Vision - Routine Covered Services; Maximum Allowance \$200 Every Year Dental - \$0 Preventative Services, Comprehensive Dental- \$1,750 Every Year Hearing - Maximum Allowance- \$1,000 Every Year, one hearing aid per year OTC - \$75 per month Transportation - 30 one-way trips per year Fitness

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

FOR BROKER USE ONLY