



Gateway Health Medicare Advantage Products 2016

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2016 PLAN OFFERINGS

The background features a large, light blue wavy shape that curves upwards from the left and then downwards towards the right. Below this, there are two horizontal bands of orange and light blue, also with wavy, organic edges.

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2016 PLAN OFFERINGS

Product	Plan Names	States
Medicare Advantage Prescription Drug Plan (MAPD)	Medicare Assured Prime	Kentucky, North Carolina & Ohio
	Medicare Assured Select	Kentucky, North Carolina & Ohio
Chronic Condition Special Needs Plans (C-SNP)	Medicare Assured Platinum	Kentucky, North Carolina, Ohio, & Pennsylvania
	Medicare Assured Gold	Kentucky, North Carolina, Ohio, & Pennsylvania
Dual Eligible Special Needs Plan (D-SNP)	Medicare Assured Diamond	Kentucky, North Carolina, Ohio & Pennsylvania
	Medicare Assured Ruby	Kentucky, North Carolina, Ohio & Pennsylvania

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MAPD PLANS

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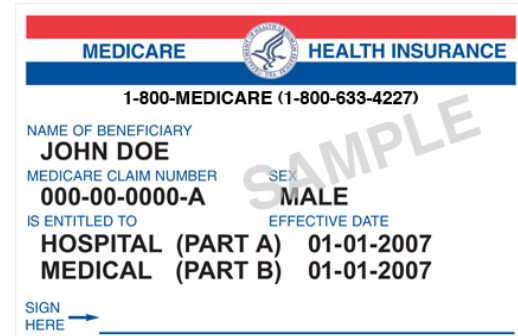
Medicare Advantage Prescription Drug (MAPD) Eligibility Requirements

MAPD

- Gateway Health Medicare AssuredSM Select
- Gateway Health Medicare AssuredSM Prime

- **Enrollment Eligibility:**

- Live in the County Service Area
- Entitled to Medicare Part A
- Enrolled in Medicare Part B



A sample Medicare Health Insurance card for John Doe. The card features the Medicare logo and the text "MEDICARE HEALTH INSURANCE" at the top. Below this, it lists the phone number "1-800-MEDICARE (1-800-633-4227)". The beneficiary's name is "JOHN DOE", and his Medicare claim number is "000-00-0000-A". His sex is listed as "MALE". The card indicates that he is entitled to "HOSPITAL (PART A)" and "MEDICAL (PART B)", both with an effective date of "01-01-2007". At the bottom, there is a "SIGN HERE" label with an arrow pointing to a line for a signature. A large "SAMPLE" watermark is overlaid on the card.

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY	JOHN DOE
MEDICARE CLAIM NUMBER	000-00-0000-A
SEX	MALE
IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL (PART A)	01-01-2007
MEDICAL (PART B)	01-01-2007
SIGN HERE →	_____

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Gateway Health.

2016 Benefit Snapshot MAPD KY, OH, NC

Benefits	Medicare Assured SM Select	Medicare Assured SM Prime
Deductible	Deductible \$225 Part C Deductible \$360 Part D	No Deductible
MOOP	\$6,700	\$6,700
Inpatient Hospital	Days 1-5 \$350 copay per day	Days 1-5 \$200 copay per day
PCP / Specialist Office Visits	\$10/ \$50 Copay	\$0 / \$25 Copay
Chiropractor / Podiatry	\$20 / \$50 Copay	\$20 / \$25 Copay
Home Health Care	\$0	\$0
Rx Generic / Brand / Specialty	\$3/\$16/\$45/\$95/25%	\$0/\$20/\$45/\$95/27%
Mail Order	2 x's Retail Copay except Tier 5	2 x's Retail Copay except Tier 5
Over the Counter Items (OTC) – (No cough/cold)	\$30 per Quarter	\$30 per Quarter
Vision	\$225 towards eye wear per year (1 eye exam per yr)	\$150 towards eye wear per yr (1 eye exam per yr)
Dental	\$0 Co-pay Cleaning & Exam 6 mo	Cleaning & Exam 6 mo./ \$1000 toward Comprehensive dental/ Dentures 5 yr
Hearing	\$1,000 every 2 yrs \$0 copay testing, exams and fitting	\$1,000 every 2 yrs \$0 copay testing, exams and fitting
Fitness Program	Health Club Membership or at Home Workout Kit included	Health Club Membership or at Home Workout Kit included

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2016 MAPD Premiums

State	Medicare Assured Select	Medicare Assured Prime
Kentucky	\$0	\$93.00
North Carolina	\$0	\$93.00
Ohio	\$0	\$93.00
Pennsylvania	NA	NA

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CHRONIC CONDITION SPECIAL NEEDS PLANS

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Chronic Special Needs Plan (C-SNP) Eligibility Requirements

Gateway Health Medicare AssuredSM Gold Gateway Health Medicare AssuredSM Platinum

- For individuals with at least one of the following conditions:
 - Diabetes Type 1 or Type 2
 - Congestive Heart Failure (CHF)
 - Cardiovascular Disease (CVD)
 - Cardiac Arrhythmias
 - Coronary Artery Disease
 - Peripheral Vascular Disorder
 - Chronic Venous Thromboembolic Disorder

There are no income limits or restrictions to enroll in either plan

- Enrollment Eligibility
 - Live in Service Area
 - Entitled to Medicare Part A
 - Enrolled in Medicare Part B
 - Not diagnosed with having End Stage Renal Disease
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2016 Benefit Snapshot C-SNP All Service Areas

Benefits	Medicare Assured Gold	Medicare Assured Platinum
MOOP	\$6,700	\$6,700
Inpatient Hospital	Days 1-7 \$275 copay per day	Days 1-7 \$275 copay per day
PCP / Specialist Office Visits	\$20/ \$45 Copay	\$15/ \$35 Copay
Chiropractor / Podiatry	\$20 / \$45 Copay	\$20 / \$35 Copay
Diabetic Monitoring Supplies	\$0 Co-pay	\$0 Co-pay
Rx Generic / Brand / Specialty	\$4/\$10/\$45/\$95/25%	\$4/\$10/\$45/\$95/27%
Tier 6 Chronic Condition Rx	\$11	\$11
Over the Counter Items (OTC)	\$25 per Quarter	\$25 per Quarter
Vision	\$100 towards eye wear every 2 years (1 eye exams per yr)	\$150 towards eye wear every year (4 eye exams per yr)
Dental	Cleaning & Exam 6 mo./ \$0 Copay	Cleaning & Exam 6 mo w \$0 Copay/ \$500 toward Comprehensive dental/ Dentures 5 yr
Hearing	\$0 copay exams / hearing aid NOT covered	\$1,000 every 2 yrs \$0 copay testing, exams and fitting
Fitness Program	Health Club Membership or at Home Workout Kit included	Health Club Membership or at Home Workout Kit included

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2016 C-SNP Premiums

State	Medicare Assured Gold	Medicare Assured Platinum
Kentucky	\$64.00	\$97.00
North Carolina	\$64.00	\$97.00
Ohio	\$59.00	\$97.00
Pennsylvania	\$64.00	\$97.00

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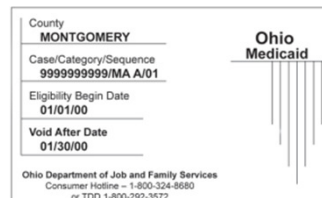
DUAL ELIGIBLE SPECIAL NEEDS PLANS

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Dual Special Needs Plan (D-SNP) Eligibility Requirements

Gateway Health Medicare AssuredSM **Diamond**
Gateway Health Medicare AssuredSM **Ruby**

- **Enrollment Eligibility:**
 - Live in the Service Area
 - Entitled to Medicare Part A
 - Enrolled in Medicare Part B
 - Not diagnosed with End Stage Renal Disease (ESRD)
 - Enrolled in state Medicaid program



A screenshot of a Medicare/Medicaid enrollment form. The form contains various fields for personal information, including name, address, and contact details. The text is small and difficult to read, but it appears to be a standard enrollment form.

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2016 Benefit Snapshot D-SNP All service Areas

Benefits	Medicare Assured Diamond	Medicare Assured Ruby
MOOP	\$3400	\$6700
Inpatient Hospital	Days 1-90 \$0	Days 1-7 \$250
PCP / Specialist Office Visits	\$0 / \$0 Copay	\$0 / \$35 Copay
Chiropractor / Podiatry	\$0 Copay	\$20/\$30 Copay
Rx Generic / All Other	\$0 - \$2.95 / \$0 - \$7.40	\$0 - \$2.95 / \$0 - \$7.40
Over the Counter Items (OTC) no cough/cold	\$50 per Quarter	\$50 per Quarter
Vision	\$100 towards eye wear per yr (4 eye exams per yr)	\$100 towards eye wear per yr (4 eye exams per yr)
Dental	\$0 copay Cleaning & Exam 6 mo./ \$500 toward Comprehensive dental/ Dentures 5 yrs	Cleaning & Exam 6 mo./ \$0 Copay
Hearing	\$1,000 every 2 yrs \$0 copay testing, exams and fitting	\$1,000 every 2 yrs \$0 copay testing, exams and fitting
Transportation	Yes, Up to 24 one way trips per year	Yes, Up to 24 one way trips per year
Fitness Program	Health Club Membership or at Home Workout Kit included	Health Club Membership or at Home Workout Kit included

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