

PROMINENCE Health

PENDING CMS APPROVAL

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2016 CALENDAR YEAR BENEFITS

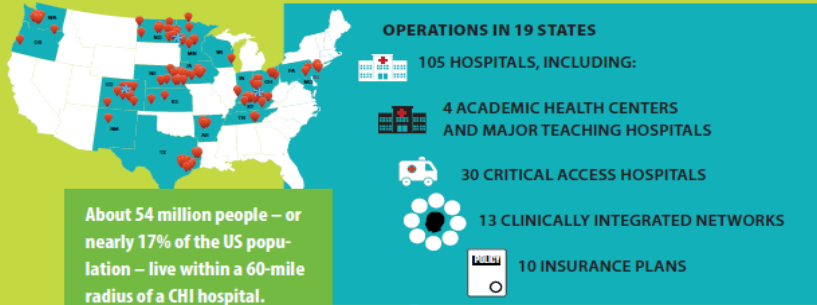
Parent Organization



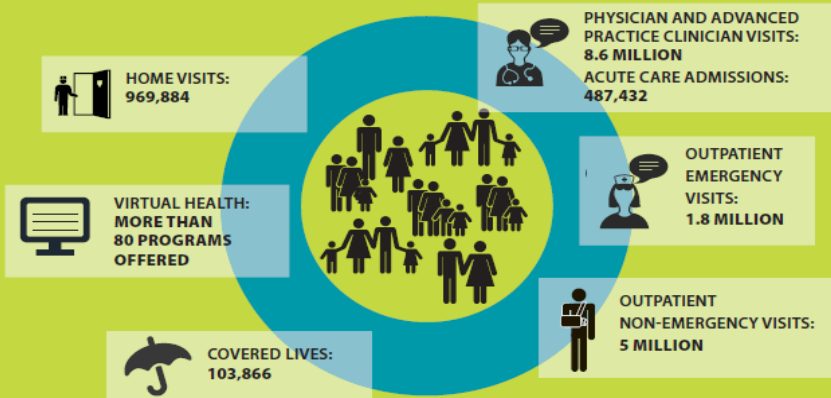
AT A GLANCE

Fiscal year 2014 statistics

OUR SCOPE



CARE INTERACTIONS



FINANCIAL HIGHLIGHTS

\$21.8

BILLION IN ASSETS

\$13.9 BILLION
IN TOTAL ANNUAL
OPERATING REVENUES

\$910 MILLION
IN TOTAL ANNUAL
CONTRIBUTIONS TO
CHARITY CARE AND
COMMUNITY BENEFIT

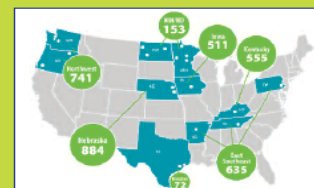
MISSION & MINISTRY FUND
MORE THAN \$55 MILLION IN GRANTS
FOR BUILDING HEALTHY COMMUNITIES

EMPLOYEE COMMUNITY

90,500 EMPLOYEES

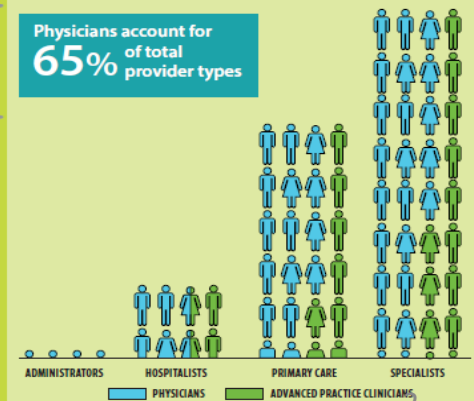


APPROXIMATELY 90,500 EMPLOYEES,
INCLUDING APPROXIMATELY 3,850
EMPLOYED PHYSICIANS AND
ADVANCED PRACTICE CLINICIANS



PROVIDER TYPES

Physicians account for
65% of total
provider types



A Family of Medicare Advantage Brands

PROMINENCE Health



PROMINENCE Health

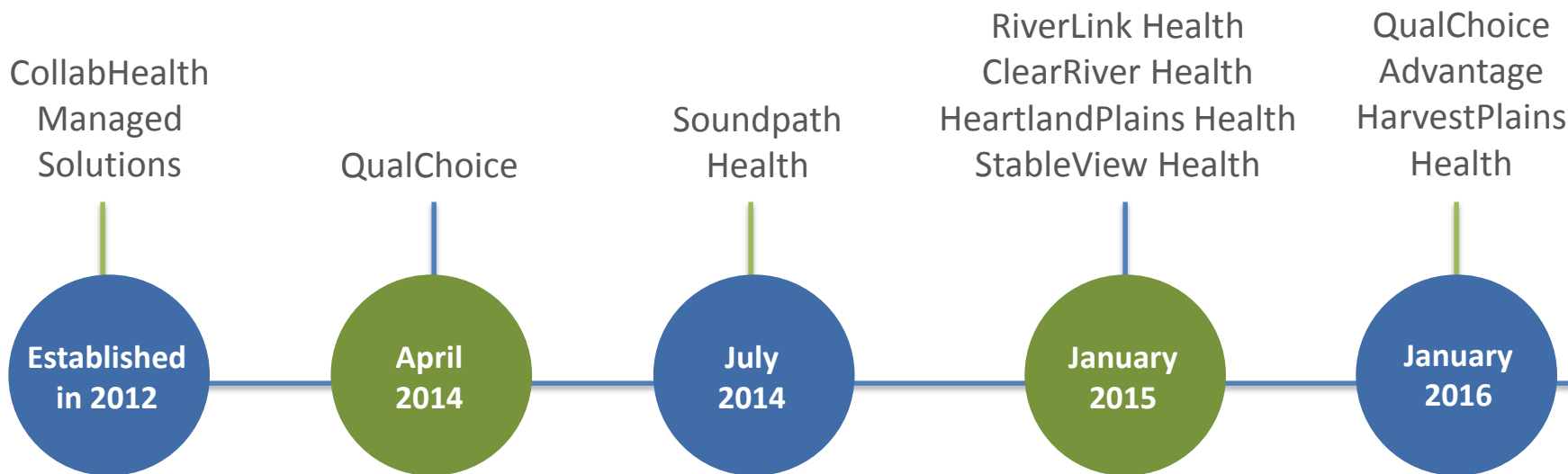
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Prominence History

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120,000+ members



Our Mission

Be the local industry leader in supporting health care delivery

Promote our members' health through local provider innovation

Be responsible stewards of health care resources

Be an active partner in improving the health of our communities



Goals

Create Sustainability

- Quality, coordinated care
- Predictable costs
- Reliable benefits

Transform health care

- Lower costs of delivering care to improve access and quality
- Management of chronic illnesses
- Improve data availability - decrease provider hassle

Improve Value for Members

- Intelligent, patient centered benefit design
- Focus on member satisfaction and loyalty
- Local presence and customer service

Selling Our Products

Putting it All Together

We Believe:

The best health care is based on a true partnership — between your clients, their doctors and the health plan. We are your clients partner in healthy living, and are dedicated to helping them get the most out of their health care so they can live their life to the fullest. Our mission, and our passion, is helping your clients make sound health care decisions.

Member Focused

- Orientation meetings
- Advisory committee
- Appreciation events
- Online tools
- Newsletters
- Wellness programs
- Fitness membership
- Special discounts

Value Driven

- Provider relationships
- Quality, coordinated care
- Reliable benefits
- Chronic Illness Management
- Medication Therapy Management

Locally Based

- We live where we sell
- Community partnerships
- Customer service
- Meet with clients in-person, over the phone or in our offices.

Not-for-Profit

- We don't answer to share holders
- Commitment to affordable and sustainable care



PROMINENCE Health

Benefits by Plan

Soundpath Health
ClearRiver Health
HeartlandPlains Health
RiverLink Health
StableView Health
QualChoice Advantage
HarvestPlains Health

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Preventive Services – All MA/MAPD

Service	Cost to All Members
Abdominal Aortic Aneurysm Screening	\$0
Annual Physical Exam*	\$0
Bone Mass Measurement	\$0
Breast Cancer Screening (Mammogram)	\$0
Cardiovascular Screening	\$0
Cervical and Vaginal Cancer Screening (Pap Test & Pelvic Exam)	\$0
Colorectal Cancer Screening	\$0
Diabetes Screening	\$0
Influenza Vaccine	\$0
Hepatitis B Vaccine (if high risk)	\$0
Medical Nutrition Therapy Services	\$0
Prostate Cancer Screening	\$0
Smoking Cessation	\$0

* This is in addition to the Medicare-covered Annual Wellness Visit

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Soundpath Health Plans

Federal Way, WA

PENDING CMS APPROVA

Gloria H.
Soundpath Health Member
& Employee



PROPRIETARY AND CONFIDENTIAL. FMO RECRUITING ONLY. NOT FOR DISTRIBUTION

Soundpath Health Service Area

Washington Counties Include:

- Chelan
- Douglas
- Grant
- King
- Lewis
- Pierce
- Snohomish
- Thurston
- Whatcom



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Soundpath Health Medicare Advantage Plans

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Plan without Rx Coverage	Premium
Alpine (HMO) Chelan, Douglas, Grant, King, Lewis, Pierce, Snohomish, Thurston, and Whatcom Counties.	\$43
Plans with Rx Coverage	Premium
Peak+ Rx (HMO) Chelan, Douglas, Grant, King, Lewis, Pierce, Snohomish, Thurston and Whatcom Counties.	\$0
Sound+ Rx (HMO) King, Lewis, Pierce, Snohomish, Thurston, and Whatcom Counties.	\$43
Charter + Rx (HMO) Chelan, Douglas, Grant, King, Lewis, Pierce, Thurston, and Whatcom Counties.	\$140



Major Networks and Hospitals

Multiple Counties

- Franciscan
- Northwest Physician Network
- Providence
- Swedish
- Virginia Mason

King

- Evergreen Hospital
- Highline Hospital
- Lakeshore Clinics
- Minor & James
- Northwest Hospital
- Overlake Hospital
- Snoqualmie Valley
- South Lake Clinic
- St. Elizabeth Hospital
- St. Francis Hospital
- The Polyclinic
- Valley Medical Center

Pierce

- St. Anthony's Hospital
- St. Clare Hospital
- St. Joseph Hospital

Thurston/Lewis

- Capital Medical Center
- Family Health
- Morton General
- Physicians of Southwest Washington
- Providence Centralia Hospital
- Providence St. Peter Hospital

Snohomish

- Ballinger Clinic
- Providence Regional Clinic
- Puget Sound Family Physicians
- Swedish Edmonds
- Valley General Hospital
- Western WA Medical Group

Central Washington

- Cascade Medical Center
- Central Washington Hospital
- Lake Chelan Community Hospital
- Moses Lake Samaritan
- Wenatchee Valley Hospital

Whatcom

- Associates in Family Medicine
- Family Care Network
- PeaceHealth Medical Group
- St. Joseph Hospital

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Are We Contracted with UW Medicine?

Yes & No . . .

- We are contracted with Valley Medical Center (in Renton), Northwest Hospital and Medical Center (in Seattle), component entities of UW Medicine
- We are contracted with UW Medicine, via OptumHealth Care Solutions, for transplants-only
- By our choice we are not contracted with **UW Medicine**
 - Harborview Medical Center
 - UW Medical Center
 - UW Neighborhood Clinics
 - UW Physicians
 - UW School of Medicine
 - Airlift Northwest



Alpine (HMO) – No Rx

PENDING CMS APPROVAL

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Alpine Benefits

PENDING CMS APPROVAL

Benefit	2015	2016
Monthly Premium	\$45	\$43
Out of Pocket Maximum	\$3,400 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.	\$4,700 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.*
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$300 copay per day 1-7 \$0 copay per day 8-90 \$0 copay for additional days	\$395 copay per day 1-4 \$0 copay per day 5-90 \$0 copay for additional days
Inpatient Hospital Mental Health (190 days lifetime limit)	\$300 copay per day 1-6 \$0 copay per day 7-90 60 lifetime reserve days; copay for lifetime reserve days: \$300 copay per day 1-6 \$0 copay per day 7-60	\$395 copay per day 1-3 \$0 copay per day 4-90 60 lifetime reserve days; copay for lifetime reserve days \$395 copay per day 1-3 \$0 copay per day 4-60

PENDING CMS APPROVAL

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.



Alpine Benefits, cont...

Benefit	2015	2016
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$40 copay per day 1-20 \$100 copay per day 21-46 \$0 copay per day 47-100 100 days per benefit period; no prior hospital stay is required	\$0 copay per day 1-20 \$160 copay per day 21-50 \$0 copay per day 51-100 100 days per benefit period; no prior hospital stay is required
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	\$65 copay (waived if admitted within 24 hours for same condition)	\$75 copay (waived if admitted within 24 hours for same condition)
Urgently Needed Services (This is NOT emergency care)	\$30 copay (not waived if admitted)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$35 copay per date of service	\$0 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Alpine Benefits, cont...

Benefit	2015	2016
Primary Care Physician Services	\$5 copay	\$5 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay	\$20 copay
Physician Specialist Services	\$30 copay	\$45 copay
Mental Health Specialty Services (Non-physician) Individual & Group	\$40 copay	\$40 copay
Podiatry Services	\$5 copay for diabetic foot care; \$30 copay for other Medicare-covered services	\$45 copay
Routine Podiatry Services (Up to six routine visits per year)	Not covered	\$45 copay
Psychiatric Services - Individual or Group	\$40 copay	\$40 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Alpine Benefits, cont...

Benefit	2015	2016
Physical, Speech & Language Therapy	\$30 copay	\$40 copay
Lab Services (Per day, per visit limits)	\$0 pt/inr (coumadin) \$5 diabetes panel/A1C (diabetes) \$10 all others per day <i>tiered, these are per visit limits</i>	\$15 copay
Diagnostic Procedures & Tests (Per day)	\$10 copay	20% coinsurance
X-Rays (Per day)	\$10 copay	\$20 copay
Diagnostic Radiology Services (not including X-rays)	\$10/ \$250 copay for CT, Colonography, Diagnostic Nuclear Medicine, MRA, MRI, PET and SPECT scans.	20% coinsurance
Outpatient Hospital Services	\$200 copay facility \$30 copay for O/P clinic	\$350 copay facility \$45 copay for O/P clinic

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Alpine Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Ambulatory Surgery Center	\$100 copay	\$250 copay
Outpatient Substance Abuse Services - Individual or Group	\$40 copay	\$40 copay
Ambulance Services (Medically necessary)	\$250 copay; waived if admitted	\$225 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0 - 20% coinsurance	20% coinsurance
Prosthetic Devices (Includes braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance
Medical Supplies	0 - 20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts	\$0 supplies/ 20% coinsurance shoes and inserts*
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance	20% coinsurance

* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.

Alpine Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Dental-Preventive	Not covered	Not covered
Dental Services (Medicare covered dental benefits)	\$30 copay	\$45 copay
Eye Exams (Medicare-covered eye exam)	\$0 copay glaucoma test \$30 copay other	\$0 copay glaucoma test \$45 copay other
Eye Exams Supplemental (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay	\$0 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay	\$0 copay
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable	\$25 copay \$120 per 24 months allowable

Alpine Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$30 copay	\$0 - \$45 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year; \$0 copay Hearing Care Solutions)	\$0 - \$30 copay	\$0 - \$45 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	Not covered	\$0 copay
Health Club Membership & Fitness Benefit	\$0 copay; Healthways, Inc. Silver Sneakers program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.

Peak + Rx (HMO)

PENDING CMS APPROVAL



PENDING CMS APPROVAL

Peak + Rx Benefits

PENDING CMS APPROVAL

Benefit	2015	2016
Monthly Premium	\$0	\$0
Out of Pocket Maximum	\$6,700 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.	\$6,700 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.*
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$430 copay per day 1-4 \$0 copay per day 5-90 \$0 copay for additional days	\$430 copay per day 1-4 \$0 copay per day 5-90 \$0 copay for additional days
Inpatient Hospital Mental Health (190 days lifetime limit)	\$500 copay per day 1-3 \$0 copay per day 4-90 60 lifetime reserve days; copay for lifetime reserve days: \$500 copay per day 1-3 \$0 copay per day 4-60	\$430 copay per day 1-3 \$0 copay per day 4-90 60 lifetime reserve days; copay for lifetime reserve days: \$430 copay per day 1-3 \$0 copay per day 4-60

PENDING CMS APPROVAL

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.



Peak + Rx Benefits, cont...

PENDING CMS APPROVAL

Benefit	2015	2016
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$0 copay per day 1-20 \$155 copay per day 21-100 100 days per benefit period; no prior hospital stay is required	\$0 copay per day 1-20 \$160 copay per day 21-62 \$0 copay per day 63-100 100 days per benefit period; no prior hospital stay is required
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	\$65 copay (waived if admitted within 24 hours for same condition)	\$75 copay (waived if admitted within 24 hours for same condition)
Urgently Needed Services (This is NOT emergency care)	\$50 copay (not waived if admitted)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$0 copay	\$0 copay

PENDING CMS APPROVAL

Peak + Rx Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Primary Care Physician Services	\$15 copay	\$15 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay	\$20 copay
Physician Specialist Services	\$50 copay	\$50 copay
Mental Health Specialty Services (Non-physician) Individual & Group	\$40 copay	\$40 copay
Podiatry Services	\$15 copay for diabetic foot care; \$50 copay for other Medicare-covered services	\$50 copay
Routine Podiatry Services (Up to six routine visits per year)	Not covered	\$50 copay
Psychiatric Services - Individual or Group	\$40 copay	\$40 copay

Peak + Rx Benefits, cont...

Benefit	2015	2016
Physical, Speech & Language Therapy	\$40 copay for each visit	\$40 copay
Lab Services (Per day, per visit limits)	\$15 pt/inr (coumadin) \$15 diabetes panel (diabetes) \$30 all others per day <i>tiered, these are per visit limits</i>	\$15 copay
Diagnostic Procedures & Tests (Per day)	\$30 copay	20% coinsurance
X-Rays (Per day)	\$30 copay	\$20 copay
Diagnostic Radiology Services (not including X-rays)	\$30/\$300 copay for CT, Colonography, Diagnostic Nuclear Medicine, MRA, MRI, PET and SPECT scans.	20% coinsurance
Outpatient Hospital Services	\$350 copay for facility \$50 copay for O/P clinic	\$395 copay for facility \$50 copay for O/P clinic

PENDING CMS APPROVAL

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Peak + Rx Benefits, cont...

PENDING CMS APPROVAL

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Benefit	2015	2016
Ambulatory Surgery Center	\$300 copay	\$295 copay
Outpatient Substance Abuse Services - Individual or Group	\$40 copay	\$40 copay
Ambulance Services (Medically necessary)	\$300 copay; waived if admitted	\$275 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0 - 20% coinsurance	20% coinsurance
Prosthetic Devices (Includes braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance
Medical Supplies	0 - 20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts	\$0 supplies/ 20% coinsurance shoes and inserts*
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance	20% coinsurance

* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.

Peak + Rx Benefits, cont...

Benefit	2015	2016
Dental-Preventive	Not covered	Not covered
Dental Services (Medicare covered dental benefits)	\$50 copay	\$50 copay
Eye Exams (Medicare-covered eye exam)	\$0 copay glaucoma test \$50 copay other	\$0 copay glaucoma test \$50 copay other
Eye Exams Supplemental (One routine eye exam annually; \$0 copay with VSP Vision Solutions)	\$0 copay	\$0 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay	\$0 copay
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable	\$25 copay \$120 per 24 months allowable

PENDING CMS APPROVAL

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Peak + Rx Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$50 copay	\$0 - \$50 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year; \$0 copay Hearing Care Solutions)	\$0 - \$50 copay	\$0 - \$50 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	Not covered	\$0 copay
Health Club Membership & Fitness Benefit	\$0 copay; Healthways, Inc. Silver Sneakers program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.

Sound + Rx (HMO)

PENDING CMS APPROVAL



PENDING CMS APPROVAL

Sound + Rx Benefits, cont...

PENDING CMS APPROVAL

Benefit	2015	2016
Monthly Premium	\$43	\$43
Out of Pocket Maximum	\$4,900 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.	\$5,700 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.*
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$345 copay per day 1-5 \$0 copay per day 6-90 \$0 copay for additional days	\$395 copay per day 1-4 \$0 copay per day 5-90 \$0 copay for additional days
Inpatient Hospital Mental Health (190 days lifetime limit)	\$305 copay per day 1-5 \$0 copay per day 6-90 60 lifetime reserve days; copays for lifetime reserve days: \$305 copay per day 1-5 \$0 copay per day 6-60	\$395 copay per day for 1-3 \$0 copay per day 4-90 60 lifetime reserve days; copays for lifetime reserve days: \$395 copay per day 1-3 \$0 copay per day 4-60

PENDING CMS APPROVAL

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.



Sound + Rx Benefits, cont...

Benefit	2015	2016
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$0 copay per day 1-20 \$155 copay per day 21-100 100 days per benefit period; no prior hospital stay is required.	\$0 copay per day 1-20 \$160 copay per day 21-56 \$0 copay per day 57-100 100 days per benefit period; no prior hospital stay is required
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	\$65 copay (waived if admitted within 24 hours for same condition)	\$75 copay (waived if admitted within 24 hours for same condition)
Urgently Needed Services (This is NOT emergency care)	\$50 copay (not waived if admitted)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$0 copay	\$0 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Sound + Rx Benefits, cont...

Benefit	2015	2016
Primary Care Physician Services	\$5 copay	\$10 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay	\$20 copay
Physician Specialist Services	\$50 copay	\$50 copay
Mental Health Specialty Services (Non-physician) Individual & Group	\$40 copay	\$40 copay
Podiatry Services	\$5 copay for diabetic foot care; \$50 copay for other Medicare- covered services.	\$50 copay
Routine Podiatry Services (Up to six routine visits per year)	Not covered	\$50 copay
Psychiatric Services - Individual or Group	\$40 copay	\$40 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Sound + Rx Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Physical, Speech & Language Therapy	\$40 copay	\$40 copay
Lab Services (Per day, per visit limits)	\$0 pt/inr (coumadin) \$10 diabetes panel/A1C (diabetes) \$20 all others per day <i>tiered, these are per visit limits</i>	\$15 copay
Diagnostic Procedures & Tests (Per day)	\$20 copay	20% coinsurance
X-Rays (Per day)	\$20 copay	\$20 copay
Diagnostic Radiology Services (not including X-rays)	\$20/ \$300 copay for CT, Colonography, Diagnostic Nuclear Medicine, MRA, MRI, PET and SPECT scans.	20% coinsurance
Outpatient Hospital Services	\$300 copay facility \$50 copay for O/P clinic	\$350 copay facility \$50 copay for O/P clinic

Sound + Rx Benefits, cont...

Benefit	2015	2016
Ambulatory Surgery Center	\$175 copay	\$250 copay
Outpatient Substance Abuse Services - Individual or Group	\$40 copay	\$40 copay
Ambulance Services (Medically necessary)	\$300 copay; waived if admitted	\$225 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0 - 20% coinsurance	20% coinsurance
Prosthetic Devices (Includes braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance
Medical Supplies	0 - 20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts	\$0 supplies/ 20% coinsurance shoes and inserts*
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance	20% coinsurance

PENDING CMS APPROVAL

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* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.

Sound + Rx Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Dental-Preventive	Not covered	\$10 copay
Dental Services (Medicare covered dental benefits)	\$50 copay	\$50 copay
Eye Exams (Medicare-covered eye exam)	\$0 copay glaucoma test \$50 copay other	\$0 copay glaucoma test \$50 copay other
Eye Exams Supplemental (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay	\$0 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay	\$0 copay
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable	\$25 copay \$120 per 24 months allowable

Sound + Rx Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$50 copay	\$0 - \$50 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year: \$0 copay Hearing Care Solutions)	\$0 - \$50 copay	\$0 - \$50 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	Not covered	\$0 copay
Health Club Membership & Fitness Benefit	\$0 copay; Healthways, Inc. Silver Sneakers program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.

Charter + Rx (HMO)

PENDING CMS APPROVAL



PENDING CMS APPROVAL

Charter + Rx Benefits, cont...

PENDING CMS APPROVAL

Benefit	2015	2016
Monthly Premium	\$140	\$140
Out of Pocket Maximum	\$3,400 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.	\$3,900 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.*
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$300 copay per day 1-7 \$0 copay per day 8-90 \$0 copay for additional days	\$325 copay per day 1-5 \$0 per day days 6-90 \$0 copay for additional days
Inpatient Hospital Mental Health (190 days lifetime limit)	\$300 copay per day 1-6 \$0 copay per day 7-90 60 lifetime reserve days; copays for lifetime reserve days: \$300 copay per day 1-6 \$0 copay per day 7-60	\$325 copay per day 1-4 \$0 copay per day 5-90 60 lifetime reserve days; copays for lifetime reserve days: \$325 copay per day 1-4 \$0 copay per day 5-60

PENDING CMS APPROVAL

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.



Charter + Rx Benefits, cont...

Benefit	2015	2016
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$40 copay per day 1-20 \$100 copay per day 21-46 \$0 copay per day 47-100 100 days per benefit period; no prior hospital stay is required	\$0 copay per day 1-20 \$160 copay per day 21-45 \$0 copay per day 46-100 100 days per benefit period; no prior hospital stay is required
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	\$65 copay; waived if admitted within 24 hours for same condition	\$75 copay; waived if admitted within 24 hours for same condition
Urgently Needed Services (This is NOT emergency care)	\$30 copay (not waived if admitted)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$35 copay	\$0 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Charter + Rx Benefits, cont...

Benefit	2015	2016
Primary Care Physician Services	\$5 copay	\$5 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay	\$20 copay
Physician Specialist Services	\$30 copay	\$35 copay
Mental Health Specialty Services (Non-physician) Individual & Group	\$40 copay	\$40 copay
Podiatry Services	\$5 copay for diabetic foot care; \$30 copay for other Medicare-covered services.	\$35 copay
Routine Podiatry Services (Up to six routine visits per year)	Not covered	\$35 copay
Psychiatric Services - Individual or Group	\$40 copay	\$40 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Charter + Rx Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Physical, Speech & Language Therapy	\$30 copay	\$35 copay
Lab Services (Per day, per visit limits)	\$0 pt/inr (coumadin) \$5 diabetes panel (diabetes) \$10 all others per day <i>tiered, these are per visit limits</i>	\$7 copay
Diagnostic Procedures & Tests (Per day)	\$10 per day maximum	20% coinsurance
X-Rays (Per day)	\$10 copay	\$20 copay
Diagnostic Radiology Services (not including X-rays)	\$10/ \$250 copay for CT, Colonography, Diagnostic Nuclear Medicine, MRA, MRI, PET and SPECT scans.	20% coinsurance
Outpatient Hospital Services	\$200 copay facility \$30 copay for O/P clinic	\$290 copay facility \$35 copay for O/P clinic

Charter + Rx Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Ambulatory Surgery Center	\$100 copay	\$190 copay
Outpatient Substance Abuse Services - Individual or Group	\$40 copay	\$40 copay
Ambulance Services (Medically necessary ambulance services)	\$250 copay; waived if admitted	\$215 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0 - 20% coinsurance	20% coinsurance
Prosthetic Devices (Includes braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance
Medical Supplies	0 - 20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts	\$0 supplies/ 20% coinsurance shoes and inserts*
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance	20% coinsurance

* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.

Charter + Rx Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Dental-Preventive	Not covered	\$10 copay
Dental Services (Medicare covered dental benefits)	\$30 copay	\$35 copay
Eye Exams (Medicare-covered eye exam)	\$0 copay glaucoma test \$30 copay other	\$0 copay glaucoma test \$35 copay other
Eye Exams Supplemental (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay	\$0 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay	\$0 copay
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable	\$25 copay \$120 per 24 months allowable

Charter + Rx Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$30 copay	\$0 - \$35 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year: \$0 copay Hearing Care Solutions)	\$0 - \$30 copay	\$0 - \$35 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	Not covered	\$0 copay
Health Club Membership & Fitness Benefit	\$0 copay; Healthways, Inc. Silver Sneakers program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.

Peak, Sound, Charter + Rx Part D Benefits

PENDING CMS APPROVAL



PENDING CMS APPROVAL

Part D Benefits

Deductible Period:

\$0 Annual Deductible

Initial Coverage Period:

	<i>Retail Pharmacy</i>			<i>Mail-Order Pharmacy</i>		
Drug Tiers	31 day	62 day	93 day	31 day	62 day	93 day
Tier 1 - Preferred Generics	\$4	\$8	\$10	\$4	\$8	\$12
Tier 2 - Non-Preferred Generics	\$20	\$40	\$50	\$20	\$40	\$60
Tier 3 - Preferred Brand	\$47	\$94	\$117.50	\$47	\$94	\$141
Tier 4 - Non-Preferred Brand	35%	35%	35%	35%	35%	35%
Tier 5 – Specialty	33%	33%	33%	33%	33%	33%

Coverage Gap:

After your yearly drug costs reach \$3,310 you receive a discount on drugs and pay no more than 45% of the plan's costs for all brand name drugs and 58% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

Catastrophic Coverage:

Generics - Greater of \$2.95 or

All other drugs – Greater of \$7.40 or

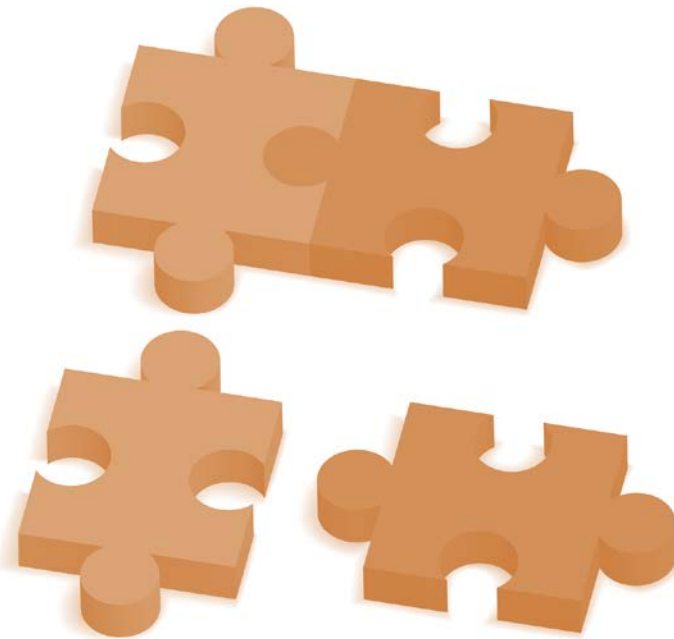
5% coinsurance

PENDING CMS APPROVAL

PENDING CMS APPROVAL

ClearRiver Health

Chattanooga, TN



ClearRiver Health Medicare Advantage Plan

Plan with Rx Coverage	Premium
Classic Plus Rx (HMO) Hamilton County	\$0

PENDING CMS APPROVAL

PENDING CMS APPROVAL



Major Networks and Hospitals

- Chattanooga Internal Medicine Group
- Chattanooga Orthopedic Group
- Chattanooga Women's Specialists
- In Good Health
- Memorial Family Medicine
- Memorial Heart Institute
- Memorial Hospital
- Memorial Hospital Hixson
- Physician's Care
- Professional Park Associates
- The Breast Center of Chattanooga
- University Surgical Associates
- Women's Health Services

A full provider directory is available on our website in the Member Center.
Providers and facilities are subject to change.



Classic Plus Rx (HMO)

WITH PRESCRIPTION DRUG COVERAGE



CLASSIC Plus Rx

Benefit Changes and Cost Sharing

Benefit	2015	2016
Monthly Premium	\$0	\$0
Out of Pocket Maximum	\$3,400 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.	\$4,400 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.*
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$220 copay per day 1-7 \$0 per day days 8-90 \$0 copay for additional days	\$220 copay per day 1-7 \$0 per day days 8-90 \$0 copay for additional days
Inpatient Hospital Mental Health (190 days lifetime limit)	\$220 copay per day 1-6 \$0 copay per day 7-90 60 lifetime reserve days; copays for lifetime reserve days: \$220 copay per day 1-6 \$0 copay per day 7-60	\$220 copay per day 1-7 \$0 copay per day 8-90 60 lifetime reserve days; copays for lifetime reserve days: \$220 copay per day 1-7 \$0 copay per day 8-60

PENDING CMS APPROVAL

PENDING CMS APPROVAL

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.

CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015	2016
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$0 copay per day 1-20 \$155 copay per day 21-100 100 days per benefit period; no prior hospital stay is required	\$0 copay per day 1-20 \$160 copay per day 21-48 \$0 copay days 49-100 100 days per benefit period; no prior hospital stay is required
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	\$65 copay (waived if admitted within 24 hours for same condition)	\$75 copay (waived if admitted within 24 hours for same condition)
Urgently Needed Services (This is NOT emergency care)	\$20 copay (not waived if admitted)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$0 copay	\$0 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015	2016
Primary Care Physician Services	\$5 copay	\$5 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay	\$20 copay
Physician Specialist Services	\$20 copay	\$20 copay
Mental Health Specialty Services (Non-physician) Individual & Group	\$40 copay	\$40 copay
Podiatry Services	\$15 copay for diabetic foot care; \$20 copay for f other Medicare-covered services	\$20 copay
Routine Podiatry Services (Up to six routine visits per year)	Not covered	\$20 copay
Psychiatric Services - Individual or Group	\$40 copay	\$40 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015	2016
Physical, Speech & Language Therapy	\$35 copay	\$20 copay
Lab Services (Per day, per visit limits)	\$0 pt/inr (coumadin) \$15 diabetes panel (diabetes) \$30 all others per day <i>tiered, these are per visit limits</i>	\$15 copay
Diagnostic Procedures & Tests (Per day)	20% coinsurance	20% coinsurance
X-Rays (Per day)	20% coinsurance	\$20 copay
Diagnostic Radiology Services (not including X-rays)	20% coinsurance	20% coinsurance
Outpatient Hospital Services	\$170 copay facility \$20 copay for O/P clinic	\$170 copay facility \$20 copay for O/P clinic

PENDING CMS APPROVAL

PENDING CMS APPROVAL



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Ambulatory Surgery Center	\$120 copay	\$120 copay
Outpatient Substance Abuse Services - Individual or Group	\$40 copay	\$40 copay
Ambulance Services (Medically necessary)	\$200 copay; waived if admitted	\$245 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0 - 20% coinsurance	20% coinsurance
Prosthetic Devices (Includes braces, artificial, etc.)	20% coinsurance	20% coinsurance
Medical Supplies	0 - 20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts	\$0 supplies/ 20% coinsurance shoes and inserts*
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance	20% coinsurance

* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015	2016
Dental-Preventive	\$10 copay	\$10 copay
Dental Services (Medicare covered dental benefits)	\$25 copay	\$20 copay
Eye Exams Medicare-covered eye exam	\$0 copay glaucoma test \$20 copay	\$0 copay glaucoma test \$20 copay
Eye Exams Supplemental (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay	\$0 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay	\$0 copay
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable	\$25 copay \$120 per 24 months allowable

PENDING CMS APPROVAL

PENDING CMS APPROVAL



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015	2016
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$20 copay	\$0 - \$20 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year: \$0 copay Hearing Care Solutions)	\$0 - \$20 copay	\$0 - \$20 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	Not covered	\$0 copay
Health Club Membership & Fitness Benefit	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.

PENDING CMS APPROVAL

PENDING CMS APPROVAL



CLASSIC Plus Rx - PART D BENEFITS

Deductible Period:

\$0 Annual Deductible

Initial Coverage Period:

Drug Tiers	Retail Pharmacy			Mail-Order Pharmacy		
	31 day	62 day	93 day	31 day	62 day	93 day
Tier 1 - Preferred Generics	\$2	\$4	\$5	\$2	\$4	\$6
Tier 2 - Non-Preferred Generics	\$10	\$20	\$25	\$10	\$20	\$30
Tier 3 - Preferred Brand	\$38	\$76	\$95	\$38	\$76	\$114
Tier 4 - Non-Preferred Brand	35%	35%	35%	35%	35%	35%
Tier 5 - Specialty	33%	33%	33%	33%	33%	33%

Coverage Gap:

After your yearly drug costs reach \$3,310 you receive a discount on drugs and pay no more than 45% of the plan's costs for all brand name drugs and 58% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

Catastrophic Coverage:

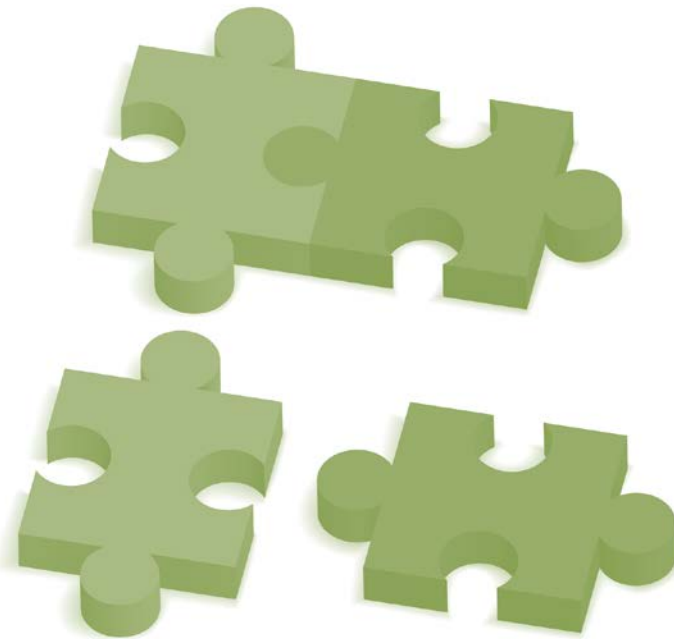
Generics - Greater of \$2.95 or

All other drugs – Greater of \$7.40 or

5% coinsurance

HeartlandPlains Health Plan

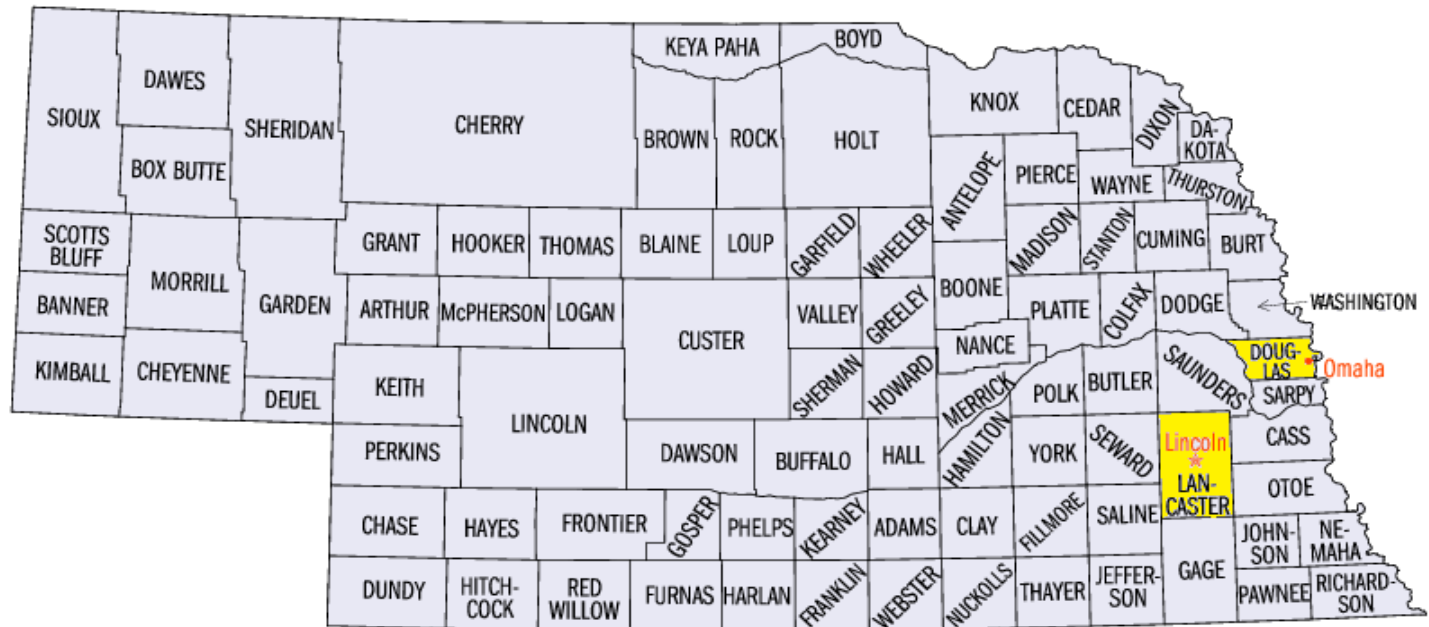
Omaha, NE



HeartlandPlains Service Area

Nebraska Counties Include:

- Douglas
- Lancaster



PENDING CMS APPROVAL

PENDING CMS APPROVAL



HeartlandPlains
HEALTH

HeartlandPlains Health Medicare Advantage Plan

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Plan with Rx Coverage	Premium
Classic Plus Rx (HMO) Douglas and Lancaster Counties	\$0



HeartlandPlains Major Networks & Hospitals

- Alegent Creighton Clinic
- Alegent Creighton Health Bergan Mercy Medical Center
- Alegent Creighton Health Community Memorial Hospital
- Alegent Creighton Health Creighton University Medical Center
- Alegent Creighton Health Immanuel Medical Center
- Alegent Creighton Health Lakeside Hospital
- Alegent Creighton Health Midlands Hospital
- East Lincoln Internal Medicine
- Good Samaritan Hospital
- Holy Family Medical Associates
- Internal Medicine Physicians
- Midwest Gastrointestinal Associates
- Nebraska Heart Institute
- Omaha Internal Medicine
- Omaha Orthopedic Clinic and Sports Medicine
- One World Community Health Center
- Physicians of Internal Medicine
- Nebraska Heart Hospital
- Saint Elizabeth Regional Medical Center
- Saint Francis Medical Center
- St. Francis Memorial Hospital
- St. Mary's Community Hospital

A full provider directory is available on our website in the Member Center.

Providers and facilities are subject to change.



HeartlandPlains
HEALTH

Classic Plus Rx (HMO)

WITH PRESCRIPTION DRUG COVERAGE

PENDING CMS APPROVAL

PENDING CMS APPROVAL



CLASSIC Plus Rx

Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Monthly Premium	\$0	\$0
Out of Pocket Maximum	\$4,900 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.	\$4,200 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.*
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$320 copay per day 1-5 \$0 copay per day 6-90 \$0 copay for additional days	\$350 copay per day 1-5 \$0 copay per day days 6-90 \$0 copay for additional days
Inpatient Hospital Mental Health (190 days lifetime limit)	\$320 copay per day 1-4 \$0 copay per day 5-90 60 lifetime reserve days; copays for lifetime reserve days: \$320 copay per day 1-4 \$0 copay per day 5-60	\$350 copay per day 1-4 \$0 copay per day 5-90 60 lifetime reserve days; copays for lifetime reserve days: \$350 copay per day 1-4 \$0 copay per day 5-60

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$0 copay per day 1-20 \$155 copay per day 21-100 100 days per benefit period; no prior hospital stay is required	\$0 copay per day 1-20 \$160 copay per day 21-47 \$0 copay days 48-100 100 days per benefit period; no prior hospital stay is required
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	\$65 copay (waived if admitted within 24 hours for same condition)	\$75 copay (waived if admitted within 24 hours for same condition)
Urgently Needed Services (This is NOT emergency care)	\$30 copay (not waived if admitted)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$0 copay	\$0 copay



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015	2016
Primary Care Physician Services	\$5 copay	\$3 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay	\$20 copay
Physician Specialist Services	\$30 copay	\$35 copay
Mental Health Specialty Services (Non-physician) Individual & Group	\$40 copay	\$40 copay
Podiatry Services	\$15 copay for diabetic foot care; \$30 copay for other Medicare-covered services	\$35 copay
Routine Podiatry Services (Up to six routine visits per year)	Not covered	\$35 copay
Psychiatric Services - Individual or Group	\$40 copay	\$40 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Physical, Speech & Language Therapy	\$35 copay	\$35 copay
Lab Services (Per day, per visit limits)	\$0 pt/inr (coumadin) \$15 diabetes panel (diabetes) \$30 all others per day <i>tiered, these are per visit limits</i>	\$15 copay
Diagnostic Procedures & Tests (Per day)	20% coinsurance	20% coinsurance
X-Rays (Per day)	20% coinsurance	\$20 copay
Diagnostic Radiology Services (not including X-rays)	20% coinsurance	20% coinsurance
Outpatient Hospital Services	\$270 copay facility \$30 copay for O/P clinic	\$270 copay facility \$35 copay for O/P clinic



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Ambulatory Surgery Center	\$225 copay	\$225 copay
Outpatient Substance Abuse Services - Individual or Group	\$40 copay	\$40 copay
Ambulance Services (Medically necessary)	\$200 copay; waived if admitted	\$250 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0 - 20% coinsurance	20% coinsurance
Prosthetic Devices (Includes braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance
Medical Supplies	0 - 20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts	\$0 supplies/ 20% coinsurance shoes and inserts*
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance	20% coinsurance

* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Dental-Preventive	\$10 copay	\$10 copay
Dental Services (Medicare covered dental benefits)	\$35 copay	\$35 copay
Eye Exams (Medicare-covered eye exam)	\$0 copay glaucoma test \$30 copay other	\$0 copay glaucoma test \$35 copay other
Eye Exams Supplemental (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay	\$0 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay	\$0 copay
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable	\$25 copay \$120 per 24 months allowable



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$30 copay	\$0 - \$35 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year: \$0 copay Hearing Care Solutions)	\$0 - \$30 copay	\$0 - \$35 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	Not covered	\$0 copay
Health Club Membership & Fitness Benefit	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.



CLASSIC Plus Rx- PART D BENEFITS

Deductible Period:

\$0 Annual Deductible

Initial Coverage Period:

Drug Tiers	Retail Pharmacy			Mail-Order Pharmacy		
	31 day	62 day	93 day	31 day	62 day	93 day
Tier 1 - Preferred Generics	\$2	\$4	\$5	\$2	\$4	\$6
Tier 2 - Non-Preferred Generics	\$10	\$20	\$25	\$10	\$20	\$30
Tier 3 - Preferred Brand	\$38	\$76	\$95	\$38	\$76	\$114
Tier 4 - Non-Preferred Brand	35%	35%	35%	35%	35%	35%
Tier 5 - Specialty	33%	33%	33%	33%	33%	33%

Coverage Gap:

After your yearly drug costs reach \$3,310 you receive a discount on drugs and pay no more than 45% of the plan's costs for all brand name drugs and 58% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

Catastrophic Coverage:

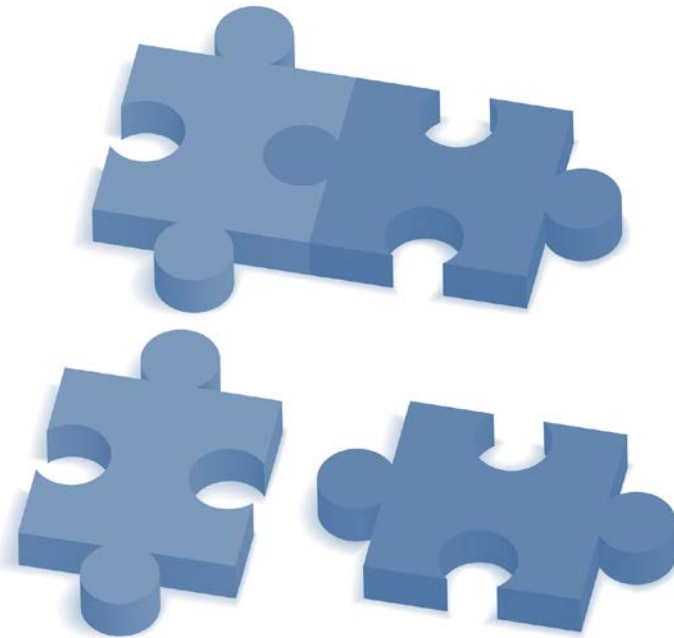
Generics - Greater of \$2.95 or

All other drugs – Greater of \$7.40 or

5% coinsurance

RiverLink Health

Cincinnati, OH



RiverLink Service Area

PENDING CMS APPROVAL

PENDING CMS APPROVAL

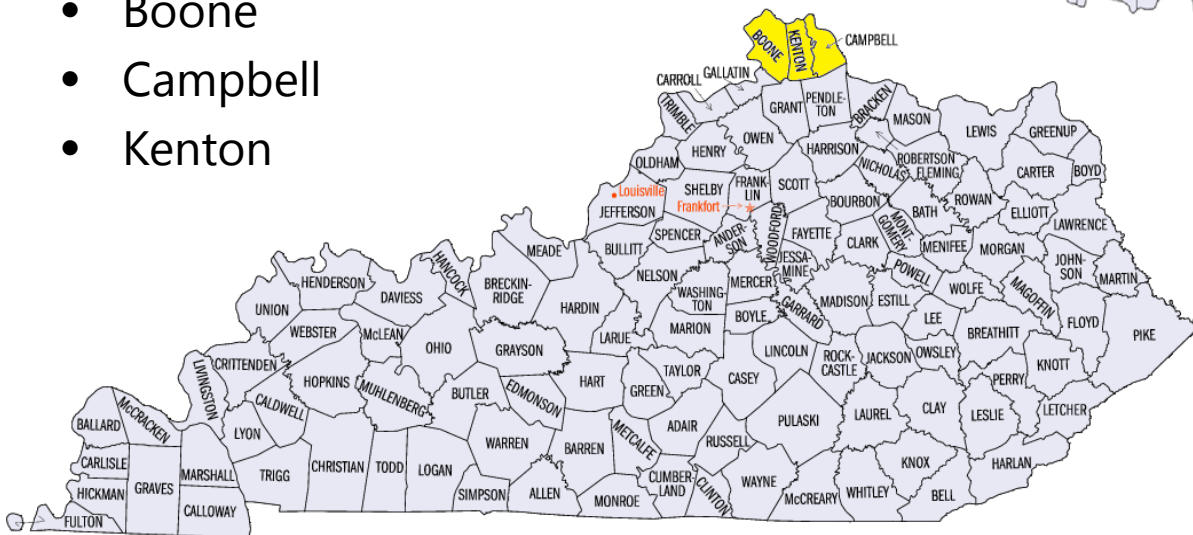
Ohio Counties Include:

- Butler
- Clermont
- Hamilton
- Warren



Kentucky Counties Include:

- Boone
- Campbell
- Kenton



RiverLink Health Medicare Advantage Plans

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Plans with Rx Coverage	Premium
<p>Classic Plus Rx (HMO) Ohio: Butler, Clermont, Hamilton, and Warren Counties</p>	<p>\$0</p>
<p>Classic Plus Rx-N Kentucky (HMO) Kentucky: Boone, Campbell, and Kenton Counties</p>	<p>\$0</p>



RiverLink Major Networks & Hospitals

- Atrium Medical Center
- Bethesda Arrow Springs
- Bethesda Butler Hospital
- Bethesda Family Practice
- Bethesda North Hospital
- Clermont Internist Associates
- Good Samaritan Hospital
- Group Health
- Mayfield Clinic
- Premier Health Net
- Premier Health Specialists
- Primary Health Solutions
- Queen City Medical Group
- Rudemiller Family Medicine
- St. Elizabeth Edgewood
- St. Elizabeth Florence
- St. Elizabeth Fort Thomas
- St. Elizabeth Grant
- St. Elizabeth Healthcare
- The Family Medical Group
- The GEROs Group
- The Kidney and Hypertension Center
- The Urology Group
- TriHealth Physicians
- TriHealth Evendale Hospital
- West Chester Medical Group
- Western Family Physicians
- White Oak Family Practice

A full provider directory is available on our website in the Member Center.

Providers and facilities are subject to change.



Classic Plus Rx

Classic Plus Rx-N Kentucky

WITH PRESCRIPTION DRUG COVERAGE

PENDING CMS APPROVAL



PENDING CMS APPROVAL

CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Monthly Premium	\$0	\$0
Out of Pocket Maximum	\$4,800 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.	\$4,800 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.*
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$250 copay per day 1-7 \$0 copay per day 8-90 \$0 copay for additional days	\$250 copay per day 1-7 \$0 copay per day days 8-90 \$0 copay for additional days
Inpatient Hospital Mental Health (190 days lifetime limit)	\$250 copay per day 1-6 \$0 copay per day 7-90 60 lifetime reserve days; copays for lifetime reserve days: \$250 copay per day 1-6 \$0 copay per day 7-60	\$250 copay per day 1-6 \$0 copay per day 7-90 60 lifetime reserve days; copays for lifetime reserve days: \$250 copay per day 1-6 \$0 copay per day 7-60

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$0 copay per day 1-20 \$155 copay per day 21-100 100 days per benefit period; no prior hospital stay is required	\$0 copay per day 1-20 \$160 copay per day 21-50 \$0 copay per day 51-100 100 days per benefit period; no prior hospital stay is required
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	\$65 copay (waived if admitted within 24 hours for same condition)	\$75 copay (waived if admitted within 24 hours for same condition)
Urgently Needed Services (This is NOT emergency care)	\$35 copay (not waived if admitted)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$0 copay	\$0 copay



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Primary Care Physician Services	\$5 copay	\$5 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay	\$20 copay
Physician Specialist Services	\$35 copay	\$35 copay
Mental Health Specialty Services (Non-physician) Individual & Group	\$40 copay	\$40 copay
Podiatry Services	\$15 copay for diabetic foot care; \$35 copay for other Medicare- covered services	\$35 copay
Routine Podiatry Services (Up to six routine visits per year)	Not covered	\$35 copay
Psychiatric Services - Individual or Group	\$40 copay	\$40 copay



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Physical, Speech & Language Therapy	\$35 copay	\$35 copay
Lab Services (Per day, per visit limits)	\$0 pt/inr (coumadin) \$15 diabetes panel (diabetes) \$30 all others per day <i>tiered, these are per visit limits</i>	\$15 copay
Diagnostic Procedures & Tests (Per day)	20% coinsurance	20% coinsurance
X-Rays (Per day)	20% coinsurance	\$20 copay
Diagnostic Radiology Services (not including X-rays)	20% coinsurance	20% coinsurance
Outpatient Hospital Services	\$200 copay facility \$35 copay for O/P clinic	\$200 copay facility \$35 copay for O/P clinic



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Ambulatory Surgery Center	\$175 copay	\$175 copay
Outpatient Substance Abuse Services - Individual or Group	\$40 copay	\$40 copay
Ambulance Services (Medically necessary)	\$200 copay; waived if admitted	\$250 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0 - 20% coinsurance	20% coinsurance
Prosthetic Devices (Includes braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance
Medical Supplies	0 - 20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts	\$0 supplies/ 20% coinsurance shoes and inserts*
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance	20% coinsurance

* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Dental-Preventive	\$10 copay	\$10 copay
Dental Services (Medicare covered dental benefits)	\$40 copay	\$35 copay
Eye Exams (Medicare-covered eye exam)	\$0 copay glaucoma test \$35 copay other	\$0 copay glaucoma test \$35 copay other
Eye Exams Supplemental (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay	\$0 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay	\$0 copay
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable	\$25 copay \$120 per 24 months allowable



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$35 copay	\$0 - \$35 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year; \$0 copay Hearing Care Solutions)	\$0 - \$35 copay	\$0 - \$35 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	Not covered	\$0 copay
Health Club Membership & Fitness Benefit	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky - PART D BENEFITS

Deductible Period:

\$0 Annual Deductible

Initial Coverage Period:

Drug Tiers	Retail Pharmacy			Mail-Order Pharmacy		
	31 day	62 day	93 day	31 day	62 day	93 day
Tier 1 - Preferred Generics	\$2	\$4	\$5	\$2	\$4	\$6
Tier 2 - Non-Preferred Generics	\$10	\$20	\$25	\$10	\$20	\$30
Tier 3 - Preferred Brand	\$38	\$76	\$95	\$38	\$76	\$114
Tier 4 - Non-Preferred Brand	35%	35%	35%	35%	35%	35%
Tier 5 - Specialty	33%	33%	33%	33%	33%	33%

Coverage Gap:

After your yearly drug costs reach \$3,310 you receive a discount on drugs and pay no more than 45% of the plan's costs for all brand name drugs and 58% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

Catastrophic Coverage:

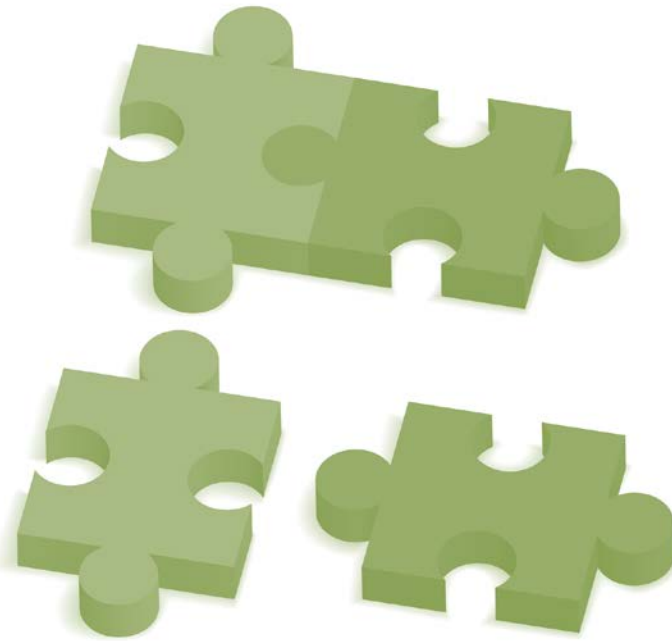
Generics - Greater of \$2.95 or

All other drugs – Greater of \$7.40 or

5% coinsurance

StableView Health Plan

Lexington, KY



StableView
HEALTH

StableView Health Medicare Advantage Plan

Plan with Rx Coverage	Premium
Classic Plus Rx (HMO-POS) Bourbon, Fayette, Jessamine, Scott, and Woodford	\$0

PENDING CMS APPROVAL

PENDING CMS APPROVAL



StableView
HEALTH

StableView Major Networks & Hospitals

- KentuckyOne Medical Group
- Premier Heart and Vascular Centers
- Saint Joseph Cardiology Associates
- Saint Joseph Hospital
- Saint Joseph East
- Saint Joseph Internal Medicine
- Saint Joseph Primary Care Associates
- Seaton Family Health Center
- Wheelwright Family Health

A full provider directory is available on our website in the Member Center.
Providers and facilities are subject to change.



Classic Plus Rx (HMO-POS)

WITH PRESCRIPTION DRUG COVERAGE



PENDING CMS APPROVAL

PENDING CMS APPROVAL



StableView
HEALTH

CLASSIC Plus Rx

Benefit Changes and Cost Sharing

Benefit	2015 (HMO)	2016 (HMO-POS)	
		<i>In-Network</i>	<i>Out-of-Network</i>
Monthly Premium	\$0	\$0	
Out of Pocket Maximum	\$5,900 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.	\$4,900 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy*	No limit on the out-of-pocket Member cost sharing.
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$250 copay per day 1-7 \$0 copay per day 8-90 \$0 copay for additional days	\$250 copay per day 1-7 \$0 copay per day 8-90 \$0 copay for additional days	40% coinsurance

PENDING CMS APPROVAL

PENDING CMS APPROVAL

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015 (HMO)	2016 (HMO-POS)	
		<i>In-Network</i>	<i>Out-of-Network</i>
Inpatient Hospital Mental Health (190 days lifetime limit)	\$250 copay per day 1-6 \$0 copay per day 7-90 60 lifetime reserve days; copays for lifetime reserve days: \$250 copay per day 1-6 \$0 copay per day 7-60	250 copay per day 1-6 \$0 copay per day 7-90 60 lifetime reserve days; copays for lifetime reserve days: \$250 copay per day 1-6 \$0 copay per day 7-60	40% coinsurance
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$0 copay per day 1-20 \$155 copay per day 21-100 100 days per benefit period; no prior hospital stay is required	\$0 copay per day 1-20 \$160 copay per day 21-51 \$0 copay per day 52-100 100 days per benefit period; no prior hospital stay is required	Not covered

PENDING CMS APPROVAL

PENDING CMS APPROVAL



StableView
HEALTH

CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015 (HMO)	2016 (HMO-POS)	
		<i>In-Network</i>	<i>Out-of-Network</i>
Urgently Needed Services (This is NOT emergency care)	\$35 copay (not waived if admitted)	\$50 copay (not waived if admitted)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$0 copay	\$0 copay	Not covered
Primary Care Physician Services	\$5 copay	\$5 copay	\$10 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay	\$20 copay	\$50 copay
Physician Specialist Services	\$35 copay	\$35 copay	\$50 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL



StableView
HEALTH

CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015 (HMO)	2016 (HMO-POS)	
		<i>In-Network</i>	<i>Out-of-Network</i>
Mental Health Specialty Services - Non-physician - Individual & Group	\$40 copay	\$40 copay	Not covered
Podiatry Services	\$15 copay for diabetic foot care; \$35 copay for other Medicare-covered services	\$35 copay	\$50 copay
Routine Podiatry Services (Up to six routine visits per year)	Not covered	\$35	\$50 copay
Psychiatric Services - Individual or Group	\$40 copay	\$40 copay	Not covered



StableView
HEALTH

CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015 (HMO)	2016 (HMO-POS)	
		In-Network	Out-of-Network
Physical, Speech & Language Therapy	\$35 copay	\$35 copay	\$50 copay
Lab Services (Per day, per visit limits)	\$0 pt/inr (coumadin) \$15 diabetes panel (diabetes) \$30 all others per day <i>tiered, these are per visit limits</i>	\$15 copay	\$15 copay
Diagnostic Procedures & Tests (Per day)	20% coinsurance	20% coinsurance	40% coinsurance
X-Rays (Per day)	20% coinsurance	\$20 copay	\$25 copay
Diagnostic Radiology Services (not including X-rays)	20% coinsurance	20% coinsurance	40% coinsurance

PENDING CMS APPROVAL

PENDING CMS APPROVAL



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015 (HMO)	2016 (HMO-POS)	
		<i>In-Network</i>	<i>Out-of-Network</i>
Outpatient Hospital Services	\$200 copay facility \$35 copay for O/P clinic	\$200 copay facility \$35 copay for O/P clinic	40% coinsurance
Ambulatory Surgery Center Services	\$175 copay	\$175 copay	40% coinsurance
Outpatient Substance Abuse Services - Individual or Group	\$40 copay	\$40 copay	\$50 copay
Ambulance Services (Medically necessary)	\$200 copay; waived if admitted	\$240 copay; not waived if admitted	\$240 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0 - 20% coinsurance	20% coinsurance	Not covered



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015 (HMO)	2016 (HMO-POS)	
		<i>In-Network</i>	<i>Out-of-Network</i>
Prosthetic Devices (Includes braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance	40% coinsurance
Medical Supplies	0 - 20% coinsurance	20% coinsurance	40% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts	\$0 supplies/ 20% coinsurance shoes and inserts*	40% coinsurance
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance	20% coinsurance	40% coinsurance
Dental – Preventive	\$10 copay	\$10 copay	Not covered

* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015 (HMO)	2016 (HMO-POS)	
		<i>In-Network</i>	<i>Out-of-Network</i>
Dental Services (Medicare covered dental benefits)	\$40 copay	\$35 copay	Not covered
Eye Exams (Medicare-covered eye exam)	\$0 copay glaucoma test; \$35 copay other	\$0 copay glaucoma test; \$35 copay other	\$50 copay
Eye Exams Supplemental (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay	\$0 copay	\$50 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay	\$0 copay	40% coinsurance
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable	\$25 copay \$120 per 24 months allowable	Not covered

PENDING CMS APPROVAL

PENDING CMS APPROVAL



StableView
HEALTH

CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015 (HMO)	2016 (HMO-POS)	
		<i>In-Network</i>	<i>Out-of-Network</i>
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$35 copay	\$0 - \$35 copay	\$50 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year; \$0 copay Hearing Care Solutions)	\$0 - \$35 copay	\$0 - \$35 copay	\$50 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	Not covered	\$0 copay	Not covered



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2015 (HMO)	2016 (HMO-POS)	
		<i>In-Network</i>	<i>Out-of-Network</i>
Health Club Membership & Fitness Benefit	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.	Not covered

PENDING CMS APPROVAL

PENDING CMS APPROVAL



StableView
HEALTH

CLASSIC Plus Rx - PART D BENEFITS

Deductible Period:

\$0 Annual Deductible

Initial Coverage Period:

Drug Tiers	Retail Pharmacy			Mail-Order Pharmacy		
	31 day	62 day	93 day	31 day	62 day	93 day
Tier 1 - Preferred Generics	\$2	\$4	\$5	\$2	\$4	\$6
Tier 2 - Non-Preferred Generics	\$10	\$20	\$25	\$10	\$20	\$30
Tier 3 - Preferred Brand	\$38	\$76	\$95	\$38	\$76	\$114
Tier 4 - Non-Preferred Brand	35%	35%	35%	35%	35%	35%
Tier 5 - Specialty	33%	33%	33%	33%	33%	33%

Coverage Gap:

After your yearly drug costs reach \$3,310 you receive a discount on drugs and pay no more than 45% of the plan's costs for all brand name drugs and 58% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

Catastrophic Coverage:

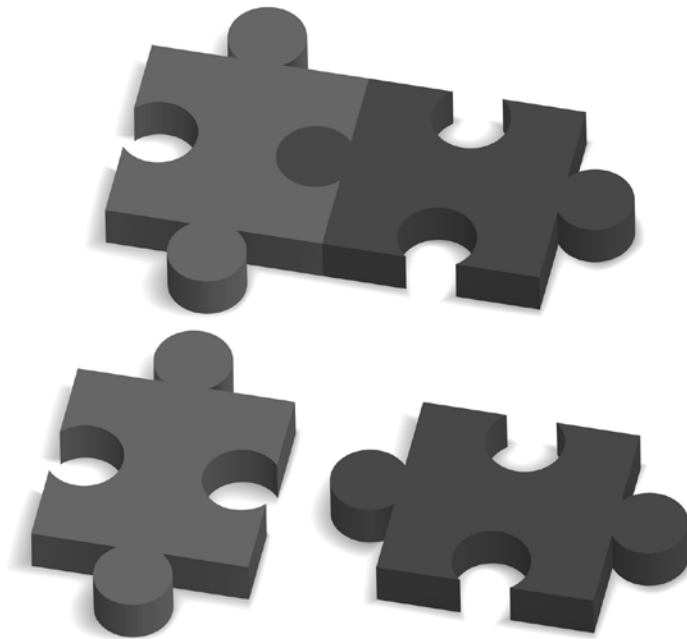
Generics - Greater of \$2.95 or

All other drugs – Greater of \$7.40 or

5% coinsurance

QualChoice Advantage

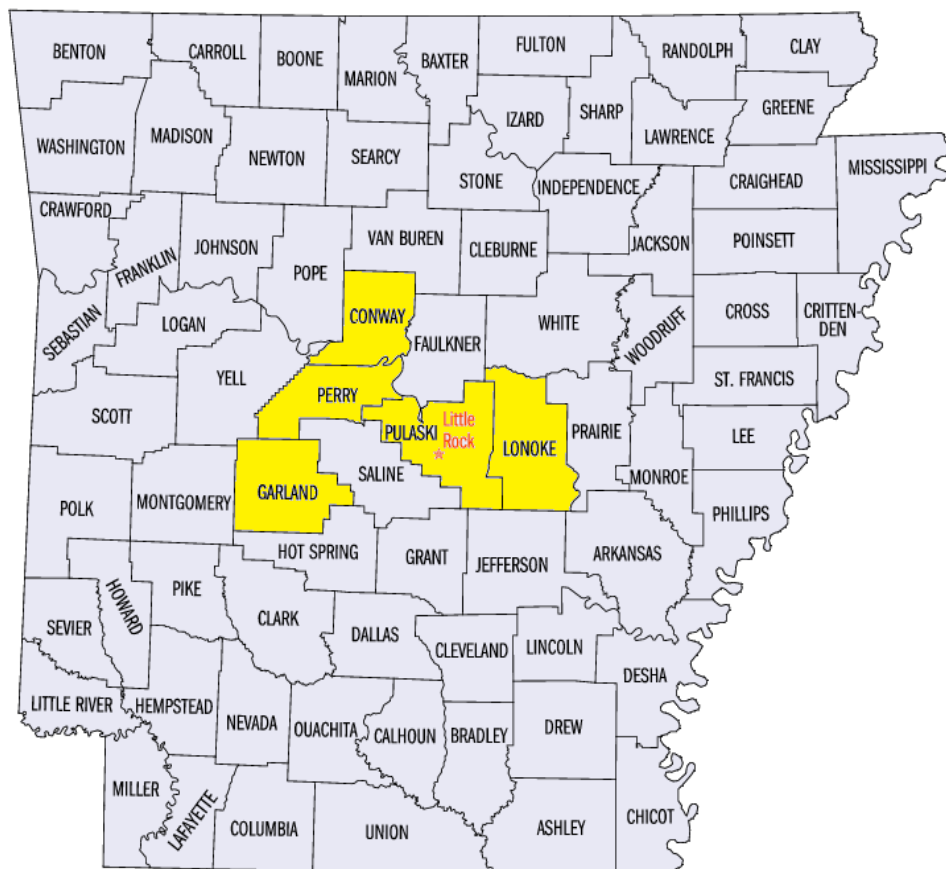
Little Rock, AR



QualChoice Medicare Advantage Plan Service Area

Arkansas Counties Include:

- Conway
- Garland
- Lonoke
- Perry
- Pulaski



PENDING CMS APPROVAL

PENDING CMS APPROVAL



QualChoice Advantage Medicare Advantage Plan

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Plan with Rx Coverage	Premium
<p>Classic Plus Rx (HMO) Conway, Garland, Lonoke, Perry, Pulaski</p>	<p>\$0</p>



QualChoice Medicare Advantage Major Networks & Hospitals

- ACH – various specialties
- Arkansas Family Care Network
- Arkansas Foot Clinic
- Arkansas Neuroscience Institute
- Arkansas Ophthalmology Clinic
- Arkansas Otolaryngology Center, PA
- Arkansas Plastic Surgery, P.A.
- Arkansas Psychiatric Clinic
- Arkansas Specialty Care Center
- Arkansas Urology Associates
- Blandford Eye Care/Surgery Assoc.
- Cardiovascular Surgeons, P.A.
- CHI St. Vincent Medical Group Hot Springs
- Clinic at Walmart
- Dermatology Group of Arkansas, P.A.
- EPOCH Health
- Heart Clinic
- Hot Springs Diagnostic Associates
- Kidney Care Center
- Little Rock Allergy Asthma
- Little Rock Dermatology Clinic
- Renal Associates-LR
- St. Vincent Medical Clinics
- St. Vincent Medical Group
- St. Vincent Physician Clinics LLC
- St. Vincent Cardiovascular Surgeons
- St. Vincent Family Clinic
- St. Vincent Family Clinic Specialists
- St. Vincent Medical Group
- St. Vincent Health System
- Surgical Clinic of Central Arkansas
- The Bridgeway
- The Woman's Clinic, P.A.
- UAMS – various specialties

A full provider directory is available on our website in the Member Center.

Providers and facilities are subject to. change



Classic Plus Rx (HMO)

WITH PRESCRIPTION DRUG COVERAGE



PENDING CMS APPROVAL

PENDING CMS APPROVAL

CLASSIC Plus Rx

Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2016
Monthly Premium	\$0
Out of Pocket Maximum	\$6,500 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.*
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$290 copay per day 1-5 \$0 copay per day 6-90 \$0 copay for additional days
Inpatient Hospital Mental Health (190 days lifetime limit)	\$290 copay per day 1-5 \$0 copay per day 6-90 60 lifetime reserve days; copays for lifetime reserve days: \$290 copay per day 1-5 \$0 copay per day for days 6-60
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$0 copay per day 1-20 \$160 copay per day 21-61 \$0 copay per day 62-100 100 days per benefit period; no prior hospital stay is required
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	\$75 copay; waived if admitted within 24 hours for same condition

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.

CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2016
Urgently Needed Services (This is NOT emergency care)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$0 copay
Primary Care Physician Services	\$5 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay
Physician Specialist Services	\$40 copay
Mental Health Specialty Services - Non-physician - Individual & Group	\$40 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2016
Podiatry Services	\$40 copay
Routine Podiatry Services (Up to six routine visits per year)	\$40 copay
Psychiatric Services - Individual or Group	\$40 copay
Physical, Speech & Language Therapy	\$40 copay
Lab Services (Per day, per visit limits)	\$15 copay
Diagnostic Procedures & Tests (Per day)	20% coinsurance
X-Rays (Per day)	\$20 copay
Diagnostic Radiology Services (not including X-rays)	20% coinsurance

PENDING CMS APPROVAL

PENDING CMS APPROVAL

CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2016
Outpatient Hospital Services	\$240 copay facility \$40 copay for O/P clinic
Ambulatory Surgery Center Services	\$190 copay
Outpatient Substance Abuse Services - Individual or Group	\$40 copay
Ambulance Services (Medically necessary)	\$235 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance
Prosthetic Devices (Includes braces, artificial limbs, etc.)	20% coinsurance
Medical Supplies	20% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts*

PENDING CMS APPROVAL

PENDING CMS APPROVAL

* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2016
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance
Dental-Preventive	\$10 copay
Dental Services (Medicare covered dental benefits)	\$40 copay
Eye Exams (Medicare-covered eye exam)	\$0 copay glaucoma test \$40 copay other
Eye Exams Supplemental (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable

CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

Benefit	2016
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$40 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year: \$0 copay Hearing Care Solutions)	\$0 - \$40 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	\$0 copay
Health Club Membership & Fitness Benefit	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.

PENDING CMS APPROVAL

PENDING CMS APPROVAL

CLASSIC Plus Rx - PART D BENEFITS

Deductible Period:

\$0 Annual Deductible

Initial Coverage Period:

Drug Tiers	Retail Pharmacy			Mail-Order Pharmacy		
	31 day	62 day	93 day	31 day	62 day	93 day
Tier 1 - Preferred Generics	\$2	\$4	\$5	\$2	\$4	\$6
Tier 2 - Non-Preferred Generics	\$10	\$20	\$25	\$10	\$20	\$30
Tier 3 - Preferred Brand	\$38	\$76	\$95	\$38	\$76	\$114
Tier 4 - Non-Preferred Brand	35%	35%	35%	35%	35%	35%
Tier 5 - Specialty	33%	33%	33%	33%	33%	33%

Coverage Gap:

After your yearly drug costs reach \$3,310 you receive a discount on drugs and pay no more than 45% of the plan's costs for all brand name drugs and 58% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

Catastrophic Coverage:

Generics - Greater of \$2.95 or

All other drugs – Greater of \$7.40 or

5% coinsurance

SilverSelect Rx (PDP)

Stand Alone Prescription Drug Plan



PENDING CMS APPROVAL

PENDING CMS APPROVAL

SilverSelect Rx

Plan (PDP Stand Alone)	Premium
SilverSelect Rx All Counties in Arkansas	\$34

PENDING CMS APPROVAL

PENDING CMS APPROVAL



SilverSelect Rx Service Area

Arkansas (Entire state):



PENDING CMS APPROVAL

PENDING CMS APPROVAL



SilverSelect Rx Benefits

Deductible Period:

\$360 Annual Deductible

Tier One **not** subject to the deductible
Deductible applies to Tiers Two, Three, Four & Five

Initial Coverage Period:

Drug Tiers	Retail Pharmacy			Mail-Order Pharmacy		
	31 day	62 day	93 day	31 day	62 day	93 day
Tier 1 - Preferred Generics	\$9	\$18	\$22.50	\$9	\$18	\$27
Tier 2 - Non-Preferred Generics	\$20	\$40	\$50	\$20	\$40	\$60
Tier 3 - Preferred Brand	\$47	\$94	\$117.50	\$47	\$94	\$141
Tier 4 - Non-Preferred Brand	35%	35%	35%	35%	35%	35%
Tier 5 - Specialty	25%	25%	25%	25%	25%	25%

Coverage Gap:

After your yearly drug costs reach \$3,310 you receive a discount on drugs and pay no more than 45% of the plan's costs for all brand name drugs and 58% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

Catastrophic Coverage:

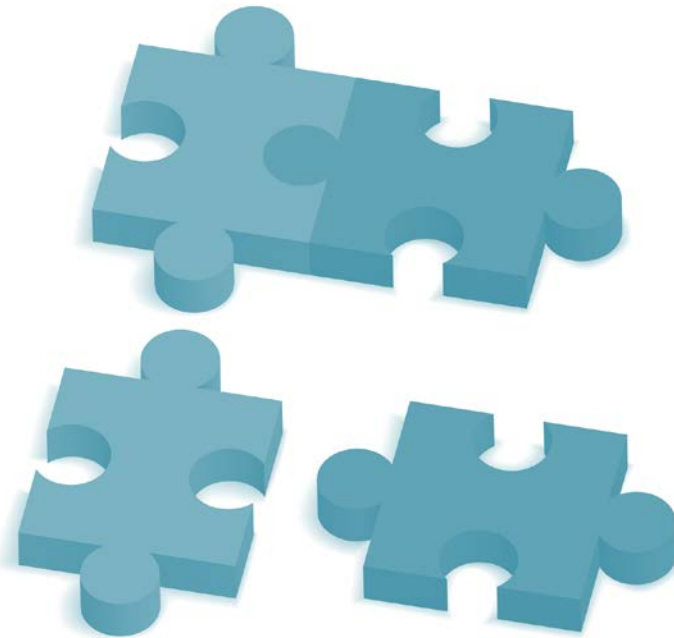
Generics - Greater of \$2.95 or

All other drugs – Greater of \$7.40 or

5% coinsurance

HarvestPlains Health

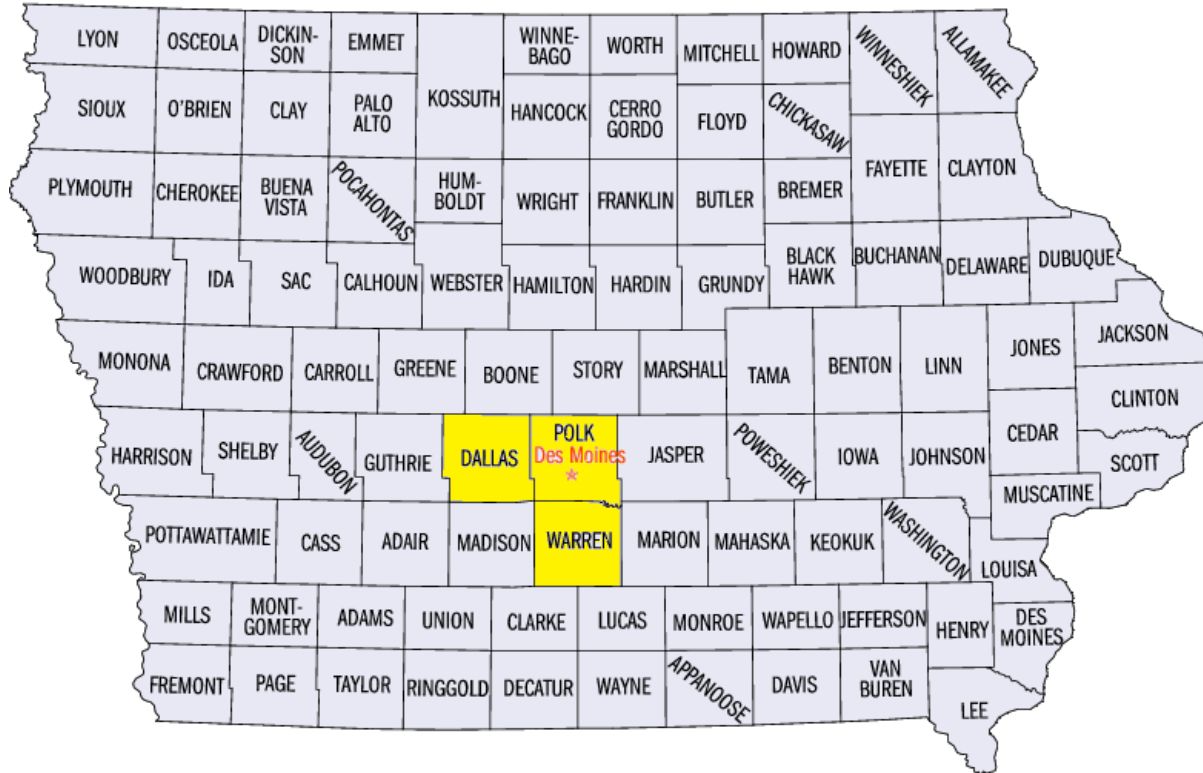
Des Moines, IA



HarvestPlains Health Plan Service Area

Iowa Counties Include:

- Dallas
- Polk
- Warren



PENDING CMS APPROVAL

PENDING CMS APPROVAL



HarvestPlains Health Medicare Advantage Plan

Plan with Rx Coverage	Premium
Classic Plus Rx (HMO) Dallas, Polk and Warren	\$0

PENDING CMS APPROVAL

PENDING CMS APPROVAL



HarvestPlains Health

Major Networks & Hospitals

- Associates in Kidney Care
- Capital Orthopedics & Sports Medicine
- Chest Infectious Diseases and Critical Care Associates
- Heartland Dermatology & Skin Cancer Center PC
- Iowa Diabetes & Endocrinology Center
- Iowa Heart Center
- Katzmann Breast Center
- Mercy Arthritis & Osteoporosis Center
- Mercy Beaverdale Medical Clinic
- Mercy Carlisle Family Practice Clinic
- Mercy Clinics Geriatric Services
- Mercy Diabetes & Education Program
- Mercy East Family Practice & Urgent Care
- Mercy Gastroenterology Clinic
- Mercy Health Network
- Mercy Indianola Family Medicine & Urgent Care
- Mercy Jordan Creek Internal Medicine Clinic
- Mercy North Family Practice & Urgent Care
- Mercy Physical Medicine & Rehab
- Dallas County Hospital
- Mercy Quick Care Clinics
- Obstetrical & Gynecological Assoc. of Des Moines
- Primary Health Care
- The Iowa Clinic
- Wolfe Clinic PC
- Mercy Des Moines (Hospital)
- Mercy West Lake

A full provider directory is available on our website in the Member Center.
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Classic Plus Rx (HMO)

WITH PRESCRIPTION DRUG COVERAGE



CLASSIC Plus Rx

Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2016
Monthly Premium	\$0
Out of Pocket Maximum	\$3,400 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.*
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$335 copay per day 1-5 \$0 copay per day 6-90 \$0 copay for additional days
Inpatient Hospital Mental Health (190 days lifetime limit)	\$335 copay per day 1-5 \$0 copay per day 6-90 60 lifetime reserve days; copays for lifetime reserve days: \$335 copay per day 1-5 \$0 copay per day for days 6-60
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$25 copay per day 1-20 \$160 copay per day 21-39 \$0 copay per days 40-100 100 days per benefit period; no prior hospital stay is required

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.



CLASSIC Plus Rx

Benefit Changes and Cost Sharing, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2016
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	\$75 copay (waived if admitted within 24 hours for same condition)
Urgently Needed Services (This is NOT emergency care)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$0 copay
Primary Care Physician Services	\$5 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay
Physician Specialist Services	\$30 copay



CLASSIC Plus Rx

Benefit Changes and Cost Sharing

Benefit	2016
Mental Health Specialty Services - Non-physician - Individual & Group	\$40 copay
Podiatry Services	\$30 copay
Routine Podiatry Services (Up to six routine visits per year)	\$30 copay
Psychiatric Services - Individual or Group	\$40 copay
Physical, Speech & Language Therapy	\$30 copay
Lab Services (Per day, per visit limits)	\$15 copay
Diagnostic Procedures & Tests (Per day)	20% coinsurance
X-Rays (Per day)	\$20 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL



CLASSIC Plus Rx

Benefit Changes and Cost Sharing

Benefit	2016
Diagnostic Radiology Services (not including X-rays)	20% coinsurance
Outpatient Hospital Services	\$285 copay facility \$30 copay for O/P clinic
Ambulatory Surgery Center Services	\$235 copay
Outpatient Substance Abuse Services - Individual or Group	\$40 copay
Ambulance Services (Medically necessary ambulance services)	\$250 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance
Prosthetic Devices (Includes braces, artificial limbs, etc.)	20% coinsurance

PENDING CMS APPROVAL

PENDING CMS APPROVAL

CLASSIC Plus Rx

Benefit Changes and Cost Sharing

Benefit	2016
Medical Supplies	20% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts.*
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance
Dental-Preventive	\$10 copay
Dental Services (Medicare covered dental benefits)	\$30 copay
Eye Exams (Medicare-covered eye exam)	\$0 copay glaucoma test \$30 copay other
Eye Exams Supplemental (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay

PENDING CMS APPROVAL

PENDING CMS APPROVAL

* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.

CLASSIC Plus Rx

Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2016
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$30 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year; \$0 copay Hearing Care Solutions)	\$0 - \$30 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	\$0 copay
Health Club Membership & Fitness Benefit	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.



CLASSIC Plus Rx - PART D BENEFITS

Deductible Period:

\$0 Annual Deductible

Initial Coverage Period:

Drug Tiers	Retail Pharmacy			Mail-Order Pharmacy		
	31 day	62 day	93 day	31 day	62 day	93 day
Tier 1 - Preferred Generics	\$2	\$4	\$5	\$2	\$4	\$6
Tier 2 - Non-Preferred Generics	\$7	\$14	\$17.50	\$7	\$14	\$21
Tier 3 - Preferred Brand	\$47	\$94	\$117.50	\$47	\$94	\$141
Tier 4 - Non-Preferred Brand	35%	35%	35%	35%	35%	35%
Tier 5 - Specialty	33%	33%	33%	33%	33%	33%

Coverage Gap:

After your yearly drug costs reach \$3,310 you receive a discount on drugs and pay no more than 45% of the plan's costs for all brand name drugs and 58% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

Catastrophic Coverage:

Generics - Greater of \$2.95 or

All other drugs – Greater of \$7.40 or

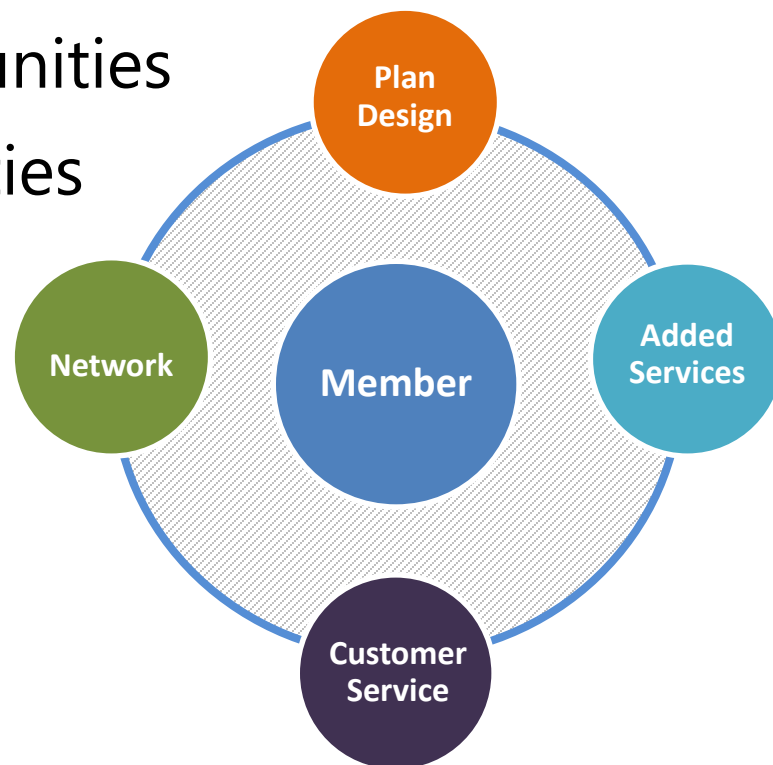
5% coinsurance

We Are Member Centric



Members Are Our Center

- Local customer service
- Ongoing educational opportunities
- Fitness and community activities
- Member Advisory Committee
- Comprehensive benefits
- Provider partnerships



Member Advisory Committee

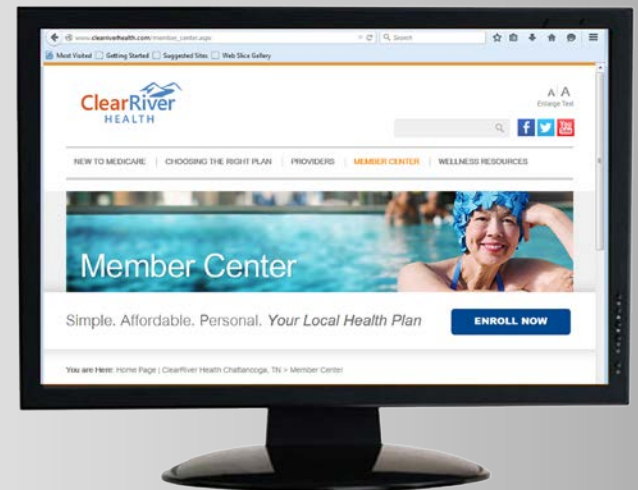
- Peers expressing the voice of our membership
- Helping refine our focus
- Sharing knowledge that will benefit all members – including clients!



Online Resources

The Member Center Includes:

- Member Orientation Meetings
- Current member events
- FAQ pages
- Current edition of *Partner's in Health* (member magazine)
- 400 resources and tools to assist with wellness and prevention
- Member portal (coming soon!)



All Markets - Online

Plan Web Addresses:

www.ClearRiverHealth.com

www.HeartlandPlainsHealth.com

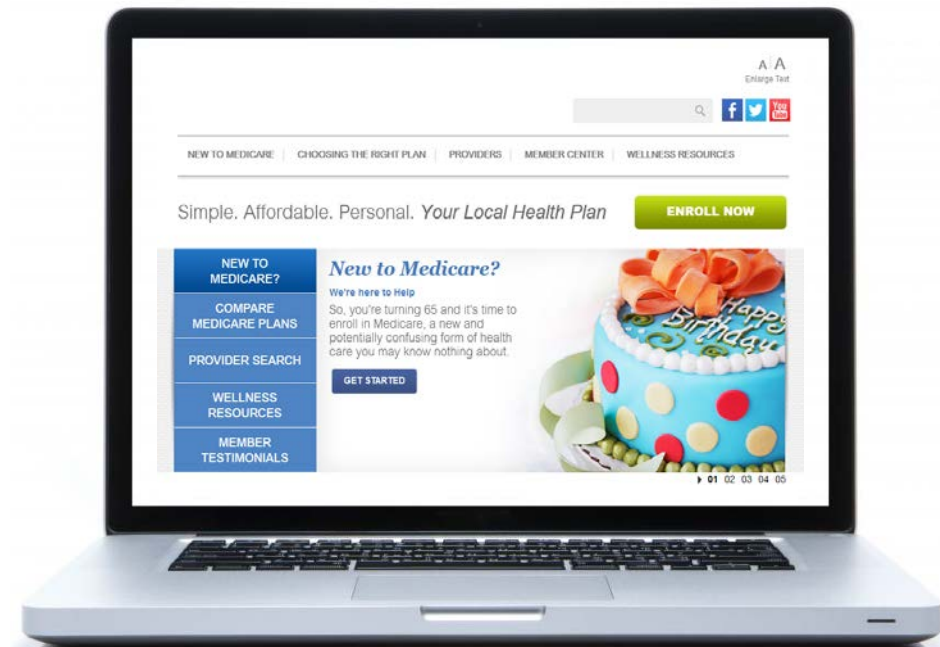
www.SoundpathHealth.com

www.StableViewHealth.com

www.RiverLinkHealth.com

www.HarvestPlainsHealth.com

www.QualChoiceAdvantage.com



PROMINENCE Health

PROPRIETARY AND CONFIDENTIAL. FMO RECRUITING ONLY. NOT FOR DISTRIBUTION

Member Orientation Meetings

Member Orientation Meetings give an in-depth presentation about plan and value added benefits and also give tips on helpful ways to utilize benefits to their fullest. Members can register on our website or by calling. Meetings held January through August 2016.

The screenshot displays the 'Member Center' page on a website. At the top, there is a navigation bar with links for 'NEW TO MEDICARE', 'CHOOSING THE RIGHT PLAN', 'PROVIDERS', 'MEMBER CENTER', and 'WELLNESS RESOURCES'. Below the navigation bar is a banner image of a smiling woman in a blue swim cap and goggles in a pool, with the text 'Member Center' overlaid. Underneath the banner is the tagline 'Simple. Affordable. Personal. Your Local Health Plan' and a green 'ENROLL NOW' button. A breadcrumb trail reads 'You are Here: Home > Member Center > Member Orientation Meetings'. The main content area is titled 'Member Orientation Meetings' and includes a 'Frequently Asked Questions' section, a 'Care Management' section, and a 'Forms & Tools' section. A detailed paragraph explains that members can join Soundpath Health for a FREE member orientation meeting to learn more about their benefits plan for the 2016 plan year, including plan changes, updates, premiums, and more. Below this is a table listing meetings by county, each with a 'SEE DETAIL' button.

County	SEE DETAIL
For Chelan and Douglas Meetings In-person member orientation meetings	SEE DETAIL
Grant County Meetings In-person member orientation meetings	SEE DETAIL
King County Meetings In-person member orientation meetings	SEE DETAIL
Lewis County Meetings In-person member orientation meetings	SEE DETAIL
Pierce County Meetings In-person member orientation meetings	SEE DETAIL
Snohomish County Meetings In-person member orientation meetings	SEE DETAIL

Beyond Healthcare Coverage

Access to Resources, Tools & Information

- **Online Wellness Center** - 400 resources and tools to assist with wellness and prevention
- **Engagement** - active Member Advisory Committee and member appreciation events
- **Local Access** - we live, and work in the same neighborhoods as our members



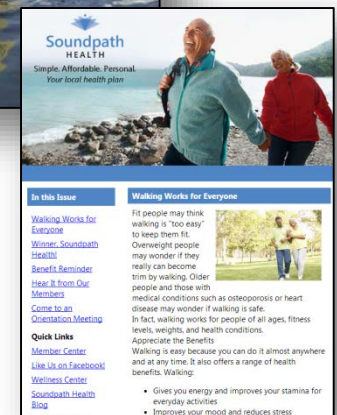
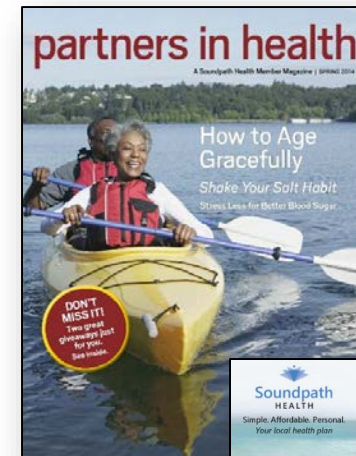
Education Material for Members

Partners In Health, Member Magazine

- Sent to members quarterly
- Won an international award for excellence in content and messaging

E-News- *Members Matter*

- Bi-monthly e-newsletter
- Filled with health and wellness articles
- Healthy recipes



Member Appreciation Events



ClearRiver Health

Chattanooga Lookouts
Baseball Game



HeartlandPlains Health

Lauritzen Botanical Garden



RiverLink Health

Cincinnati Zoo & Botanical Gardens



StableView Health

Keeneland Horse Arena



Soundpath Health

Rainier's Baseball
Game



Bellingham Bells
Baseball Game

Online Medicare Resources

- Explains the different parts of Medicare
 - Includes videos, tools and tips to help clients make informed health care decisions
- Offers a blog, e-newsletter *"Medicare Minute"* and other resources for continued education



Meetings at Senior Centers

- **New Community Flyers**
 - Ice Cream Social, Name That Tune and BINGO!



Games. Fun. Prizes!

BINGO!

Location:
Address:
Date:
Time:

Free community event. Light snacks and refreshments served.
We hope to see you there!

ClearRiver is an HMO plan with a Medicare contract. Enrollment in ClearRiver depends on contract renewal. Eligible for a free drawing and prizes with no obligation.

The flyer features the ClearRiver Health logo at the top right. The word 'BINGO!' is written in large, bold, blue letters. To the left of the text is a vertical stack of colorful bingo balls with numbers and letters. At the bottom, there are two larger bingo balls, one with '92 N' and another with '1 21'.



Free Community Event!

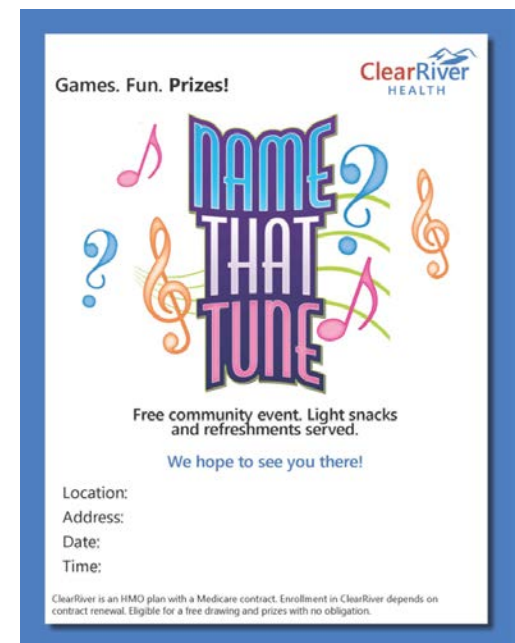
Ice Cream Social

ClearRiver Health will be serving up scoops & sprinkles of fun!
We hope to see you there!

Location:
Address:
Date:
Time:

ClearRiver is an HMO plan with a Medicare contract. Enrollment in ClearRiver depends on contract renewal.

The flyer features the ClearRiver Health logo at the top right. The title 'Ice Cream Social' is in a playful, rounded font. Below the title is a photograph of a glass bowl filled with vanilla ice cream, chocolate cookies, and colorful sprinkles.



Games. Fun. Prizes!

NAME THAT TUNE

Free community event. Light snacks and refreshments served.
We hope to see you there!

Location:
Address:
Date:
Time:

ClearRiver is an HMO plan with a Medicare contract. Enrollment in ClearRiver depends on contract renewal. Eligible for a free drawing and prizes with no obligation.

The flyer features the ClearRiver Health logo at the top right. The title 'NAME THAT TUNE' is written in a stylized, colorful font with musical notes and question marks around it. Below the title is the text 'Free community event. Light snacks and refreshments served. We hope to see you there!'. At the bottom, there are fields for 'Location:', 'Address:', 'Date:', and 'Time:'. A small disclaimer is at the very bottom.

Member Communications

Member Orientation Meetings

- Attendance
- Sharing Tools
 - Educational Brochures
 - Email Postcard (*Members Matter*)
 - Facebook
 - Remind them to visit our page
- Good Health Guide



ClearRiver HEALTH Would you like to receive more information via email?

Sign up today for our bi-monthly member e-newsletter:

Members Matter: Filled with health and wellness articles, tips about how to utilize your Medicare Advantage plan to the fullest, and reminders for member meetings and events.

Name: _____ Phone: _____

Address: _____

Email: _____

Are you currently a StableView Health Member? Y / N
Member ID # _____

ClearRiver Health will not share your personal information. You may opt out from receiving emails at anytime. ClearRiver Health is an HMO plan with a Medicare contract. Enrollment in ClearRiver Health depends on contract renewal.

Facebook & Twitter

Free Resources for Members!

- Tips on fitness and wellness
- Healthy recipes
- Event announcements
- Articles about our providers
- Helpful facts about Medicare and our Medicare Advantage plans
- You can LIKE us on Facebook too!

