

# A Family of Medicare Advantage Brands

## PROMINENCE Health



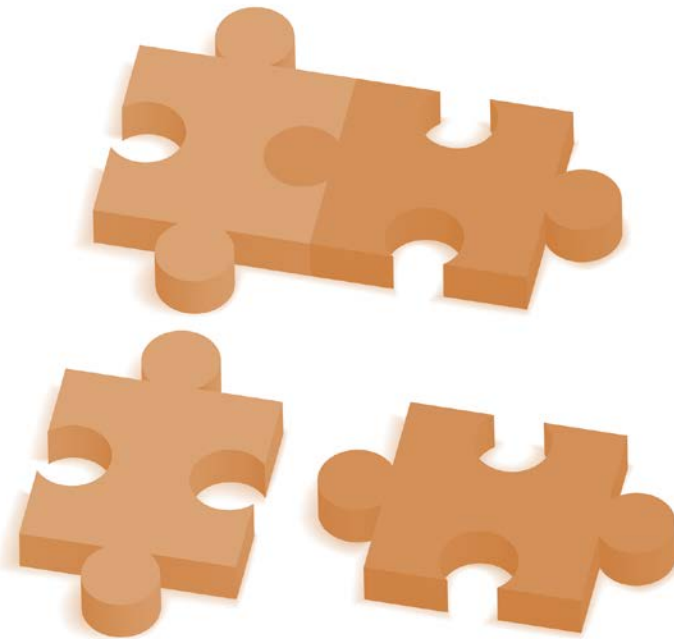
PROMINENCE Health

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# ClearRiver Health

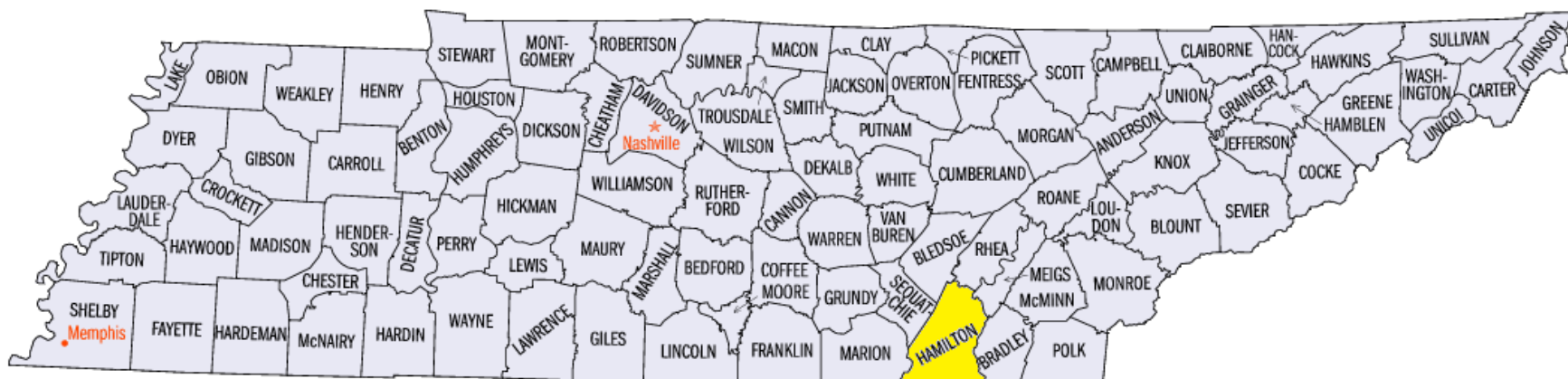
Chattanooga, TN



# ClearRiver Health Service Area

## Tennessee Counties Include:

- Hamilton County



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# ClearRiver Health Medicare Advantage Plan

Plan with Rx Coverage	Premium
Classic Plus Rx (HMO) Hamilton County	<b>\$0</b>

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# 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



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# CLASSIC Plus Rx

## Benefit Changes and Cost Sharing

Benefit	2015	2016
<b>Monthly Premium</b>	<b>\$0</b>	<b>\$0</b>
<b>Out of Pocket Maximum</b>	\$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.*
<b>Inpatient Hospital Care</b> (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
<b>Inpatient Hospital Mental Health</b> (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

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\* 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
<b>Skilled Nursing Facility</b> (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
<b>Emergency Care</b> (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)
<b>Urgently Needed Services</b> (This is NOT emergency care)	\$20 copay (not waived if admitted)	\$50 copay (not waived if admitted)
<b>Home Health Care</b> (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$0 copay	\$0 copay

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# CLASSIC Plus Rx

## Benefit Changes and Cost Sharing, cont...

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

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# CLASSIC Plus Rx

## Benefit Changes and Cost Sharing, cont...

Benefit	2015	2016
<b>Physical, Speech &amp; Language Therapy</b>	\$35 copay	\$20 copay
<b>Lab Services</b> (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
<b>Diagnostic Procedures &amp; Tests</b> (Per day)	20% coinsurance	20% coinsurance
<b>X-Rays</b> (Per day)	20% coinsurance	\$20 copay
<b>Diagnostic Radiology Services</b> (not including X-rays)	20% coinsurance	20% coinsurance
<b>Outpatient Hospital Services</b>	\$170 copay facility \$20 copay for O/P clinic	\$170 copay facility \$20 copay for O/P clinic

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# CLASSIC Plus Rx

## Benefit Changes and Cost Sharing, cont...

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Benefit	2015	2016
<b>Ambulatory Surgery Center</b>	\$120 copay	\$120 copay
<b>Outpatient Substance Abuse Services - Individual or Group</b>	\$40 copay	\$40 copay
<b>Ambulance Services</b> (Medically necessary)	\$200 copay; waived if admitted	\$245 copay; <b>not</b> waived if admitted
<b>Durable Medical Equipment</b> (Includes wheelchairs, oxygen, etc.)	0 - 20% coinsurance	20% coinsurance
<b>Prosthetic Devices</b> (Includes braces, artificial, etc.)	20% coinsurance	20% coinsurance
<b>Medical Supplies</b>	0 - 20% coinsurance	20% coinsurance
<b>Diabetes Monitoring Supplies &amp; Therapeutic Shoes or Inserts</b>	\$0 supplies/ 20% coinsurance shoes and inserts	\$0 supplies/ 20% coinsurance shoes and inserts*
<b>Chemotherapy Drugs &amp; Other Part B Covered Drugs</b>	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
<b>Dental-Preventive</b>	\$10 copay	\$10 copay
<b>Dental Services</b> (Medicare covered dental benefits)	\$25 copay	\$20 copay
<b>Eye Exams Medicare-covered eye exam</b>	\$0 copay glaucoma test \$20 copay	\$0 copay glaucoma test \$20 copay
<b>Eye Exams Supplemental</b> (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay	\$0 copay
<b>Eyewear</b> (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay	\$0 copay
<b>Eyewear Supplemental</b> (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable	\$25 copay \$120 per 24 months allowable

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# CLASSIC Plus Rx

## Benefit Changes and Cost Sharing, cont...

Benefit	2015	2016
<b>Hearing Exams</b> (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$20 copay	\$0 - \$20 copay
<b>Hearing Exams Supplemental</b> (One supplemental routine hearing exam every year: \$0 copay Hearing Care Solutions)	\$0 - \$20 copay	\$0 - \$20 copay
<b>Hearing Aids</b> (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	Not covered	\$0 copay
<b>Health Club Membership &amp; Fitness Benefit</b>	\$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.

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# 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