

A Family of Medicare Advantage Brands

PROMINENCE Health



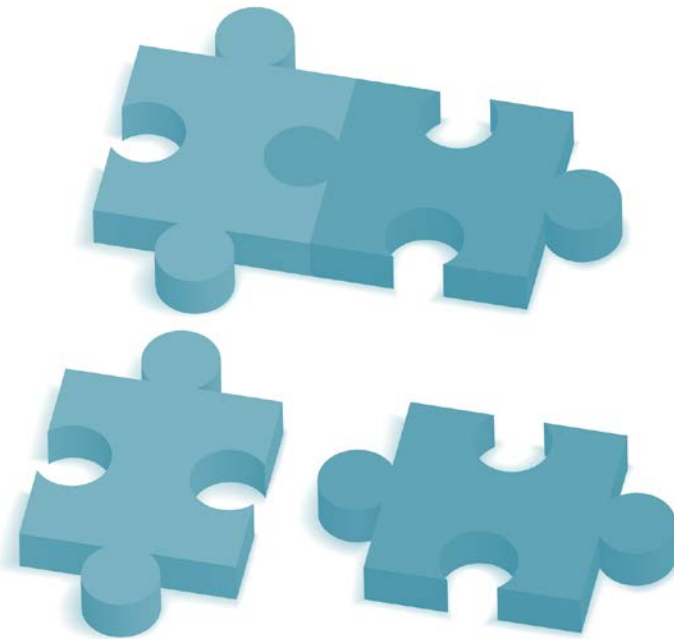
PROMINENCE Health

PENDING CMS APPROVAL

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HarvestPlains Health

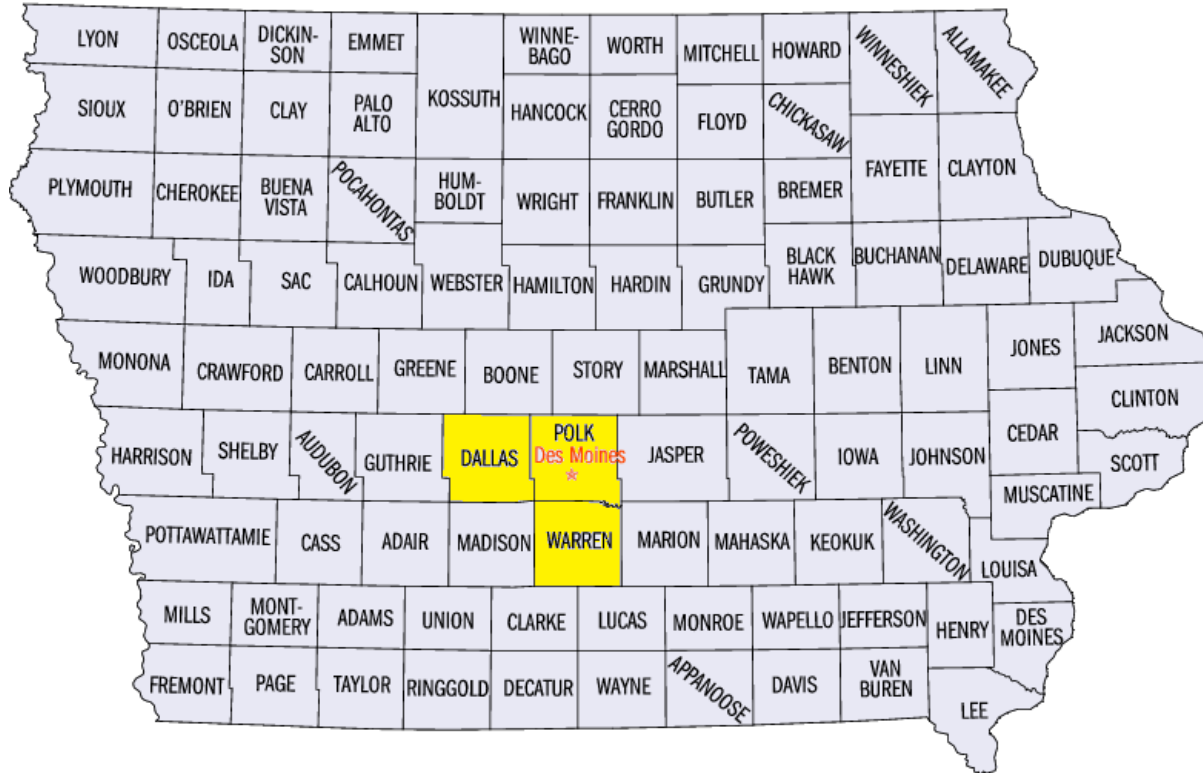
Des Moines, IA



HarvestPlains Health Plan Service Area

Iowa Counties Include:

- Dallas
- Polk
- Warren



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HarvestPlains Health Medicare Advantage Plan

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

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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.
Providers and facilities are subject to change



Classic Plus Rx (HMO)

WITH PRESCRIPTION DRUG COVERAGE



CLASSIC Plus Rx

Benefit Changes and Cost Sharing

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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...

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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

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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

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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

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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.

CLASSIC Plus Rx

Benefit Changes and Cost Sharing

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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