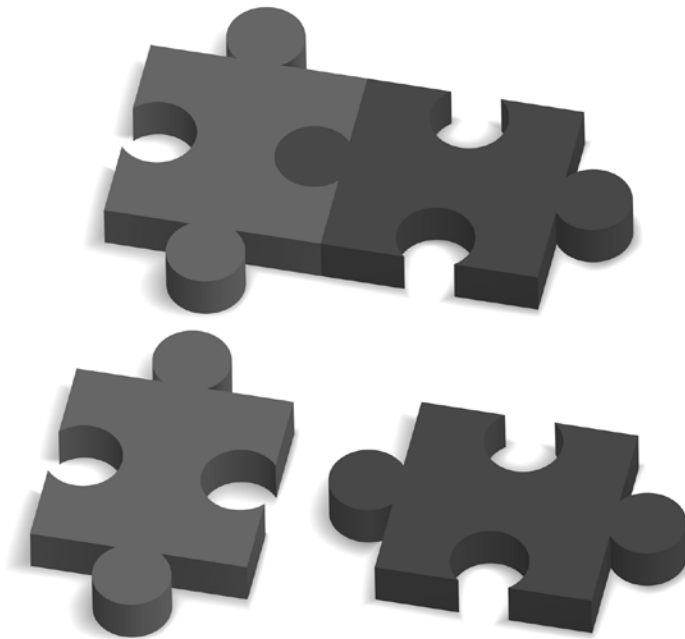


QualChoice Advantage

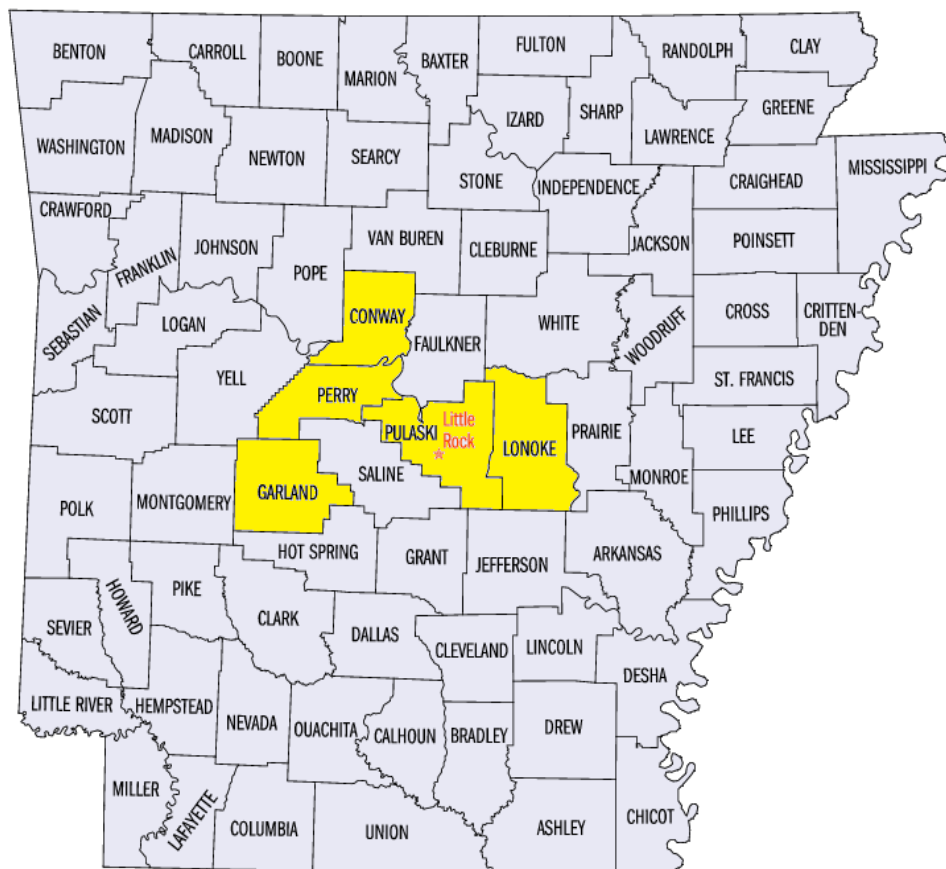
Little Rock, AR



QualChoice Medicare Advantage Plan Service Area

Arkansas Counties Include:

- Conway
- Garland
- Lonoke
- Perry
- Pulaski



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QualChoice Advantage Medicare Advantage Plan

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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



CLASSIC Plus Rx

Benefit Changes and Cost Sharing

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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

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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*

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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, 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



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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