

A Family of Medicare Advantage Brands

PROMINENCE Health



PROMINENCE Health

PENDING CMS APPROVAL

PENDING CMS APPROVAL

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

PENDING CMS APPROVAL

PENDING CMS APPROVAL

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

PENDING CMS APPROVAL

Soundpath Health Plans

Federal Way, WA

PENDING CMS APPROVA

Gloria H.
Soundpath Health Member
& Employee

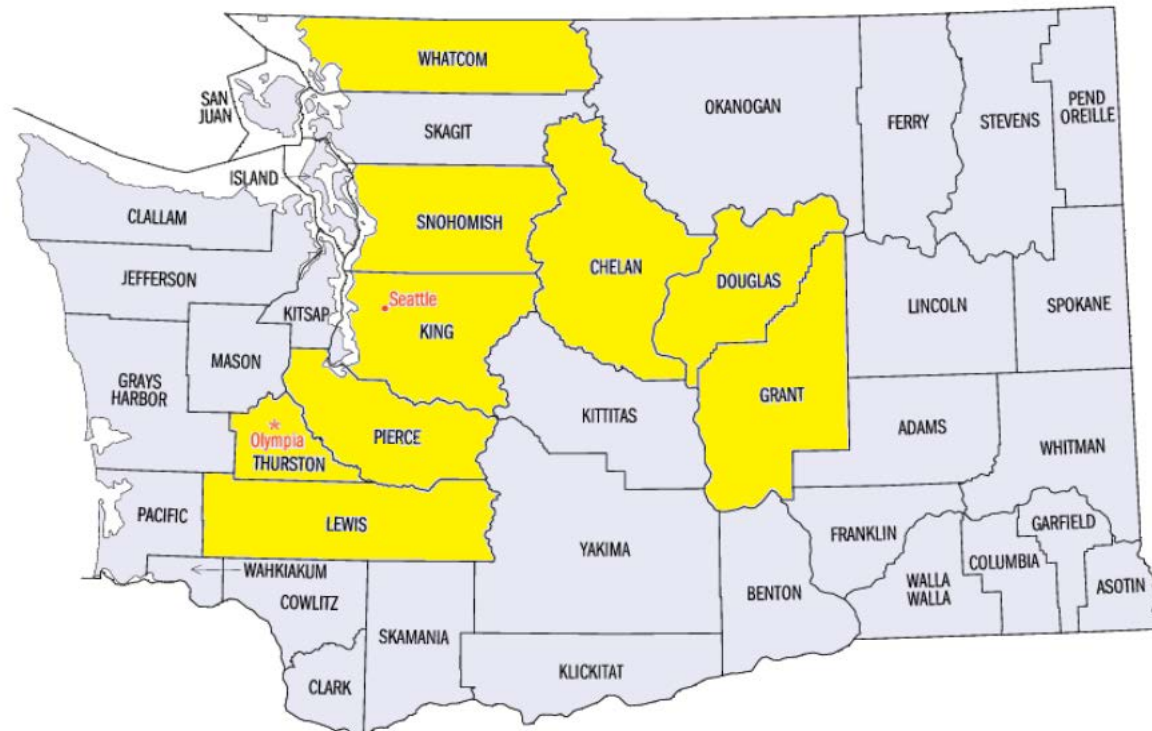


PROPRIETARY AND CONFIDENTIAL. FMO RECRUITING ONLY. NOT FOR DISTRIBUTION

Soundpath Health Service Area

Washington Counties Include:

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



PENDING CMS APPROVAL

PENDING CMS APPROVAL

Soundpath Health Medicare Advantage Plans

PENDING CMS APPROVAL

PENDING CMS APPROVAL

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

PENDING CMS APPROVAL

PENDING CMS APPROVAL



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

PENDING CMS APPROVAL



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...

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

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

PENDING CMS APPROVAL

Peak + Rx Benefits, cont...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

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

PENDING CMS APPROVAL

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...

PENDING CMS APPROVAL

PENDING CMS APPROVAL

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

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

PENDING CMS APPROVAL

* 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...

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	\$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

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

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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

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