

## D-SNP

2017 Benefit <small>12/28/16</small>	Medicare Assured Diamond (Full MA)	Medicare Assured Ruby (Partial)
Premium	\$0	PA: \$0 - <b>\$39.40</b> OH: \$0 - <b>\$32.30</b> NC: \$0 - <b>\$31.30</b> KY: \$0 - <b>\$32.00</b> Monthly plan premium. Premiums and RX copay may vary based on the level of extra help
Deductible	\$0	Part D \$0 - <b>\$82</b>
Eligibility	Part A & B of Medicare. Receiving Full Medicaid. Live within the service area. No ESRD	Part A & B of Medicare. Receiving assistance from the state. Live within the service area. No ESRD
MOOP	\$3,400 out-of-pocket limit for Medicare-covered services	\$6,700 out-of-pocket limit for Medicare-covered services
Inpatient Hospital Care	Days 1-90 \$0 copay	Days 1 - 5: \$275 copay per day
Inpatient Mental Health Care	Days 1-150 \$0 copay	Days 1 - 5: \$275 copay per day
Skilled Nursing Facility (SNF)	Days 1-100 \$0 copay per day	Days 1 - 20: \$0 copay per day Days 21 - 100: <b>\$164.50</b> copay per day
Home Health Care	\$0 copay for home health visits	\$0 copay for home health visits
Doctor Office Visits	\$0 copay for primary care doctor visit. \$0 copay for specialist visit	\$0 copay for primary care doctor visit. \$35 copay for specialist visit
Chiropractic Svc.	\$0 copay for Medicare covered chiropractic visits	\$20 copay for Medicare covered chiropractic visit
Podiatry Svc	\$0 copay for podiatry visits. Routine footcare 20% coinsurance.	\$35 copay for podiatry visit. \$35 copay for routine footcare
Outpatient Mental Health Care	\$0 copay for individual or group therapy visit	\$35 copay for individual or group therapy visit
Outpatient Substance Abuse Care	\$0 copay pay for individual or group substance abuse outpatient treatment visits	\$35 copay for individual or group therapy visit
Outpatient Surgery	\$0 copay for ambulatory surgical center or outpatient hospital facility visit	\$200 copay for ambulatory surgical center or outpatient hospital \$275 outpatient observation care
Ambulance Services	\$0 copay for ambulance benefits	\$200 copay for ambulance benefits
Emergency Care (ER)	\$0 copay for Medicare-covered emergency room visits	\$75 copay for Medicare-covered emergency room visits
Urgently Needed Care	\$0 copay for urgently-needed-care visits	\$45 copay for urgently-needed-care visits
Outpatient Rehabilitation Services	\$0 copay for Occupational Therapy, Physical Therapy, Speech Therapy visits	\$35 Copay for Occupational Therapy, Physical Therapy, Speech Therapy visits
Durable Medical Equipment	\$0 copay for durable medical equipment (DME)	20% of the cost for durable medical equipment DME
Prosthetic Devices	\$0 copay for prosthetic devices	20% of the cost for prosthetic devices
Diabetes Programs and Supplies	\$0 copay for diabetes self-management training, monitoring supplies, therapeutic shoes or inserts	\$0 copay for diabetes self-management training, 20% of the cost for monitoring supplies, therapeutic shoes or inserts
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	\$0 copay for lab services	\$0 copay for lab services
	\$0 copay for diagnostic procedures and tests	\$0 copay for diagnostic procedures and tests
	\$0 copay for X-rays	\$35 copay for X-rays
	\$0 copay for diagnostic radiology services (not including X-rays)	\$35 for general diagnostic radiology services
		\$100 complex diagnostic radiology services in a physicians office
\$0 copay for therapeutic radiology services.	\$175 copay for complex diagnostic radiology services	
Cardiac and Pulmonary Rehabilitation Services	\$0 copay for Cardiac Rehabilitation services	\$60 copay for therapeutic radiology services. \$35 copay for Cardiac Rehabilitation services

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Preventive Services, Wellness/Education and other Supplemental Benefit Programs	\$0 copay for all preventive services covered under Original Medicare at \$0 sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by original Medicare.	\$0 copay for all preventive services covered under Original Medicare at \$0 sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by original Medicare.
Kidney Disease and Conditions	\$0 copay for renal dialysis	20% of the cost for renal dialysis
Drugs covered under Medicare Part B	\$0 copay for Part B chemotherapy drugs and other Part-B drugs	20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs
Initial Coverage Limit	<b>\$3,700</b>	<b>\$3,700</b>
Formulary Tier Details - Retail Pharmacy <i>RX co-pays may vary based on the level of Extra Help (LIS) (See LIS copay chart)</i>	30 days Copay Level 1 \$3.30/ \$8.25 Copay Level 2 \$1.20/ \$3.70 Copay Level 3 \$0	30 days Copay Level 1 \$3.30 / \$8.25 Copay Level 2 \$1.20 / \$3.70 Copay Level 3 \$0 Copay Level 4 \$82 Deductible then 15%
Mail Order Rx	Not available	Not available
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach <b>\$4,950</b> , you pay a \$0 copay	After your yearly out-of-pocket drug costs reach <b>\$4,950</b> , you pay: -5% coinsurance, or - <b>\$3.30</b> copay for generic (including brand drugs treated as generic) or <i>whichever is larger</i>
Dental Services	\$0 copay for the following preventive dental benefits: 1 oral exam, cleaning, dental x-ray every six months	\$0 copay for the following preventive dental benefits: 1 oral exam, cleaning, dental x-ray every six months
	<b>PA- \$1000 total dental benefits every two years. KY, NC, OH - \$500 total dental benefit every two years</b>	Not covered
Dentures	<b>inclusive of \$500</b> towards dentures every five years.	Not covered
Hearing Services	\$0 copay for diagnostic hearing exams	\$0 copay for diagnostic hearing exams
	\$0 copay for supplemental routine hearing exam	\$0 copay for supplemental routine hearing exam
	\$0 copay for hearing aids \$750 plan coverage limit for hearing aids every two years.	\$0 copay for hearing aids \$750 plan coverage limit for hearing aids every two years. (applies to both ears combined)
Vision Services	\$0 copay for up to one supplemental routine eye exam(s) every three months	\$0 copay for up to one supplemental routine eye exam(s) every three months
	Up to \$100 every year for contact lenses or eyeglasses (frames and lenses).	Up to \$100 every year for contact lenses or eyeglasses (frames and lenses)
Over-the-Counter Items (no cough/cold)	<b>PA - \$120 per Qtr      OH - \$120 per Qtr NC - \$110 per Qtr      KY - \$100 Per Qtr</b>	<b>PA - \$60 per Qtr      OH - \$50 per Qtr NC - \$25 per Qtr      KY - \$15 per Qtr</b>
Transportation	\$0 copay for up to <b>36</b> one-way trip(s) to plan-approved location every year	\$0 copay for up to <b>24</b> one-way trip(s) to plan-approved location every year
Health Club Membership/Fitness Classes	\$0 copay for health club membership/fitness classes	\$0 copay for health club membership/fitness classes
Incentives Reward Program	Member incentives for completing preventative screenings	Member incentives for completing preventative screenings
Meals	<b>Up to 14 meals</b>	Not covered
Lifeline (Medical Alert Response System)	<b>PA, OH - covered NC, KY - Not covered</b>	Not covered

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