

MAPD

| 2017 Benefit <small>12/28/16</small> | Medicare Assured Select - PA Only | Medicare Assured Select - KY, NC, OH | Medicare Assured Prime |
|--|--|--|---|
| Premium | \$0 monthly plan premium. Premiums and RX co-pay may vary based on the level of extra help | \$0 monthly plan premium. Premiums and RX co-pay may vary based on the level of extra help | PA: not offered OH: \$59.70 - \$92.00 NC: \$60.60 - \$92.00 KY: \$59.90 - \$92.00 Monthly plan premium. Premiums and RX co-pay may vary based on the level of extra help |
| Deductible | \$400 Part D Excludes Tiers 1 & 2 | \$200 Part D Excludes Tiers 1 & 2 | Part D \$250 Excludes Tiers 1 & 2 |
| Eligibility | Part A & B of Medicare. Live within the service area; Buck, Delaware or Philadelphia counties only. No ESRD | Part A & B of Medicare. Live within the service area. No ESRD | Part A & B of Medicare. Live within the service area. No ESRD |
| MOOP | \$6,700 out-of-pocket limit for Medicare-covered services | \$6,700 out-of-pocket limit for Medicare-covered services | \$6,700 out-of-pocket limit for Medicare-covered services |
| Inpatient Hospital Care | Days 1 - 6: \$300 copay per day | Days 1 - 5: \$350 copay per day | Days 1 - 5: \$200 copay per day |
| Inpatient Mental Health Care | Days 1 - 6: \$265 copay per day | Days 1 - 5: \$310 copay per day | Days 1 - 5: \$200 copay per day |
| Skilled Nursing Facility (SNF) | Days 1 - 20: \$0 copay per day | Days 1 - 20: \$0 copay per day | Days 1 - 20: \$0 copay per day |
| | Days 21 - 100: \$164.50 copay per day | Days 21 - 100: \$164.50 copay per day | Days 21 - 100: \$164.50 copay per day |
| Home Health Care | \$0 copay for home health visits | \$0 copay for home health visits | \$0 copay for home health visits |
| Doctor Office Visits | \$0 copay for PCP visit. | \$0 copay for PCP visit. | \$0 copay for PCP visit. |
| | \$50 copay for specialist visit. | \$40 copay for specialist visit. | \$25 copay for specialist visit. |
| Chiropractic Services | \$20 copay for Medicare-covered | \$20 copay for Medicare-covered | \$20 copay for Medicare-covered |
| Podiatry Services | \$50 copay for each for podiatry visit | \$50 copay for each for podiatry visit | \$25 copay for each for podiatry visit |
| Outpatient Mental Health Care | \$40 copay for individual or group therapy visit | \$40 copay for individual or group therapy visit | \$25 copay for individual or group therapy visit |
| Outpatient Substance Abuse Care | \$40 copay for individual or group substance abuse outpatient treatment visits | \$40 copay for individual or group substance abuse outpatient treatment visits | \$25 copay for individual or group substance abuse outpatient treatment visits |
| Outpatient Surgery | \$300 copay for ambulatory surgical center or outpatient hospital visit | \$200 copay for ambulatory surgical center or outpatient hospital visit | \$150 copay for ambulatory surgical center or outpatient hospital visit |
| | \$300 outpatient hospital observation care | \$350 outpatient hospital observation care | \$200 outpatient hospital observation care |
| Ambulance Services | \$175 copay for ambulance benefits | \$200 copay for ambulance benefits | \$150 copay for ambulance benefits |
| Emergency Care | \$75 copay for Medicare-covered emergency room visits | \$75 copay for Medicare-covered emergency room visits | \$75 copay for Medicare-covered emergency room visits |
| Urgently Needed Care | \$40 copay urgently-needed-care visits | \$45 copay urgently-needed-care visits | \$25 copay for urgently-needed-care |
| Outpatient Rehabilitation Services | \$40 copay for Occupational Therapy, Physical Therapy, Speech Therapy | \$40 copay for Occupational Therapy, Physical Therapy, Speech Therapy visits | \$25 copay for Occupational Therapy, Physical Therapy, Speech Therapy visits |
| Durable Medical Equipment | 20% of the cost for DME | 15% of the cost for DME | 20% of the cost for DME |
| Prosthetic Devices | 20% of the cost for prosthetic devices | 15% of the cost for prosthetic devices | 20% of the cost for prosthetic devices |
| Diabetes Programs and Supplies | \$0 copay for diabetes self-management training, 20% coinsurance for Medicare covered diabetes monitoring supplies, therapeutic shoes or inserts | \$0 copay for diabetes self-management training, 20% coinsurance for Medicare covered diabetes monitoring supplies, therapeutic shoes or inserts | \$0 copay for diabetes self-management training, 20% coinsurance for Medicare covered diabetes 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 lab services |
| | \$0 copay for diagnostic procedures and tests | \$0 copay for diagnostic procedures and tests | \$0 copay for diagnostic procedures and tests |
| | \$20 copay for X-rays | \$75 copay for X-rays | \$25 copay for X-rays |
| | \$25 copay for general diagnostic radiology services | \$75 copay for general diagnostic radiology services | \$25 copay for general diagnostic radiology services |
| | \$25 complex diagnostic radiology services | 20% complex diagnostic radiology services | \$100 complex diagnostic radiology services in a physicians office \$150 copay for complex diagnostic radiology services in an outpatient facility |
| | \$60 copay for therapeutic radiology services. | 20% copay for therapeutic radiology services. | \$60 copay for therapeutic radiology services. |

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|---|--|---|---|---------|---------|--------|------|------|------|--------|-------|-------|-------|--------|-------|-------|--------|--------|--------|--------|--------|--------|-----|--|--|-------------------------------|--|--|--|--|--|--------|---------|---------|--------|------|------|------|--------|-------|-------|-------|--------|-------|-------|--------|--------|-------|--------|--------|--------|-----|--|--|-------------------------------|--|--|--|--|--|--------|---------|---------|--------|------|------|------|--------|-------|-------|-------|--------|-------|-------|--------|--------|-------|--------|--------|--------|-----|--|--|-------------------------------|--|--|--|
| Cardiac Rehabilitation Services | \$40 copay Cardiac Rehabilitation services | \$35 copay Cardiac Rehabilitation services | \$25 copay Cardiac Rehabilitation services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | \$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 | 20% of the cost for Medicare-covered renal dialysis | 20% of the cost for Medicare-covered renal dialysis | 20% of the cost for Medicare-covered renal dialysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drugs covered under Medicare Part B | 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs | 20% of the cost for Medicare 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 | \$3,700 | \$3,700 | \$3,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Formulary Tier Details - Retail Pharmacy <i>RX co-pays may vary based on the level of Extra Help (LIS) (See LIS copay chart)</i> | <table border="1"> <thead> <tr> <th></th> <th>30 days</th> <th>60 days</th> <th>90 days</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> <tr> <td>Tier 2</td> <td>\$ 15</td> <td>\$ 30</td> <td>\$ 60</td> </tr> <tr> <td>Tier 3</td> <td>\$ 47</td> <td>\$ 94</td> <td>\$ 141</td> </tr> <tr> <td>Tier 4</td> <td>\$ 100</td> <td>\$ 200</td> <td>\$ 300</td> </tr> <tr> <td>Tier 5</td> <td colspan="3">25%</td> </tr> <tr> <td colspan="4">\$0 deductible on Tiers 1 & 2</td> </tr> </tbody> </table> | | 30 days | 60 days | 90 days | Tier 1 | \$ - | \$ - | \$ - | Tier 2 | \$ 15 | \$ 30 | \$ 60 | Tier 3 | \$ 47 | \$ 94 | \$ 141 | Tier 4 | \$ 100 | \$ 200 | \$ 300 | Tier 5 | 25% | | | \$0 deductible on Tiers 1 & 2 | | | | <table border="1"> <thead> <tr> <th></th> <th>30days</th> <th>60 days</th> <th>90 days</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td>\$ 3</td> <td>\$ 6</td> <td>\$ 9</td> </tr> <tr> <td>Tier 2</td> <td>\$ 16</td> <td>\$ 32</td> <td>\$ 48</td> </tr> <tr> <td>Tier 3</td> <td>\$ 45</td> <td>\$ 90</td> <td>\$ 135</td> </tr> <tr> <td>Tier 4</td> <td>\$ 95</td> <td>\$ 190</td> <td>\$ 285</td> </tr> <tr> <td>Tier 5</td> <td colspan="3">29%</td> </tr> <tr> <td colspan="4">\$0 deductible on Tiers 1 & 2</td> </tr> </tbody> </table> | | 30days | 60 days | 90 days | Tier 1 | \$ 3 | \$ 6 | \$ 9 | Tier 2 | \$ 16 | \$ 32 | \$ 48 | Tier 3 | \$ 45 | \$ 90 | \$ 135 | Tier 4 | \$ 95 | \$ 190 | \$ 285 | Tier 5 | 29% | | | \$0 deductible on Tiers 1 & 2 | | | | <table border="1"> <thead> <tr> <th></th> <th>30days</th> <th>60 days</th> <th>90 days</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> <tr> <td>Tier 2</td> <td>\$ 20</td> <td>\$ 40</td> <td>\$ 60</td> </tr> <tr> <td>Tier 3</td> <td>\$ 45</td> <td>\$ 90</td> <td>\$ 135</td> </tr> <tr> <td>Tier 4</td> <td>\$ 95</td> <td>\$ 190</td> <td>\$ 285</td> </tr> <tr> <td>Tier 5</td> <td colspan="3">28%</td> </tr> <tr> <td colspan="4">\$0 deductible on Tiers 1 & 2</td> </tr> </tbody> </table> | | 30days | 60 days | 90 days | Tier 1 | \$ - | \$ - | \$ - | Tier 2 | \$ 20 | \$ 40 | \$ 60 | Tier 3 | \$ 45 | \$ 90 | \$ 135 | Tier 4 | \$ 95 | \$ 190 | \$ 285 | Tier 5 | 28% | | | \$0 deductible on Tiers 1 & 2 | | | |
| | 30 days | 60 days | 90 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 | \$ - | \$ - | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 | \$ 15 | \$ 30 | \$ 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 | \$ 47 | \$ 94 | \$ 141 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 | \$ 100 | \$ 200 | \$ 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$0 deductible on Tiers 1 & 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30days | 60 days | 90 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 | \$ 3 | \$ 6 | \$ 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 | \$ 16 | \$ 32 | \$ 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 | \$ 45 | \$ 90 | \$ 135 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 | \$ 95 | \$ 190 | \$ 285 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 | 29% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$0 deductible on Tiers 1 & 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30days | 60 days | 90 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 | \$ - | \$ - | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 | \$ 20 | \$ 40 | \$ 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 | \$ 45 | \$ 90 | \$ 135 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 | \$ 95 | \$ 190 | \$ 285 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 | 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$0 deductible on Tiers 1 & 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mail Order Rx | 90-day supply \$9/\$48/\$135/\$300 | Three times retail copay (90 day) except Tier 5 | Three times retail copay (90 day) except Tier 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Catastrophic Coverage | After your yearly out-of-pocket drug costs reach \$4,950, you pay: -5% coinsurance, or - \$3.30 copay for generic (including brand drugs treated as generic) or - \$8.25 copay for all other drugs <i>whichever is larger</i> | After your yearly out-of-pocket drug costs reach \$4,950 , you pay: -5% coinsurance, or - \$3.30 copay for generic (including brand drugs treated as generic) or - \$8.25 copay for all other drugs <i>whichever is larger</i> | After your yearly out-of-pocket drug costs reach \$4,950 , you pay: -5% coinsurance, or - \$3.30 copay for generic (including brand drugs treated as generic) or - \$8.25 copay for all other drugs <i>whichever is larger</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dental Services | \$0 copay for the following preventive dental benefits: 1 oral exam, cleaning, dental x-ray every six No comprehensive coverage | \$0 copay for the following preventive dental benefits: 1 oral exam, cleaning, dental x-ray every six No comprehensive coverage | \$0 copay for the following preventive dental benefits: 1 oral exam, cleaning, dental x-ray every six \$1000 total dental benefit every 2 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dentures | \$500 towards dentures only every five years. | \$500 towards dentures only every five years. | Inclusive of \$500 towards dentures every five years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hearing Services | \$50 copay for diagnostic hearing Routine hearing exam not covered Hearing aids Not covered | \$50 copay for diagnostic hearing \$50 copay for supplemental routine hearing exam \$0 copay for hearing aids \$1,000 plan coverage limit for hearing aids every two years. | \$25 copay for diagnostic hearing \$25 copay for supplemental routine hearing exam \$0 copay for hearing aids \$1,000 plan coverage limit for hearing aids every two years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision Services | Not covered Not covered | \$0 copay for up to one supplemental routine eye exam(s) every year Our plan pays up to \$225 every year for contact lenses or eyeglasses (frames and lenses) | \$0 copay for up to one supplemental routine eye exam(s) every year Our plan pays up to \$150 every year for contact lenses or eyeglasses (frames and lenses) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Over-the-Counter Items | Not covered | \$105 per quarter with rollover | \$25 per quarter with rollover | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transportation | Not covered | Not covered | Not covered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Club Membership/Fitness Classes | \$0 copay for 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 | Member incentives for completing preventative screenings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meals | Not covered | Up to 14 meals | Not covered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lifeline (Medical Alert Response System) | Not covered | Covered | Not covered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |