

## ConnectiCare VIP Medicare Plans

Medical Plans	Prime 1	Prime 3
<b>Monthly Premium</b> Plus Medicare Part B Premium	\$0	\$109
<b>Annual Deductible</b>	NO	NO
<b>Prescription Drug Coverage</b>	YES	YES
<b>Primary Care Physician Office Visit</b>	\$15	\$10
<b>Specialist Physician Office Visit</b>	\$30	\$25
<b>Routine Annual Physical Exam</b>	\$0	\$0
<b>Preventive Immunizations &amp; Screenings*</b>	\$0	\$0
<b>Lab Services &amp; Diagnostic Tests and Procedures</b>	\$0	\$0
<b>Routine Annual Vision &amp; Hearing Exams</b>	\$30	\$25
<b>Outpatient Surgery/ Services**</b>	\$175 \$0**	\$125 \$0**
<b>Ambulance Services</b>	\$150	\$150
<b>Urgent Care</b>	\$30	\$25
<b>Emergency Care</b> \$50,000 limit for services outside of the U.S.	\$50	\$50
<b>Inpatient Hospital Care</b> Daily Copayment	\$250 each day Days 1-7 \$0 each day Days 8 and beyond	\$200 each day Days 1-7 \$0 each day Days 8 and beyond
<b>Annual Out-of-Pocket Limit</b>	\$4,900	\$2,900

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

## Preventive and Comprehensive Dental Plan

<b>MONTHLY PREMIUM</b>	<b>\$18</b>
<b>DENTAL COVERAGE:</b>	
Calendar Year Deductible	<b>\$0</b>
Calendar Year Maximum	<b>\$1,000</b>
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Oral Exams</li> <li>• Cleanings – up to two per year</li> </ul>	<b>Covered at 100%</b>
<b>General Services</b> <ul style="list-style-type: none"> <li>• Diagnostics</li> <li>• X-Rays</li> <li>• Restorative (for example, fillings)</li> <li>• Denture Adjustments</li> </ul>	<b>Covered at 100%</b>
<b>Major Services*</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Dentures and Bridgework</li> <li>• Oral Surgery</li> <li>• Bony Impactions</li> </ul>	<b>Covered at 50%</b>

\*Orthodontics not covered.

With our Supplemental Dental Plan, you'll enjoy greater savings when you receive care from one of our many participating dental providers.

You can also receive care from a dental provider outside of our network. However, if you do receive care from a non-participating dental provider, you may be billed the difference between the participating provider rate and the rate charged by your dental provider.

For full information on our Supplemental Dental Plan, call us toll-free at 1-877-224-8220, Monday through Friday from 8:00 a.m. – 8:00 p.m. (TTY/TDD users: 1-800-842-9710).  
Extended hours 11/15 – 3/1, 8:00 a.m. – 8:00 p.m., seven days a week.

Dental benefits are underwritten by ConnectiCare, Inc., and administered through BeneCare Dental Plans. BeneCare is an experienced, respected dental plan administrator. You can expect a strong commitment to service, along with technologies designed to deliver fast, accurate claims handling and smooth administration.

# Prescription Drug Coverage

## Prime 1 & Option 3 Plans

Drug Coverage	Preferred Pharmacy & Mail Order			Non-Preferred Pharmacy		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
<b>Annual Deductible for Tier 2, Tier 3, and Tier 4 Drugs</b>	<b>ANNUAL DEDUCTIBLE: \$150 (TIER 1 DRUGS ARE EXEMPT)</b>					
<b>Initial Coverage Limit</b> Total drug cost paid by member and plan	<b>THE INITIAL COVERAGE LIMIT IS <u>\$2,840</u></b>					
<b>Tier 1:</b> Preferred Generic Drugs Copay	<b>\$10</b>	<b>\$20 ↔ \$20</b>		<b>\$10</b>	<b>\$20</b>	<b>\$30</b>
<b>Tier 2:</b> Preferred Brand Drugs Copay	<b>\$40</b>	<b>\$80 ↔ \$80</b>		<b>\$40</b>	<b>\$80</b>	<b>\$120</b>
<b>Tier 3:</b> Non-Preferred Generic and Non-Preferred Brand Drugs Copay	<b>\$80</b>	<b>\$160 ↔ \$160</b>		<b>\$80</b>	<b>\$160</b>	<b>\$240</b>
<b>Tier 4:</b> Specialty Drugs Coinsurance	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>
<b>Coverage Through Gap:</b> Generic Drugs	<b>93%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>
Brand Drugs - Discount*	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Catastrophic Drug Coverage</b> After your costs exceed \$4,550 Generic and Preferred Brand Drugs	<b>The greater of: a \$2.50 copay for generic drugs (including drugs treated as generic), or 5% coinsurance</b>					
All Other Drugs	<b>The greater of: a \$6.30 copay for all other drugs, or 5% coinsurance</b>					

↔ Preferred Pharmacy/Mail Order Benefits – For all of our VIP Medicare Plans that include Prescription Drug Coverage, you will be able to get a 90-day supply of most prescription drugs at a Preferred Pharmacy or by Mail-Order for the same price as a 60-day supply of the same prescription drug.

\* The Centers for Medicare & Medicaid Services (CMS) has entered into an agreement with pharmaceutical manufacturers to provide a discount on applicable brand name drugs during the Coverage Gap. Please Note: Not all brand name drugs may qualify for this discount. In addition, if you are receiving Extra Help from Medicare you may not qualify for this discount.