

Tennessee



Tennessee Market Highlights



Our *HMO is expanding into 11 counties that are DSNP-only in 2019*. HMO and DSNP will be offered in all major Tennessee markets (92 out of 95 counties)



Adding a new Flexible Benefit package, where members may chose one of seven options. Also launching a new HMO plan designed to appeal to beneficiaries with LIS who do not qualify for the DSNP plan




On ALL plans except DSNP & LIS, *adding 90 day coverage at \$0 for Tiers 1 & 6 and 2x the 30 supply for Tiers 2-4* through both retail pharmacies and by mail-order

Products	Plan-PBP #	Premium	Counties	Comments
HMO	H2593-022	\$0	53	Chattanooga, Clarksville, Cleveland, Jackson, Knoxville, Memphis, Morristown, and Nashville
HMO	H2593-023	\$0	39	Chattanooga, Cleveland, Johnson City, Kingsport-Bristol, Knoxville, Morristown, and Nashville
HMO	H2593-024	\$0	1	Memphis (Shelby County), focused on CareMore clinics
HMO	H2593-025	\$0	92	LIS plan covering all major markets
DSNP	H2593-021	\$0	92	Duals plan

Tennessee 2019 Service Area

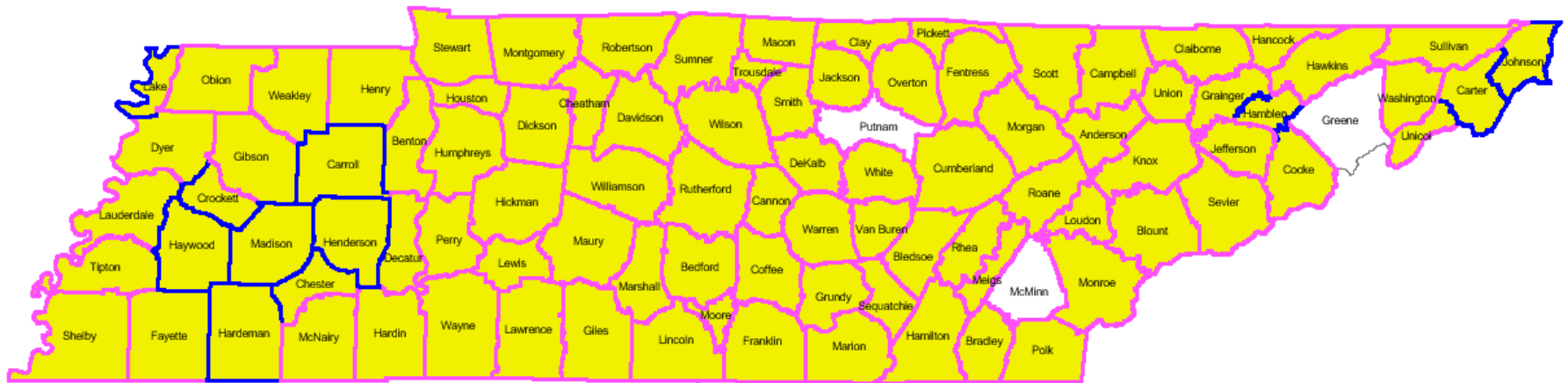
2019 MA Service Area

 HMO, DSNP, LIS Focused

2019 YOY SA Changes

 New HMO, LIS Focused

 New LIS Focused





Tennessee 2019 Plan Highlights

	Amerivantage Classic (HMO) H7200-007 H2593-022	Amerivantage Classic (HMO) H7200-013 H2593-023
Service Area	Benton, Cannon, Carroll , Cheatham, Chester , Claiborne, Clay, Crockett , Davidson, Decatur, De Kalb, Dickson, Dyer, Fayette, Fentress, Gibson, Giles, Hamilton, Hardeman , Hardin, Haywood , Henderson , Henry, Hickman, Houston, Jackson, Jefferson, Knox, Lawrence, Lewis, Lincoln, McNairy, Macon, Madison , Marshall, Maury, Meigs, Montgomery, Overton, Perry, Polk, Robertson, Rutherford, Shelby, Stewart, Sumner, Tipton, Van Buren, Warren, Wayne, White, Williamson, Wilson	Anderson, Bedford, Bledsoe, Blount, Bradley, Campbell, Carter , Cocke, Coffee, Cumberland, Franklin, Grainger, Grundy, Hamblen , Hancock, Hawkins, Humphreys, Johnson , Lake , Lauderdale, Loudon, Marion, Monroe, Moore, Morgan, Obion, Pickett, Rhea, Roane, Scott, Sequatchie, Sevier, Smith, Sullivan, Trousdale, Unicoi, Union, Washington, Weakley
Monthly Premium	\$0	
Max Out-of-Pocket	\$4,900	
Primary Care Physician	\$0	
Specialist	\$35	
Inpatient Hospital	\$295 (6 days)	\$295 (6 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$2 / \$8 / \$42 / \$95 / 33% / \$0 90 day mail-order savings on certain tiers	
Rx Deductible	\$0	

Tennessee 2019 Plan Highlights

	Amerivantage Classic (HMO) H7200-007 H2593-022	Amerivantage Classic (HMO) H7200-013 H2593-023
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)	
Outpatient Surgery Hospital	\$285 copay	
Ambulatory Surgical Center	\$225 copay	
Emergency Room	\$90 copay	
Ambulance	\$295 copay (Air Ambulance – 20% coinsurance)	
Urgent Care	\$30 copay	
Diagnostic Radiologic Procedures	\$130 copay (doctor office) \$150 copay (outpatient facility)	
Diagnostic Procedures/Tests	\$85 copay (doctor office) \$150 copay (outpatient facility)	
X-rays	\$50 copay (doctor office) \$110 copay (outpatient facility)	
Outpatient Lab	\$0 - \$10 copay	
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services. There is a \$90 copay for emergency and urgent care services.	



Tennessee 2019 Plan Highlights

	Amerivantage Classic (HMO) H7200-007 H2593-022	Amerivantage Classic (HMO) H7200-013 H2593-023
Routine Preventive Dental		\$0 copay for 2 oral exam(s) every year \$0 copay for 2 cleaning(s) every year 1 x-ray and 1 fluoride treatment every year
Routine Eye Exams		\$0 copay for 1 routine eye exam(s) every year
Routine Eye Wear		\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$150 limit for eye glasses or contact lenses every year
Routine Hearing Exams		\$0 copay for 1 routine hearing exam(s) every year
Hearing Aids		\$0 copay for hearing aids \$3,000 maximum plan benefit for hearing aids every year
Meals		10 days post-discharge meal benefit (2 per day)
Fitness		Covered (SilverSneakers®)
LiveHealth Online		Covered
Personal Emergency Response System (PERS)		Covered
Over the Counter (OTC)		\$150 per quarter
Routine Podiatry		\$0 copay (unlimited visits per year)
Medicare Community Resource Support		Covered
Flex Benefits		Covered

Tennessee 2019 Plan Highlights

	Amerivantage Plus (HMO) H7200-014 H2593-024
Service Area	Shelby
Monthly Premium	\$0
Max Out-of-Pocket	\$4,500
Primary Care Physician	\$0
Specialist	\$0 - \$35
Inpatient Hospital	\$295 (5 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$5 / \$42 / \$95 / 33% / \$0 90 day mail-order savings on certain tiers
Rx Deductible	\$0



Tennessee 2019 Plan Highlights

Amerivantage Plus (HMO) H7200-014 H2593-024	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)
Outpatient Surgery Hospital	\$275 copay
Ambulatory Surgical Center	\$225 copay
Emergency Room	\$90 copay
Ambulance	\$260 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$35 copay
Diagnostic Radiologic Procedures	\$130 - \$150 copay
Diagnostic Procedures/Tests	\$85 - \$150 copay
X-rays	\$50 - \$110 copay
Outpatient Lab	\$0 - \$10 copay
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services. There is a \$90 copay for emergency and urgent care services.



Tennessee 2019 Plan Highlights

	Amerivantage Plus (HMO) H7200-014 H2593-024
Routine Preventive Dental	\$0 copay for 2 oral exam(s) every year \$0 copay for 2 cleaning(s) every year 1 x-ray and 1 fluoride treatment every year
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year
Routine Eye Wear	\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$200 limit for eye glasses or contact lenses every year
Routine Hearing Exams	\$0 copay for 1 routine hearing exam(s) every year
Hearing Aids	\$0 copay for hearing aids. \$3,000 maximum plan benefit for hearing aids every year
Transportation Benefit	24 Trips
Meals	10 days post-discharge meal benefit (2 per day)
Fitness	Covered (SilverSneakers®)
Personal Emergency Response System (PERS)	Covered
LiveHealth Online	Covered
Over the Counter (OTC)	\$150 per quarter
Routine Podiatry	\$0 copay (unlimited visits per year)
Medicare Community Resource Support	Covered
Flex Benefits	Covered



Tennessee 2019 Plan Highlights

Amerivantage Dual Coordination (HMO SNP) H7200-006 H2593-021	
Service Area	All counties in TN except for Greene, McMinn, Putnam (no expansions)
Dental	2 Exams; 2 Cleanings, 1 x-ray; 1 fluoride treatment; \$3,000 Comprehensive
Vision	1 Exam; \$350 hardware limit per year
Hearing	1 hearing exam; \$3,000 hearing aid limit per year
Over the Counter (OTC)	\$300 per quarter
Routine Podiatry	\$0 copay (unlimited visits per year)
Meals	10 days post-discharge meal benefit (2 per day)
Personal Emergency Response System (PERS)	Covered
LiveHealth Online	Covered
Fitness	Covered (SilverSneakers®)
Transportation	48 one way trips
Medicare Community Resource Support	Covered
Flex Benefits	Covered

Tennessee 2019 Plan Highlights

Amerivantage LIS (HMO) H2593-025

Service Area
Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, De Kalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Mc Nairy, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson

WITH MEDICARE AND					
LIS Eligibility	No LIS, You Pay	100% Subsidy, LIS 3 You Pay	75% Subsidy, LIS 2 You Pay	50% Subsidy, LIS 1 You Pay	25% Subsidy, LIS 4 You Pay
Monthly Premium	\$28.30	\$0	\$7.08	\$14.15	\$21.23
Max Out-of-Pocket	\$6,700				
Primary Care Physician	\$0 copay				
Specialist	\$40 copay				
Inpatient Hospital	\$260 (6 days)				
Rx Copays (preferred cost shares) T1 / T2/ T3/ T4/ T5/ T6	\$0 / \$4 / \$47 / \$95 / 25% / \$0	Tier 1 & 2 - \$0 Tier 3, 4, 5, & 6 - \$0	Tier 1 & 6 - \$0 Tier 2 - \$1.25 Tier 3, 4 & 5 - \$3.80	Tier 1 & 6 - \$0 Tier 2 - \$3.40 Tier 3, 4, & 5 - \$8.50	Tier 1 & 6 - \$0 Tier 2, 3, 4 & 5 - up to 15%
Rx Deductible	\$415 (Tiers 2-5)	\$0	\$0	\$0	\$85



Tennessee 2019 Plan Highlights

Amerivantage LIS (HMO) H2593-025	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 copay per day / Days 21 - 100: \$142 copay per day (Preferred) Days 1 - 20: \$0 copay per day / Days 21 - 100: \$172 copay per day (INN)
Outpatient Surgery Hospital	\$300 copay
Ambulatory Surgical Center	\$200 copay
Emergency Room	\$90 copay
Ambulance	\$235 copay (Air Ambulance - 20% coinsurance)
Urgent Care	\$35 copay
Diagnostic Radiologic Procedures	\$90 copay (doctor office) \$110 copay (outpatient facility)
Diagnostic Procedures/Tests	\$45 copay (doctor office) \$90 copay (outpatient facility)
X-rays	\$50 copay (doctor office) \$90 copay (outpatient facility)
Outpatient Lab	\$0 - \$10 copay
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services. There is a \$90 copay for emergency and urgent care services.



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Amerivantage LIS (HMO) H2593-025	
Routine Preventive Dental	\$0 copay for 2 oral exam(s) every year \$0 copay for 2 cleaning(s) every year 1 x-ray and 1 fluoride treatment every year \$150 per quarter comp dental
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year
Routine Eye Wear	\$125 allowance for eyewear per year
Routine Hearing Exams	\$0 copay for 1 hearing exam every year
Hearing Aids	\$0 copay for hearing aids \$3000 maximum plan benefit for hearing aids every year
Transportation Benefit	24 one way trips per year
Fitness	Covered (SilverSneakers®)
Routine Podiatry	\$0 copay (unlimited visits per year)
Over the Counter (OTC)	\$150 per quarter
LiveHealth Online	Covered
Meals	10 days post-discharge meal benefit (2 per day)
Personal Emergency Response System (PERS)	Covered
Medicare Community Resource Support	Covered
Flex Benefits	Covered

Tennessee 2019 OSB Premiums

Optional Supplemental Benefits (OSB) HMO	
Preventative Dental	\$7
Dental and Vision	\$27
Enhanced Dental and Vision	\$48