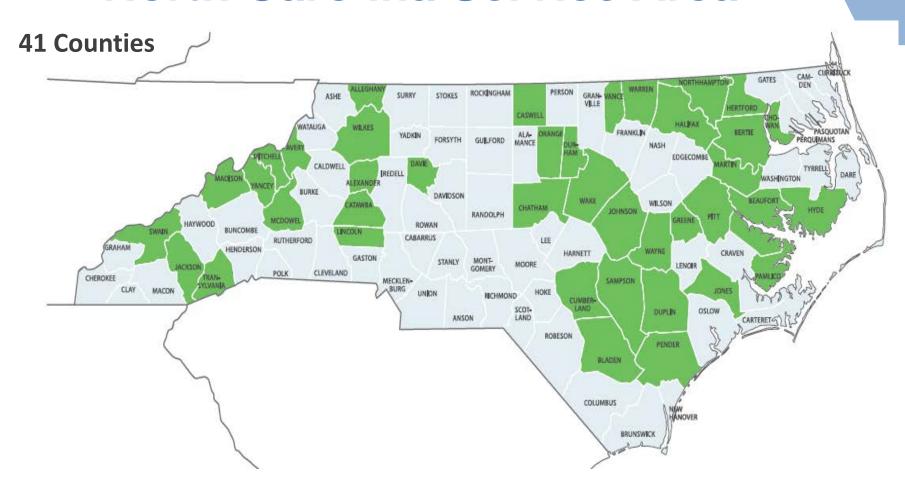
#### **North Carolina Service Area**



### **North Carolina Counties**

County	County
Johnston	Wayne
Jones	Wilkes
Lincoln	Yancey
Madison	
Martin	
McDowell	
Mitchell	
Northampton	
Orange	
Pamlico	
Pender	
Pitt	
Polk	
Sampson	
Swain	
Transylvania	
Vance	
Wake	
Warren	
	Johnston Jones Lincoln Madison Martin McDowell Mitchell Northampton Orange Pamlico Pender Pitt Polk Sampson Swain Transylvania Vance Wake

## 2018 Plans

Confidential. All benefits pending CMS approval.

# Medicare Advantage Prescription Drug Plans (MAPD)

- Gateway Health
   Medicare Assured Prime<sup>SM</sup>
- Gateway Health Medicare Assured Select<sup>SM</sup>
- Gateway Health Medicare Assured Value<sup>SM</sup>

#### 2018 MAPD Plans - KY, NC & OH

Benefits	Medicare Assured Prime	Medicare Assured Select
Monthly Premium	\$107*	\$0
MOOP	\$6,700	\$6,700
Part D Deductible*	\$250	\$200
Inpatient Hospital Copay	Days 1-5: \$200 per day	Days 1-5: \$350 per day
PCP/Specialist Visit Copay	\$0/\$25	\$0/\$40
Rx: Tier 1/2/3/4/5*	\$0/\$20/\$45/\$95/28%	\$3/\$16/\$45/\$95/29%
Dental* (every six months)	\$0 copay – exam, cleaning & x-rays	\$0 copay - exam, cleaning & x-rays
Over the Counter (OTC) Quarterly Benefit	\$105 per quarter w/rollover	\$15 per quarter w/rollover

#### 2018 MAPD Plans - KY, NC & OH

Benefits	Medicare Assured Prime	Medicare Assured Select
Vision	One exam per year + \$150 toward eyewear	One exam per year + \$225 toward eyewear
Hearing	\$25 diagnostic exam + \$1000 for hearing aids every two years	\$50 diagnostic hearing exam + \$1000 for hearing aids every two years
Silver Sneakers	Included	Included
Lifeline Personal Response System	Not available	Included

## Special Needs Plans (SNPs)

- Gateway Health Medicare Assured Diamond<sup>SM</sup>
- Gateway Health
   Medicare Assured Ruby<sup>sм</sup>

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#### 2018 Dual Special Needs Plans

Benefits	Medicare Assured Diamond	Medicare Assured Ruby
Monthly Premium	\$0	TBD*
Inpatient Hospital Copay	Days 1-90: \$0 per day	Days 1-5: \$275 per day
PCP/Specialist Visit Copay	\$0/\$0	\$0/\$35
Part D Deductible	n/a	\$0-xxx*
Rx*	\$1.25 - \$3.35 generic \$3.70 – \$8.35 name brand	\$1.25 - \$3.35 generic \$3.70 - \$8.35 name brand
Transportation	36 one-way trips per year	24 one-way trips per year
Dental (every six months)	\$0 copay – exam, cleaning & x-rays	\$0 copay - exam, cleaning & x-rays

#### 2018 Dual Special Needs Plans

Benefits	Medicare Assured Diamond	Medicare Assured Ruby
Over the Counter (OTC)  Quarterly Benefit*	PA - \$200 KY, NC & OH - \$120	PA - \$40, OH - \$50 NC - \$25, KY - \$15
Vision	One exam every three months + \$150 toward eyewear	One exam every three months + \$100 toward eyewear
Hearing	\$0 diagnostic exam/\$1500 for hearing aids every two years	\$25 – diagnostic hearing exam
Silver Sneakers	Included	Included
Lifeline Personal Response System	Included	Not available
Post-discharge meals	Included	Not available