

Coventry Medicare Advantage 2018
Kansas State Employee Health Plan
For an effective date: January 1, 2018

MAPD 2018

	<u>2017 PPO</u>	<u>2018 PPO</u>	<u>2017 PPO</u>	<u>2018 PPO</u>
Rate: Per Member Per Month without H	\$156	\$154	\$140	\$137
Rate: Per Member Per Month with HIF		\$184		\$169

Plan Option Highlights

For more detail, refer to the Summary Plan Descriptions

Medical	2017 PPO	2018 PPO	2017 PPO	2018 PPO
	Freedom Plan	Freedom Plan	Liberty Plan	Liberty Plan
Currently Enrolled	695		17	
Deductible	\$0	\$0	\$0	\$0
Out of Pocket Max/In Network	\$1,000	\$1,000	\$3,500	\$3,500
Out of Network	20%, up to \$4,100	20%, up to \$4,100	35%, up to \$7,500	35%, up to \$7,500
Inpatient Hospital	\$150/day 1-5 (OON)	\$150/day 1-5 (OON)	\$250/day 1-5	\$250/day 1-5
Skilled Nursing Facility	\$0/day 1-20 \$160/day 21-100	\$0/day 1-20 \$167.50/day 21-100	\$0/day 1-20 \$160/day 21-100	\$0/day 1-20 \$167.50/day 21-100
PCP/Specialist Visits	\$10 / \$25	\$10 / \$25	\$5 / \$30	\$5 / \$30
Emergency Room Visit	\$50 Copay (waived if admitted)	\$80 Copay (waived if admitted)	\$75 Copay (waived if admitted)	\$80 Copay (waived if admitted)
Outpatient Svcs/Surgery	\$150 (OON)	\$150 (OON)	\$200-\$250	\$200-\$250
Diagnostic Services*	\$0-\$150	\$0-\$150	\$0-\$200	\$0-\$200
DME/Prosthetics**	20%	20%	20%	20%
Fitness Benefit	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers
Vision (Non-MCR)	1 exam/year	1 exam/year	1 exam/year	1 exam/year
Hearing (Non-MCR)	1 exam/year; \$500 Hearing Aid	1 exam/year; \$500 Hearing Aid	1 exam/year; \$500 Hearing Aid	1 exam/year; \$500 Hearing Aid
Dental (Non-MCR)	not covered	not covered	\$200 Allowance	\$200 Allowance

Prescription Drug	Freedom	2018 PPO	2017 PPO	2018 PPO
	Deductible	\$0	\$0	\$0
Formulary/Network	Group vB2 Standard/Preferred	Group vB2 Standard/Preferred	Group vB2 Standard/Preferred	Group vB2 Standard
Tier Structure	5 Tier	5 Tier	5 Tier	5 Tier
Preferred Retail - 30 days				
Tier 1 Preferred Generic	\$2	\$2	\$2	\$2
Tier 2 Generic	\$5	\$6	\$5	\$6
Tier 3 Preferred Brand	\$47	\$47	\$47	\$47
Tier 4 Non-Preferred Brand	\$100	\$100	\$100	\$100
Tier 5 Specialty	33%	33%	33%	33%
Non-Preferred Retail - 30 days				
Tier 1 Preferred Generic	\$10	We are offering a standard pharmacy so there is no need for the members to go to a preferred pharmacy, just so they use a Network pharmacy.	\$10	We are offering a standard pharmacy so there is no need for the members to go to a preferred pharmacy, just so they use a Network pharmacy.
Tier 2 Generic	\$20		20	
Tier 3 Preferred Brand	\$47		\$47	
Tier 4 Non-Preferred Brand	\$100		\$100	
Tier 5 Specialty	33%		33%	
Gap Coverage	Tier 1 & Tier 2 (\$2/\$10)	Tier 1 & Tier 2 Only	Tier 1 & Tier 2 (\$2/\$10)	Tier 1 & Tier 2
Catastrophic Coverage (> \$3,750 Total Drug Spend)				
Catastrophic Coverage (> \$5,000 Mbr Out of Pocket)	CMS Standard	The greater of 5% of the cost, or \$3.35/generic and a \$8.35 copayment for all other drugs. (CMS Standard)	CMS Standard	The greater of 5% of the cost, or \$3.30/generic and a \$8.35 copayment for all other drugs. (CMS Standard)
60-day Supply	2 x Tier	2 x Tier	2 x Tier	2 x Tier
90-day Supply	3 x Tier	3 x Tier	3 x Tier	3 x Tier