



**Coventry Medicare Advantage 2016
Kansas State Employee Health Plan
For an effective date: January 1, 2016**

MA Premium Rates (per Member per Month) (Includes the Medical and Prescription Drug)

Rate: PMPM	<u>2015 PPO</u>	<u>2016 PPO</u>	<u>2016 PPO Opt. 1</u>	<u>2016 PPO Opt 2</u>
	\$188	\$156	\$151	\$140

Plan Option Highlights

For more detail, refer to the Summary Plan Descriptions

Medical	<u>2015 PPO</u>	<u>2016 PPO</u>	<u>2016 PPO Opt. 1</u>	<u>2016 PPO Opt 2</u>
Deductible	\$0	\$0	\$0	\$0
Out of Pocket	\$1,000	\$1,000	\$2,500	\$3,500
Out of Network	20%, up to \$10,000	20%, up to \$4,100	20%, upto \$5,000	35%, up to \$7,500
Inpatient Hospital	\$150/day 1-5	\$150/day 1-5	\$200/day 1-5	\$250/day 1-5
Skilled Nursing Facility	\$0/day 1-20 \$156.50/day 21-100	\$0/day 1-20 \$160/day 21-100	\$0/day 1-20 \$160/day 21-100	\$0/day 1-20 \$160/day 21-100
PCP/Specialist	\$10 / \$25	\$10 / \$25	\$10 / \$30	\$5 / \$30
Outpatient	\$150	\$150	\$200	\$200
Diagnostic	\$0	\$0	0-20%	0-20%
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	<u>Current</u>	<u>Renewal</u>	<u>2016 PPO Opt. 1</u>	<u>2016 PPO Opt 2</u>
Deductible	\$0	\$0	\$0	\$0
Formulary/Network	Premier; Standard Preferred	MAPD Medium Standard Preferred	MAPD Medium Standard	MAPD High Standard Preferred
Tier Structure	5 Tier	5 Tier	5 Tier	4 Tier
Preferred Retail -	\$0/\$5/\$45/50%/33%	\$0/\$5/\$45/50%/33%	n/a	\$5/\$45/50%/33%
Non-Preferred	\$5/\$10/\$45/50%/33%	\$5/\$10/\$45/50%/33%	\$5/\$10/\$45/50%/33%	\$10/\$45/50%/33%
Gap Coverage (> \$3,310 Total Drug Spend)	Tier 1	Tier 1	Tier 1	Tier 1 (\$10/\$20)
Catastrophic Coverage (> \$4,850 Mbr Out of Pocket)	The greater of 5% of the cost, or \$2.95/generic and a \$7.40 copayment for all other drugs. (CMS Standard)		CMS Standard	CMS Standard
90-day Supply	2 x Tier	2 x Tier	2 x Tier	2 x Tier

MA Premium Rates (per Member per Month) (These rate are for the Medical Only no Prescription Drug)

Rate: PMPM	<u>2015 PPO</u>	<u>2016 PPO</u>	<u>2016 PPO Opt. 1</u>	<u>2016 PPO Opt 2</u>
	\$91	\$88	\$86.00	\$84.00