




Gateway Health
Medicare Assured™

2016 Summary of Benefits

**KENTUCKY,
NORTH CAROLINA AND OHIO**

Gateway Health
Medicare Assured
GoldSM (HMO SNP)

Gateway Health
Medicare Assured
PlatinumSM (HMO SNP)

GATEWAY to **BETTER**



For Medicare beneficiaries living with diabetes or chronic heart failure or a cardiovascular disorder.

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Gateway Health Medicare Assured GoldSM (HMO SNP) is an HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

Gateway Health Medicare Assured PlatinumSM (HMO SNP) is an HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Gateway Health Medicare Assured GoldSM (HMO SNP)** or **Gateway Health Medicare Assured PlatinumSM (HMO SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Gateway Health Medicare Assured GoldSM (HMO SNP)** and **Gateway Health Medicare Assured PlatinumSM (HMO SNP)** cover and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Sections in this booklet

- Things to Know About **Gateway Health Medicare Assured GoldSM (HMO SNP) and Gateway Health Medicare Assured PlatinumSM (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at:

Kentucky: 1-855-847-6380

North Carolina: 1-855-847-6430

Ohio: 1-888-447-4505

Things to Know About Gateway Health Medicare Assured GoldSM (HMO SNP) and Gateway Health Medicare Assured PlatinumSM (HMO SNP)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Gateway Health Medicare Assured GoldSM (HMO SNP) and Gateway Health Medicare Assured PlatinumSM (HMO SNP) Phone Numbers and Website

- If you are a member of this plan, call toll-free:
 - **Kentucky: 1-855-847-6380**
 - **North Carolina: 1-855-847-6430**
 - **Ohio: 1-888-447-4505**
- If you are not a member of this plan, call toll-free 1-877-935-2168.
- Our website: <http://www.MedicareAssured.com>

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Who can join?

To join **Gateway Health Medicare Assured GoldSM (HMO SNP)** or **Gateway Health Medicare Assured PlatinumSM (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be diagnosed with Cardiovascular Disorders, Chronic Heart Failure, and/or Diabetes, and live in our service area.

Our service area includes the following counties in:

State	Service Area
Kentucky	Anderson, Bath, Boone, Bourbon, Boyd, Boyle, Bracken, Bullitt, Butler, Caldwell, Campbell, Carroll, Carter, Clark, Clay, Crittenden, Estill, Fayette, Franklin, Gallatin, Garrard, Grant, Greenup, Harrison, Henderson, Henry, Hopkins, Jackson, Jefferson, Jessamine, Kenton, Knox, Larue, Lawrence, Lee, Leslie, Lewis, Lincoln, Lyon, Madison, McCreary, McLean, Meade, Menifee, Mercer, Montgomery, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Powell, Pulaski, Robertson, Rockcastle, Scott, Shelby, Spencer, Todd, Trigg, Trimble, Union, Washington, Wayne, Webster, Wolfe, and Woodford
North Carolina	Alexander, Alleghany, Avery, Beaufort, Bertie, Bladen, Caswell, Catawba, Chatham, Chowan, Cumberland, Davie, Duplin, Durham, Greene, Halifax, Hertford, Hyde, Jackson, Johnston, Jones, Lincoln, Madison, Martin, McDowell, Mitchell, Northampton, Orange, Pamlico, Pender, Pitt, Polk, Sampson, Swain, Transylvania, Vance, Wake, Warren, Wayne, Wilkes, and Yancey
Ohio	Adams, Allen, Ashtabula, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Crawford, Cuyahoga, Darke, Fayette, Fulton, Gallia, Geauga, Greene, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Jackson, Jefferson, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Medina, Mercer, Miami, Monroe, Montgomery, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Shelby, Stark, Summit, Trumbull, Van Wert, Vinton, and Warren

Which doctors, hospitals, and pharmacies can I use?

Gateway Health Medicare Assured GoldSM (HMO SNP) and **Gateway Health Medicare Assured PlatinumSM (HMO SNP)** have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

You can see our plan's provider and pharmacy directory at our website (www.MedicareAssured.com).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.MedicareAssured.com>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	<p>\$59-\$64 per month. In addition, you must keep paying your Medicare Part B premium.</p> <p>Please refer to the “Premium/Cost-Sharing Table” on page 22 to find out the premium/cost-sharing in your area.</p>	<p>\$97 per month. In addition, you must keep paying your Medicare Part B premium.</p>
How much is the deductible?	<p>\$360 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2, and Tier 6 which are excluded from the deductible.</p>	<p>\$250 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2, and Tier 6 which are excluded from the deductible.</p>
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

SECTION II – SUMMARY OF BENEFITS

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	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
COVERED MEDICAL AND HOSPITAL BENEFITS		
NOTE: Services with a ¹ may require prior authorization.		
OUTPATIENT CARE AND SERVICES		
Acupuncture	Not covered	Not covered
Ambulance¹	\$200 copay	\$175 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.
Chiropractic Care¹	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$45 copay</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months): \$0 copay • Dental x-ray(s) (for up to 1 every six months): \$0 copay • Oral exam (for up to 1 every six months): \$0 copay <p>See the Additional Information Section of this booklet for other covered dental benefits.</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$35 copay</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months): \$0 copay • Dental x-ray(s) (for up to 1 every six months): \$0 copay • Oral exam (for up to 1 every six months): \$0 copay <p>See the Additional Information Section of this booklet for other covered dental benefits.</p>

SECTION II – SUMMARY OF BENEFITS

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	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Diabetes Supplies and Services	<p>Diabetes monitoring supplies: You pay nothing</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: You pay nothing</p> <p>If you get diabetic supplies and services at a Durable Medical Equipment (DME) provider, there is no limit to manufacturer. If you get them from a pharmacy, specified manufacturers are limited.</p>	<p>Diabetes monitoring supplies: You pay nothing</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: You pay nothing</p> <p>If you get diabetic supplies and services at a Durable Medical Equipment (DME) provider, there is no limit to manufacturer. If you get them from a pharmacy, specified manufacturers are limited.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may vary based on place of service)¹</i>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$45-175 copay, depending on the service</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: \$45 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay</p> <p>A separate office visit may be billed when you receive services in addition to these Medicare-covered services</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$35-165 copay, depending on the service</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: \$35 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay</p> <p>A separate office visit may be billed when you receive services in addition to these Medicare-covered services.</p>
Doctor's Office Visits	<p>Primary care physician visit: \$20 copay</p> <p>Specialist visit: \$45 copay</p>	<p>Primary care physician visit: \$15 copay</p> <p>Specialist visit: \$35 copay</p>
Durable Medical	20% of the cost	20% of the cost

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Equipment (<i>wheelchairs, oxygen, etc.</i>) ¹	Prior authorization is required for purchases if the purchase price is \$500 or more.	Prior authorization is required for purchases if the purchase price is \$500 or more.
Emergency Care	\$75 copay	\$75 copay
Foot Care (<i>podiatry services</i>)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$45 copay Routine foot care: \$45 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$35 copay Routine foot care: \$35 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$0 copay	Exam to diagnose and treat hearing and balance issues: \$0 copay Routine hearing exam (for up to 1 every year): \$35 copay Hearing aid fitting/evaluation (for up to 1 every year): \$0 copay Hearing aid: \$0 copay Our plan pays up to \$1,000 every two years for hearing aids. Benefit amount applies to both ears combined.
Home Health Care ¹	You pay nothing	You pay nothing

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Mental Health Care¹	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$275 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 <p>Outpatient group therapy visit: \$40 copay Outpatient individual therapy visit: \$40 copay</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$250 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 <p>Outpatient group therapy visit: \$35 copay Outpatient individual therapy visit: \$35 copay</p>

SECTION II – SUMMARY OF BENEFITS

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	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Outpatient Rehabilitation¹	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</p> <p>Occupational therapy visit: \$40 copay</p> <p>Physical therapy and speech and language therapy visit: \$40 copay</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</p> <p>Occupational therapy visit: \$35 copay</p> <p>Physical therapy and speech and language therapy visit: \$35 copay</p>
Outpatient Substance Abuse¹	<p>Group therapy visit: \$45 copay</p> <p>Individual therapy visit: \$45 copay</p>	<p>Group therapy visit: \$35 copay</p> <p>Individual therapy visit: \$35 copay</p>
Outpatient Surgery	<p>Ambulatory surgical center: \$225 copay</p> <p>Outpatient hospital: \$225-275 copay, depending on the service</p> <p>Other cost sharing may apply to non-surgery services.</p>	<p>Ambulatory surgical center: \$200 copay</p> <p>Outpatient hospital: \$200-250 copay, depending on the service</p> <p>Other cost sharing may apply to non-surgery services.</p>
Over-the-Counter Items	<p>Please visit our website to see our list of covered over-the-counter items.</p> <p>Members receive a \$20 allowance every 3 months towards the purchase of Medicare-approved non-prescription over-the-counter medications and health-related items through our OTC catalog.</p>	<p>Please visit our website to see our list of covered over-the-counter items.</p> <p>Members receive a \$20 allowance every 3 months towards the purchase of Medicare-approved non-prescription over-the-counter medications and health-related items through our OTC catalog.</p>

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Prosthetic Devices <i>(braces, artificial limbs, etc.)¹</i>	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 20% of the cost</p> <p>Prior authorization is required for purchases if the purchase price is \$500 or more.</p>	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 20% of the cost</p> <p>Prior authorization is required for purchases if the purchase price is \$500 or more.</p>
Renal Dialysis	20% of the cost	20% of the cost
Transportation	Not covered	Not covered
Urgently Needed Services	\$55 copay	\$35 copay
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$45 copay</p> <p>Routine eye exam (for up to 1 every year): \$0 copay</p> <p>Contact lenses: (for up to 1 every year): \$0 copay</p> <p>Eyeglasses (frames and lenses): (for up to 1 every year): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay</p> <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p> <p>Our plan covers up to \$90 toward non-vendor frames or \$100 toward specialty contact lenses per calendar year.</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$35 copay</p> <p>Routine eye exam (for up to 1 every three months): \$0 copay</p> <p>Contact lenses: (for up to 1 every year): \$0 copay</p> <p>Eyeglasses (frames and lenses): (for up to 1 every year): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay</p> <p>Our plan pays up to \$150 every year for contact lenses and eyeglasses (frames and lenses).</p> <p>Our plan covers up to \$90 toward non-vendor frames or \$150 toward specialty contact lenses per calendar year.</p>

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	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
	Supplemental Eyewear: Glasses, limited to one (1) pair, or Contact Lenses, limited to one (1) pair each year	Supplemental Eyewear: Glasses, limited to one (1) pair, or Contact Lenses, limited to one (1) pair each year

SECTION II – SUMMARY OF BENEFITS

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	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Preventive Care	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>

SECTION II – SUMMARY OF BENEFITS

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	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
INPATIENT CARE		
Inpatient Hospital Care¹	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$275 copay per day for days 1 through 7 • You pay nothing per day for days 8 through 90 	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$250 copay per day for days 1 through 7 • You pay nothing per day for days 8 through 90

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	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$160 copay per day for days 21 through 100 	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$160 copay per day for days 21 through 100

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	Gateway Health Medicare Assured Gold SM (HMO SNP)	Gateway Health Medicare Assured Platinum SM (HMO SNP)																																								
PRESCRIPTION DRUG BENEFITS																																										
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p>	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p>																																								
Initial Coverage	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>Standard Retail Cost-Sharing</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #eee;"> <th>Tier</th> <th>One-month supply</th> <th>Two-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$4 copay</td> <td>\$8 copay</td> <td>\$12 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$10 copay</td> <td>\$20 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$45 copay</td> <td>\$90 copay</td> <td>\$135 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td>\$95 copay</td> <td>\$190 copay</td> <td>\$285 copay</td> </tr> </tbody> </table>	Tier	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay	Tier 2 (Generic)	\$10 copay	\$20 copay	\$30 copay	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay	Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>Standard Retail Cost-Sharing</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #eee;"> <th>Tier</th> <th>One-month supply</th> <th>Two-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$4 copay</td> <td>\$8 copay</td> <td>\$12 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$10 copay</td> <td>\$20 copay</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$45 copay</td> <td>\$90 copay</td> <td>\$135 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td>\$95 copay</td> <td>\$190 copay</td> <td>\$285 copay</td> </tr> </tbody> </table>	Tier	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay	Tier 2 (Generic)	\$10 copay	\$20 copay	\$30 copay	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay	Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay
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SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured GoldSM (HMO SNP)				Gateway Health Medicare Assured PlatinumSM (HMO SNP)			
	Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	25% of the cost	Tier 5 (Specialty Tier)	27% of the cost	27% of the cost	27% of the cost
	Tier 6 (Select Care Drugs)	\$11 copay	\$22 copay	\$33 copay	Tier 6 (Select Care Drugs)	\$11 copay	\$22 copay	\$33 copay
	Standard Mail Order Cost-Sharing				Standard Mail Order Cost-Sharing			
	Tier		Three-month supply		Tier		Three-month supply	
	Tier 1 (Preferred Generic)		\$12 copay		Tier 1 (Preferred Generic)		\$12 copay	
	Tier 2 (Generic)		\$30 copay		Tier 2 (Generic)		\$30 copay	
	Tier 3 (Preferred Brand)		\$135 copay		Tier 3 (Preferred Brand)		\$135 copay	
	Tier 4 (Non-Preferred Brand)		\$285 copay		Tier 4 (Non-Preferred Brand)		\$285 copay	
	Tier 6 (Select Care Drugs)		\$33 copay		Tier 6 (Select Care Drugs)		\$33 copay	
	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>				<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>			

SECTION II – SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs. 	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.

**ADDITIONAL INFORMATION ABOUT GATEWAY HEALTH MEDICARE ASSURED GOLDSM (HMO SNP)
AND GATEWAY HEALTH MEDICARE ASSURED PLATINUMSM (HMO SNP)**

Benefit	Gateway Health Medicare Assured GoldSM (HMO SNP)	Gateway Health Medicare Assured PlatinumSM (HMO SNP)
Dental Services	<p>In addition to those items described in Section II, you pay nothing for the following covered services:</p> <ul style="list-style-type: none"> • 1 dental bitewing x-ray per side every six months • 1 panoramic x-ray every five years 	<p>In addition to those items described in Section II, you pay nothing for the following covered services:</p> <ul style="list-style-type: none"> • 1 dental bitewing x-ray per side every six months • 1 panoramic x-ray every five years • 1 partial or 1 complete denture per arch every five years. <p>Comprehensive dental services coverage limit is \$500 every 2 years.</p> <p>Coverage is limited to fillings, simple extractions and denture repair. Additional dental services, such as root canals, crowns, surgical extractions, denture relines and periodontal (gum) treatments, are not covered.</p>
Health & Wellness Programs	<p>Fitness program</p> <ul style="list-style-type: none"> • Basic membership to one Plan approved fitness facility per month • Orientation to the fitness center and instructions about how to use equipment and services • One @Home Pak per year for those members with limited access to a network fitness center 	<p>Fitness program</p> <ul style="list-style-type: none"> • Basic membership to one Plan approved fitness facility per month • Orientation to the fitness center and instructions about how to use equipment and services • One @Home Pak per year for those members with limited access to a network fitness center

ADDITIONAL INFORMATION ABOUT GATEWAY HEALTH MEDICARE ASSURED GOLDSM (HMO SNP)

GATEWAY HEALTH MEDICARE ASSURED GOLDSM (HMO SNP)

PREMIUM/COST-SHARING TABLE

Plan Name	Plan Number	Service Area	Premium
Medicare Assured Gold (Kentucky)	H9190-015	Anderson, Bath, Boone, Bourbon, Boyd, Boyle, Bracken, Bullitt, Butler, Caldwell, Campbell, Carroll, Carter, Clark, Clay, Crittenden, Estill, Fayette, Franklin, Gallatin, Garrard, Grant, Greenup, Harrison, Henderson, Henry, Hopkins, Jackson, Jefferson, Jessamine, Kenton, Knox, Larue, Lawrence, Lee, Leslie, Lewis, Lincoln, Lyon, Madison, McCreary, McLean, Meade, Menifee, Mercer, Montgomery, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Powell, Pulaski, Robertson, Rockcastle, Scott, Shelby, Spencer, Todd, Trigg, Trimble, Union, Washington, Wayne, Webster, Wolfe, and Woodford	\$64
Medicare Assured Gold (North Carolina)	H9190-009	Alexander, Alleghany, Avery, Beaufort, Bertie, Bladen, Caswell, Catawba, Chatham, Chowan, Cumberland, Davie, Duplin, Durham, Greene, Halifax, Hertford, Hyde, Jackson, Johnston, Jones, Lincoln, Madison, Martin, McDowell, Mitchell, Northampton, Orange, Pamlico, Pender, Pitt, Polk, Sampson, Swain, Transylvania, Vance, Wake, Warren, Wayne, Wilkes, and Yancey	\$59
Medicare Assured Gold (Ohio)	H9190-003	Adams, Allen, Ashtabula, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Crawford, Cuyahoga, Darke, Fayette, Fulton, Gallia, Geauga, Greene, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Jackson, Jefferson, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Medina, Mercer, Miami, Monroe, Montgomery, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Shelby, Stark, Summit, Trumbull, Van Wert, Vinton, and Warren	\$59

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8 a.m. to 8 p.m., 7 days a week

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