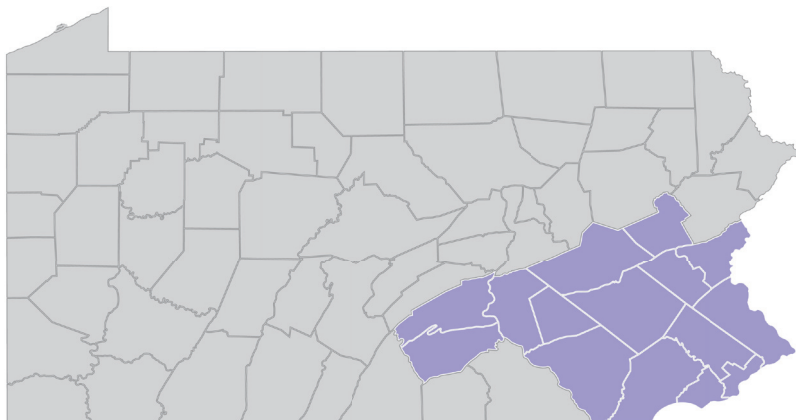


Plan Details			
	Complete (HMO-POS)	Prime (HMO-POS)	Special (HMO SNP)
Monthly Premium	\$0	\$40	\$0
PCP Visits	\$0 copay	\$0 copay	\$0 copay
Specialist Visits	\$25 copay (20% coinsurance out-of-network)	\$20 copay (20% coinsurance out-of-network)	\$0 copay
Referrals	Not required	Not required	Not required
Urgent Care	\$55 copay	\$55 copay	\$0 copay
Emergency Room	\$90 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)	0% coinsurance
Inpatient Hospital	Days 1-5: \$230/day Days 6-90: \$0/day	Days 1-5: \$235/day Days 6-90: \$0/day	\$0/day, days 1-90
Outpatient Surgery	ASC: \$200 copay Outpatient hospital visit: \$300 copay	ASC: \$200 copay Outpatient hospital visit: \$300 copay	\$0 copay
Maximum Annual Out- of-Pocket (In-Network Medical Services)	\$7,900	\$7,900	\$8,300
Prescription Drugs (30-day retail refill)	Preferred Generic: \$0 Generic: \$10 Preferred Brand: \$47 Non-Preferred Drug: \$100 Specialty: 33%	Preferred Generic: \$0 Generic: \$10 Preferred Brand: \$47 Non-Preferred Drug: \$100 Specialty: 33%	\$0 copay on all prescription drugs
(90-day mail order refill)	Preferred Generic: \$0 Generic: \$20 Preferred Brand: \$94 Non-Preferred Drug: \$200 Specialty: N/A (not eligible for 90-day refills)	Preferred Generic: \$0 Generic: \$20 Preferred Brand: \$94 Non-Preferred Drug: \$200 Specialty: N/A (not eligible for 90-day refills)	
Part D Senior Savings (Retail and mail order)	\$10 copay for insulin (30-day refill) \$20 copay for insulin (90-day refill)	\$10 copay for insulin (30-day refill) \$20 copay for insulin (90-day refill)	N/A

## Additional Benefits

	Complete (HMO-POS)	Prime (HMO-POS)	Special (HMO SNP)
Over-the-Counter Health Items Allowance	\$150 per quarter	\$150 per quarter	\$300 per quarter; includes OTC and eligible food items
Dental Exams	\$0 copay (2x/year) and annual X-rays	\$0 copay (2x/year) and annual X-rays	\$0 copay (2x/year) and annual X-rays
Dental Allowance	\$1,200	\$2,000	\$3,500
Annual Vision Exam	\$0 copay	\$0 copay	\$0 copay
Vision Allowance	\$0 copay for one of the following, up to \$200: <ul style="list-style-type: none"> <li>• One pair of eyeglasses (lenses and frames)</li> <li>• Contact lenses</li> </ul>	\$0 copay for one of the following, up to \$300: <ul style="list-style-type: none"> <li>• One pair of eyeglasses (lenses and frames)</li> <li>• Contact lenses</li> </ul>	\$0 copay for one of the following, up to \$500: <ul style="list-style-type: none"> <li>• One pair of eyeglasses (lenses and frames)</li> <li>• Contact lenses</li> </ul>
Annual Hearing Exam	\$0 copay	\$0 copay	\$0 copay
Hearing Aid Allowance	\$1,000 every two years	\$1,500 every two years	\$1,500 every year
Transportation	22 one-way trips	50 one-way trips	Unlimited one-way trips
SilverSneakers® or Kroc Center Fitness Membership	Included	Included	Included
Teladoc®	Included	Included	Included
Worldwide Emergency Coverage	\$5,000 annual limit	\$5,000 annual limit	\$5,000 annual limit

## 2023 Coverage Area



- Berks
- Bucks
- Carbon
- Chester
- Cumberland
- Dauphin
- Delaware
- Lancaster
- Lebanon
- Lehigh
- Montgomery
- Northampton
- Perry
- Philadelphia
- Schuylkill

Service area expansion and all benefits, copays and deductibles pending CMS approval. This is not a full description of benefits; benefits, copays, limits and periodicity vary by plan.

*\*Premium amount may change after rebate reallocation process is completed.*

Health Partners Medicare is an HMO plan with Medicare and Pennsylvania State Medicaid program contracts. Enrollment in Health Partners Medicare depends on contract renewal.