Medicare TUNE-UP

For Open Enrollment - [redacted]

Customized for

[redacted]

Your Medicare TUNE-UP RESULTS:

Your Current Medicare Plan		Recommended Medicare Plan for the Next Year	
See more information, beginning on PAGE 4	[redacted] range Co. HMO	See more information, beginning on PAGE 4	[redacted] (HMO) or [redacted] (PPO)

IMPORTANT: We've substituted generic medications for any brand drugs, unless you indicated otherwise.

Bottom line: In your zip code, there are 52 HMOs and only one PPO. That PPO would increase your costs significantly. Another option would be a non-Kaiser HMO plan. **PLEASE REFER TO DETAILS ON PAGES 8-12.**

IMPORTANT: ***Before making any final decisions, you may want to double-check all costs with the plans and/or pharmacies.***

Please note: Your Tune-Up report includes expert analysis and detailed findings of your recommendations.

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IMPORTANT:

The following provides you with plan analysis and guidance utilizing information available through Medicare.gov. **Before making any final decisions, please double-check all costs with the plans or pharmacies.** Information available through Medicare.gov may not be the most current information available.

65 Incorporated does not make decisions or choices as to which option is best for a particular client; that is the obligation of each client, after carefully considering the information contained on 65incorporated.com and from other sources. We urge our clients to study all the options carefully.

The plans *65 Incorporated* identified for your consideration are generally cost-effective with a quality rating of 3.0 stars or higher.

[redacted] Medicare Information:

- The standard drug plan deductible will be [redacted], an increase of [redacted].
- The standard Part B monthly premium in [redacted]. The [redacted] premium has not been announced.
- The donut hole for generic medications closes in [redacted]. The donut hole for brand-name medications closed in [redacted]. Those who reach this payment stage (Coverage Gap) will be responsible for paying 25% of the total cost of any drug. Read more at [redacted]

About Your Medicare Tune-Up Report

- **This report reviews plans in three general categories: Cost, Quality and Coverage.**

  Some people prioritize price above all else. However, without quality and coverage, you could spend a great deal of time finding physicians who will see you or trying to get the medications you need. Getting the best overall plan for your situation can be worth a bit more.

- **Three colors spotlight important information.**

  Green identifies a good characteristic, **yellow** identifies a finding that merits caution, and **red** identifies a finding that is dangerous.

- **Medicare evaluates plans on a five-star basis.**

  Five stars is the highest level of quality. You can choose to switch to a plan with a five-star rating at any time during the year, not just during Open Enrollment.

  Any plan that has received less than three stars for three years in a row will receive a low-performing rating and icon from Medicare. If you choose to enroll in a plan with a low performance rating, you must call the plan; Medicare does not allow online enrollment.

  Learn more about star ratings at [redacted]

Medicare Part D Plan TUNE-UP **DRUG PLAN COMPARISON**	**PLAN OPTION #1** [redacted] (HMO)	**PLAN OPTION #2** [redacted] (PPO)	**PLAN OPTION #3** [redacted] (HMO)
DRUG PLAN COSTS			
Monthly plan premium	$0.00	$98.00	$0.00
Drug plan deductible	$0.00	$0.00	$0.00
TOTAL YEARLY DRUG COSTS — INCLUDING PREMIUMS			
CVS	$3,993.12	$1,176.00	$0.00
Rite Aid	$3,993.12	$1,536.00	$360.00
Mail Order	$48.00	$1,176.00	$0.00
PLAN QUALITY RATINGS			
Summary rating of drug plan quality	5	4.5	3.5
Members remaining in plan	5	3	4
Fairness of appeals	5	4	4
Members' rating of plan	5	4	4
Ease of getting prescriptions	5	3	2
DRUG FORMULARY			
Formulary includes all prescription medications	*Only through mail order*	Yes	Yes
A formulary is a listing of medications, including generic and brand-name, that a drug plan will cover. Every plan has a different formulary.			

Medicare Advantage TUNE-UP
HEALTH COVERAGE COMPARISON

			PLAN OPTION #1	PLAN OPTION #2	PLAN OPTION #3
			[redacted] [redacted] (HMO)	[redacted] [redacted] (PPO)	[redacted] (HMO)
	HEALTH PLAN COSTS				
	Monthly plan premium		$0.00	$98.00	$0.00
	Health plan deductible		$0.00	$750.00	$0.00
	OUT-OF-POCKET LIMITS				
	In-network		$4,000	$6,700	$900
	In- and out-of-network combined		n/a	$9,500	n/a
	MEDICAL COSTS				
	Inpatient hospital stay	IN-NETWORK	$235, Days 1-7	$210, Days 1-4	$0 per stay
		OUT-OF-NETWORK	100%	40%	100%
		RESTRICTIONS	***Prior Auth, Referral***	***Prior Auth, Referral***	***Prior Auth***
	Doctor's Office Visit	IN-NETWORK	$5	$5	$0
		OUT-OF-NETWORK	100%	40%	100%
		RESTRICTIONS	None	None	None
	Specialist Office Visit	IN-NETWORK	$15	$40	$0
		OUT-OF-NETWORK	100%	40%	100%
		RESTRICTIONS	***Referral***	***Referral***	***Prior Auth, Referral***
	QUALITY RATINGS (OUT OF 5 STARS)				
	Summary rating of health plan quality		5	4.5	3.5
	Member's rating of health plan		5	4	4
	Getting care and appointments quickly		4	4	2
	Complaints about health plan *(more stars means fewer complaints)*		5	5	5

More about the Recommended Plan

The attachments to this report include complete details about cost, coverage, and quality.

More information about your recommended plans:

Coverage

HEALTH PLAN COVERAGE			
[redacted] (PPO)		[redacted] (HMO)	
PROVIDER NETWORK/COVERAGE RULES			
What type of plan is it?	**PPO**	What type of plan is it?	**HMO**
Choice of doctors?	Yes	Choice of doctors?	NO
Are all of your doctors in network?	NO	Are all of your doctors in network?	NO
Does the plan require prior authorization?	For some services	Does the plan require prior authorization?	For some services
OPTIONAL COVERAGE AVAILABLE			
Vision	Yes*	Vision	Yes*
Dental	Yes*	Dental	Yes*
Hearing	Yes*	Hearing	Yes*

** Please note: Most hearing, dental or vision coverage is provided at an additional cost or with limited benefits. Please see the attachments for more information.*

More information about your recommended plans:

DRUG PLAN COVERAGE					
[redacted] (PPO)			[redacted] (HMO)		
Copays or coinsurances by tier in this plan's formulary *(using preferred retail pharmacies, if available)*		# of drugs in this tier	Copays or coinsurances by tier in this plan's formulary *(using preferred retail pharmacies, if available)*		# of drugs in this tier
Tier 1:	$0.00	2	Tier 1:	$0.00	2
Tier 2:	$5.00	0	Tier 2:	$10.00	0
Tier 3:	$42.00	0	Tier 3:	$47.00	0
Tier 4:	$95.00	0	Tier 4:	$100.00	0
Tier 5:	33%	0	Tier 5:	33%	0
Coinsurances are percentage of the total cost of the medication that you will pay as an out-of-pocket cost. This means that the amount you pay for your medications can increase, sometimes dramatically during a year, if the cost of a medication increases.					
Step therapy	No		Step therapy	No	
In most cases, this means that before prescribing a medication (usually an expensive one), the physician must order a less expensive but proven-effective medication. If the individual experiences side effects or other problems, the physician can then "step" up to the more costly drug.					
Prior authorization	No		Prior authorization	No	
Prior authorization means that an insurance company must give permission before a patient can fill a particular medication.					

The Medicare Advantage plan data come directly from Medicare.gov *and is subject to change.*
The benefit information provided is a brief, but not complete, description of benefits. For more information, contact the plan.

Important Points about Your Medicare Advantage Plan

- You noted that you do not want another Medicare Advantage health maintenance organization (HMO) plan.
  - Your current plan is sponsored by [redacted] plans have a very restricted network for providers and pharmacies.
  - Your other option is a preferred provider organization (PPO) plan.
    - A PPO plan would give you freedom of physician choice.
    - You would be able to receive out-of-network services but a higher cost. It is possible the plan would also attach prior authorization rules.
  - **The problem is that, in your zip code, you have 53 total plans available — 52 of these are HMO plans and only ONE is a PPO.**
    - If you choose this one PPO plan, your costs would increase dramatically.
      - ✓ **If you chose to move to the PPO, your physicians would be out-of-network, costing you more to keep seeing these providers.** The more cost-effective option would be to find new providers in-network.
    - You could also consider a [redacted] HMO plan, which could better control your costs. The network of the [redacted] plan included in this report is not limited to [redacted] providers or pharmacies.
    - **If you switched to a [redacted] HMO plan, you would have to find new physicians.**

- This report compares your current Kaiser plan to the one PPO plan and a four-star HMO plan.

▸ [redacted] **PPO)**

- The monthly premium is $98.
  * The health plan has a $750 annual deductible.
  * The out-of-pocket maximum is [redacted] in-network and [redacted] in and out-of-network combined.
  * The plan has prior authorization requirements on some services.
- The plan includes prescription drug coverage.
  * There is no deductible for medications.
  * Your best option would be [redacted] You would not have a copayment for your two medications.
- **If you chose to switch to this PPO plan, your physicians would be out-of-network. This means you would pay out-of-network cost sharing to keep seeing these providers.** The more cost-effective option would be to find new providers in-network.
- This plan offers some routine vision coverage and an optional dental package.

▸ [redacted] **(HMO)**

- This plan does not have a monthly premium and no health or drug plan deductible.
  * The out-of-pocket maximum is $900 in-network.
  * You would not face a copayment for more medical services.
  * **This plan does require referrals and/or prior authorization for most services.**

- The plan includes prescription drug coverage.
  - There would be no copayment at [redacted].
- **If you switched to this HMO plan, you would have to find new physicians in order to have coverage.**

Star Ratings

- The [redacted] plan received an overall quality rating of 4 stars.
  - The health plan summary quality rating was 3.5 stars. It received 5 stars for health plan customer service, 4 stars for members' rating of the plan, and 3 stars for member experience with the plan and members' rating of healthcare quality.
  - The drug plan summary quality rating was 3.5 stars. It received 5 stars for health plan customer service, 4 stars for members' rating of the drug plan, and 3 stars for member experience with the plan and 2 stars for ease of getting prescriptions filled.
- The [redacted] plan received an overall quality rating of 4.5 stars.
  - The health plan summary quality rating was 4.5 stars. It received 5 stars for health plan customer service, 4 stars for members' rating of the plan, member experience with the plan and members' rating of healthcare quality.
  - The drug plan summary quality rating was 4.5 stars. It received 5 stars for health plan customer service, 3 stars for members' rating of the drug plan, and 4 stars for member experience with the plan and ease of getting prescriptions filled.

- Know that there is another opportunity to chance plans.
  - The Medicare Advantage Open Enrollment Period runs from January 1 through March 31, gives beneficiaries who have a Medicare Advantage plan the opportunity to take these actions.
  - There are 50 more plans available to you.

Check these links for additional information.

- "Learning the Lingo" white paper [redacted]
- *65 Incorporated* Open Enrollment Library [redacted]
- Medicare Advantage [redacted]
- PPO plan [redacted]
- HMO plan [redacted]
- Formulary exception [redacted]
- Preferred pharmacies [redacted]
- Medicare prescription drug coverage [redacted]
- Medication tiers [redacted]

- Donut hole (Coverage Gap) [redacted]
- Part D deductible [redacted]
- Star ratings [redacted]

Drug pricing and cost information in this report is from the Medicare Plan Finder (www.medicare.gov/plan-compare/). Please check the drug plan's evidence of coverage for more information or contact a plan customer service representative.

Step-by-step directions for **enrolling in a NEW plan** for [redacted]

1. Select a Medicare Advantage plan with prescription drug coverage (MA-PD) plan.
   - This report compares up to three plans.
   - If you wish, compare other Advantage plans [redacted]
2. Before December 7, enroll in the plan of your choice by [redacted].
   - Find [redacted] in the supplemental information sheets in this report.
     - [redacted]
     [redacted]
   - Discuss premium payment, including auto-payments from your checking account or Social Security benefit payment.
3. Do not take any other action.
   - You will be dis-enrolled automatically from your current plan.

Step-by-step directions for **RE-ENROLLING in your current plan** for [redacted]

Do not take any action.

- You will be re-enrolled automatically in your current plan.
- NOTE: Coverage will take effect January 1.

[redacted]

65 Incorporated *provides guidance and information to our clients, based primarily on third-party sources, so that our clients can make informed decisions after reviewing their options. This report includes costs and coverage data from the Medicare Plan Finder at medicare.gov. In some cases, the drug costs reported may differ from actual costs. Generally,* 65 Incorporated *does not include in its discussion plans that are new, do not have quality ratings, or have low quality ratings. Clients should investigate plans and address any specific concerns about premiums, costs, and coverage with the insurance company.*

65 Incorporated *does not make decisions or choices as to which option is best for a particular client; that is the obligation of each client, after carefully considering the information contained on 65incorporated.com and from other sources. We urge our clients to study all the options carefully.* 65 Incorporated *disclaims responsibility for any option chosen by a client, and for the information prepared by third party sources. In the event of any claim by a client against* 65 Incorporated, *the liability of* 65 Incorporated *shall be limited to the consideration paid by such client to* 65 Incorporated.

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