2022 Medicare Advantage Plan (HMOs)
Comparison Chart for Contra Costa County

ABOUT THIS CHART

This Comparison Chart is a summary only and may be subject to change. The information on the chart is for individual HMO plans only. Employer and union health plans may have the same name but may offer very different benefits. Medicare Advantage plans are private insurance plans which are approved and subsidized by Medicare. They offer equivalent benefits to Medicare, including drug coverage. Joining a Medicare Advantage HMO means you may not use your Medicare benefit outside the plan. These plans may offer benefits in addition to those found in traditional Medicare. Some of those benefits are listed towards the bottom of the chart under 'Additional Benefits'. These plans are open to anyone with Medicare Parts A and B, including those under age 65 on Medicare due to disability, regardless of their health condition.

SOME RULES FOR ALL PLANS

All plans in Contra Costa County are Health Maintenance Organizations--HMOs. This means you must use the network providers. All plans contract with physician groups and hospitals which are listed on the chart. Primary Care Providers must refer you to specialists, and those must be within the same physician network. You cannot use medical services outside the network, except for emergencies.

The standard Medicare Part D rules, such as formulary limitations, drug restrictions, coverage phases, etc., apply to all MAPD plans as well as to stand-alone prescription drug plans.

JOINING A PLAN

If you have Medicare Parts A & B, you may join any of these plans during the Open Enrollment period (Oct 15 to Dec 7). Coverage starts Jan 1. If you are new to Medicare, you may join during the 7-month period around your eligibility date (usually 65th birthday). There is also a 2-month special enrollment period if your circumstances change significantly, such as losing your employer coverage or moving. You can call the phone numbers on the chart to enroll. When you enroll, your prior Medicare Advantage or Prescription Drug plan will be automatically cancelled when the new plan is effective.

CHANGING PLANS

From Jan 1 through Mar 31 of 2022, if you are in a Medicare Advantage plan you have the right to change to a different Advantage plan or to Original Medicare with a separate Prescription Drug plan.

SOME CONSIDERATIONS FOR CHOOSING A PLAN

1. Does the plan cover your favorite doctors and hospitals? Note: Primary Care Physician and specialists must belong to the same medical group (IPA).
2. Does the plan cover your specific prescription drugs?
3. What are the co-pays and deductibles for the services you need, such as doctor's visits, lab tests, chemotherapy?
4. What is the monthly premium (in addition to Medicare Part B)?
5. What is the out-of-pocket maximum? (This limits what you might have to pay for medical costs (excluding drugs))
6. What are additional benefits you'd like to have?

Always verify coverage details with the Medicare Advantage plan, including that your preferred physicians and hospitals are in the plan's network and then confirm plan participation with your physician(s).

Footnotes:

(1) Primary Care Physician and specialists must belong to the same medical group (IPA)

Information provided by Contra Costa HICAP
Health Insurance Counseling and Advocacy Program
925-655-1393 or 1-800-510-2020 or 800-434-0222

SHIP
State Health Insurance Assistance Program

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2022 HMO COMPARISON CHART (Part 1 of 3)
Regular Plans

CCHICAP 10/13/2021

	HMO NAME	Brand New Day Classic Care III	Humana Gold Plus	Humana Community	Imperial Traditional
	Please contact the HMO for more specific info and provider lists. All services are Medicare covered only unless stated.	1-866-255-4795 (prospective) 1-866-255-4795 (current) www.bndhmo.com	1-800-833-2364 (prospective) 1-800-457-4708 (current) www.humana-medicare.com	1-800-833-2364 (prospective) 1-800-457-4708 (current) www.humana-medicare.com	1-800-838-5914 (prospective) 1-800-838-8271 (current) www.ImperialHealthplan.com
	Medicare Plan ID Number	H0838-46	H5619-029	H5619-138	H5496-007
	Medicare Star Rating	★★★1/2	★★★★	★★★★	★★1/2
1	HMO Monthly Premium	$55	$69	$56	$0
2	Out-of-Pocket Limit (Parts A&B only)	$2,999	$5,900	$3,200	$2,999
	INPATIENT SERVICES (PART A)				
3	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; San Ramon Regional; Alta Bates	John Muir; Sutter Delta; San Ramon Regional	John Muir; San Ramon Regional	Sutter Delta; San Ramon Regional; Alta Bates; UCSF; Others see dir.
4	Inpatient Hospitalization (Check with plan after 90 days)	$250 per day Days 1-5	$370 per day Days 1-4	$285 per day Days 1-5	$0 if stay is ≤2 days $150 per day Days 1-5
5	Inpatient Mental Health (Check with plan after 90 days)	$250 per day Days 1-5	$900/stay	$285 per day Days 1-5	$0 if stay is ≤2 days $200 per day Days 1-7
6	Skilled Nursing Care (100 days each Medicare Benefit period)	$0/D Days 1-20 $185.50/D Days 21-100	$0/D Days 1-20 $172/D Days 21-55 $0/D Days 56-100	$0/D Days 1-20 $172/D Days 21-55 $0/D Days 56-100	$0/D Days 1-20 $164.50/D Days 21-100
	OUTPATIENT SERVICES (PART B)				
7	Doctor Groups in Network (Always verify plan with your doctors) (1)	John Muir Phys; Hills Phys	John Muir Phys; Hill Phys; Sutter EB	John Muir Phys	Imperial Health Holdings (no distance limit); Others see dir.
8	Doctor's Office Visit co-pay	$0-PCP;$10-spec; $0-virtual	$0-PCP;$15-spec; virtual same	$0-PCP;$15-spec; virtual same	$5-PCP;$10-spec; $0-virtual
9	Mental Health/Substance Abuse	$10-individual; $10-group	$15-office; $100-outpatient hospital; $0-virtual	$15-office; $100-outpatient hospital; $0-virtual	20% co-insurance - non-phys; $0 - psychiatrist
10	Outpatient Surgery or Procedure co-pay	$200	$75-Amb. Surg. Ctr.; $100-Hospital	$150-Amb. Surg. Ctr.; $200-Hospital	$0
11	Ambulance co-pay	$200	$265-ground; 20%-air	$250 per date of service	$150-ground; 20%-air
12	Emergency Rm. visit co-pay	$100 (Outside US up to $50k)	$90 Worldwide	$90 Worldwide	$100 ($0 Outside US up to $50k)
13	Urgent Need Services co-pay	$0	$15 (virtual $0)	$40 (virtual $0)	$20 (Outside US up to $50k)
14	Rehab. (PT, Cardio) co-pay	$10-OT/PT; $0-Cardiac	$15	$15-OT/PT; $0-Cardiac	$10-OT; 20%-PT; $0-Cardiac
15	Durable Medical Equip & Prosth. copay	20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance
16	X-rays co-pay	$15	$15	$15	$0
17	Diagnostic Lab Serv. co-pay	$0	$0	$0	$0
18	Radiology Diag. Tests co-pay (MRI, CT)	$200	$75- $100	$50- $100	$0
19	Radiation Therapy co-pay	20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance
20	Chemo. - Part B drugs	20% co-insurance	20% co-insurance	20% co-insurance	$0
21	Kidney Dialysis	20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance
	ADDITIONAL BENEFITS (not in Medicare)				
22	Hearing: Routine hearing loss exams and Hearing Aids	$0 routine exam; $149 per hearing aid, 2 aids/3yr	$0 routine exam; $699-$999 copay for hearing aids 1/ear/yr	No additional	20% routine exam ($250 allowance); 20% hearing aids/yr ($1,250 allowance)
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	$0 routine exam; $175 eyewear allowance	No additional	No additional	$0 routine exam; $250 eyewear allowance
24	Dental	$0 for preventive, see plan doc for others	Not Covered - see rider below	2 free exams, $0-25 copay for certain services (up to $1,000)	$0 routine ($500 Max/yr) $0 non-routine ($2000 Max/yr)
25	Transportation to approved destinations	$0 (no limit)	Not Covered	Not Covered	$0 (no limit)
26	Fitness Benefits	SilverSneakers	Silver Sneakers	Silver Sneakers	Silver&Fit or 1 home fitness kit
27	Other Benefits Included	Nurse Line, $40 OTC Credit/qtr, meal programs, $0 for opioid treatment	Well Dine Meal	$45 OTC Credit/qtr, $0 for 6 routine footcare	$120 OTC Credit/qtr, $0 for 6 routine footcare, $0 for opioid treatment, Up to 7 home-delivered meals
28	Optional Benefits Available for Extra Monthly Premium	None	Dental and/or Vision $15.30-$29.20/mo	Dental and/or Vision $15.30-$88.70/mo	None
	PRESCRIPTION DRUGS (PART D)	(All prices reflect preferred phamacy) Until the annual cost paid by both you and the plan, reaches $4,430, you pay:			
29	Drug Deductible	$0 - T1; $50 T2-5	$0 T1-2; $400 T3-5	$0 T1-3; $100 T4-5	$0
		30d / 90d / 100d mail	30d / 90d / 90d mail	30d / 90d / 90d mail	30d / 90d / 90d mail
30	Tier 1 (Preferred Generic)	$0 / $0 / $0	$5 / $15 / $0	$3 / $9 / $0	$0 / $0 / $0
31	Tier 2 (Non-Pref. Generic)	$12 / $36 / $24	$12 / $36 / $0	$12 / $36 / $0	$5 / $12 / $10
32	Tier 3 (Preferred Brand)	$47 / $141 / $94	$47 / $141 / $131	$47 / $141 / $131	$45 / $110 / $90
33	Tier 4 (Non-Pref. Brand)	$100 / $300 / $200	$100 / $300 / $290	$100 / $300 / $290	$90 / $225 / $180
34	Specialty	30% co-ins	26% co-ins	31% co-ins	33% co-ins
		You and Plan pay $4,430, then you pay 25% generic, 25% brand until you've paid $7,050. Then you pay:			
35	Generic / All Other	greater of 5% or $3.95/$9.85	greater of 5% or $3.95/$9.85	greater of 5% or $3.95/$9.85	greater of 5% or $3.95/$9.85
36	Add'l drug benefits	Select Insulin Drugs copay $0-35, T6 (Select Care) $0		Select Insulins $35	$0 copay for T1-2 during Coverage Gap; Select Insulin Program

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2022 HMO COMPARISON CHART (Part 2 of 3)
Regular Plans

CCHICAP 10/13/2021

	HMO NAME	Kaiser Permanente Sr. Adv Basic	Kaiser Permanente Sr. Adv Enhanced	UnitedHealthcare AARP SecureHorizons Focus	UnitedHealthcare Canopy Health
	Please contact the HMO for more specific info and provider lists. All services are Medicare covered only unless stated.	1-800-777-1238 (prospective) 1-800-443-0815 (current) www.kp.org/medicare	1-800-777-1238 (prospective) 1-800-443-0815 (current) www.kp.org/medicare	1-800-555-5757 (prospective) 1-844-808-4553 (current) www.aarpmedicareplans.com	1-800-555-5757 (prospective) 1-866-810-1498 (current) www.UHCMedicareSolutions.com
	Medicare Plan ID Number	H0524-061	H0524-033	H0543-163	H0543-189
	Medicare Star Rating	★★★★★	★★★★★	★★★★	★★★★
1	HMO Monthly Premium	$19	$79	$64	$69
2	Out-of-Pocket Limit (Parts A&B only)	$6,700	$4,900	$3,200	$3,200
	INPATIENT SERVICES (PART A)				
3	Hospitals in Network (As directed, except emergency)	Kaiser	Kaiser	John Muir; San Ramon Regional	John Muir; San Ramon; UCSF; Others see directory
4	Inpatient Hospitalization (Check with plan after 90 days)	$290 per day Days 1-5	$225 per day Days 1-5	$290 per day Days 1-5	$290 per day Days 1-5
5	Inpatient Mental Health (Check with plan after 90 days)	$265 per day Days 1-5	$225 per day Days 1-5	$290 per day Days 1-5	$290 per day Days 1-5
6	Skilled Nursing Care (100 days each Medicare Benefit period)	$0/D Days 1-20 $100/D Days 21-100	$0/D Days 1-20 $100/D Days 21-100	$0/D Days 1-20 $188/D Days 21-38 $0/D Days 39-100	$0/D Days 1-20 $188/D Days 21-38 $0/D Days 39-100
	OUTPATIENT SERVICES (PART B)				
7	Doctor Groups in Network (Always verify plan with your doctors) (1)	Kaiser	Kaiser	John Muir Phys	Canopy John Muir; Canopy Hill Phys; Canopy UCSF
8	Doctor's Office Visit co-pay	$15-PCP;$25-spec; $0-virtual	$5-PCP;$15-spec; $0-virtual	$10-PCP;$15-spec; $0-virtual	$0-PCP;$15-spec; $0-virtual
9	Mental Health/Substance Abuse	$15-individual; $5-7-group; $0-virtual	$5-individual; $2-group; $0-virtual	$25-individual; $15-group; $0-virtual	$25-individual; $15-group; $0-virtual
10	Outpatient Surgery or Procedure co-pay	$270	$200	$200	$150-Amb. Surg. Ctr.; $210-Hospital
11	Ambulance co-pay	$200 per one way trip	$200 per one way trip	$265 - ground, air	$265 - ground, air
12	Emergency Rm. visit co-pay	$90 Worldwide	$90 Worldwide	$90 ($0 Outside US)	$90 ($0 Outside US)
13	Urgent Need Services co-pay	$15 Worldwide	$5 Worldwide	$40 ($0 Outside US)	$40 ($0 Outside US)
14	Rehab. (PT, Cardio) co-pay	$30	$20	$15-OT/PT; $0-Cardiac	$15-OT/PT; $0-Cardiac
15	Durable Medical Equip & Prosth. copay	20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance
16	X-rays co-pay	$20	$5	$15	$15
17	Diagnostic Lab Serv. co-pay	$0-5	$0	$0	$0
18	Radiology Diag. Tests co-pay (MRI, CT)	$215	$195	$105	$105
19	Radiation Therapy co-pay	$0	$0	$60 per visit	$60 per visit
20	Chemo. - Part B drugs	$0 - $47	$0 - $47	20% co-insurance	20% co-insurance
21	Kidney Dialysis	20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance
	ADDITIONAL BENEFITS (not in Medicare)				
22	Hearing: Routine hearing loss exams and Hearing Aids	No additional	No additional	$0 routine exam; $375-$1,425 copay for up to 2 hearing aids/yr	$0 routine exam; $375-$1,425 copay for up to 2 hearing aids/yr
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	$15 routine exam; $40 eyewear allowance/2yrs	$5 routine exam; $40 eyewear allowance/2yrs	$0 routine exam; $100 credit for eyewear/2yrs	$0 routine exam; $100 credit for eyewear/2yrs
24	Dental	$0 for basic services. See Rider below	$0 for basic services. See Rider below	Not Covered - see rider below	Not Covered - see rider below
25	Transportation to approved destinations	Not Covered	Not Covered	Not Covered	$0 up to 24 one-way trips
26	Fitness Benefits	Silver&Fit, home fitness kit	Silver&Fit, home fitness kit	Renew Active	Renew Active
27	Other Benefits Included	Home meals up to 4 wks after Congestive Heart Failure, $0 for opioid treatment	Home meals up to 4 wks after Congestive Heart Failure, $0 for opioid treatment	NurseLine, $15/visit for 6 routine footcare, $0 for opioid treatment, $40 OTC Credit/qtr	NurseLine, $15/visit for 6 routine footcare, $0 for opioid treatment, $40 OTC Credit/qtr
28	Optional Benefits Available for Extra Monthly Premium	$16/mo - Adv Plus (hearing, dental, add'l eyewear)	$16/mo - Adv Plus (hearing, dental, add'l eyewear)	Dental $45/mo	Dental $45/mo
	PRESCRIPTION DRUGS (PART D)	(All prices reflect preferred phamacy)	Until the annual cost paid by both you and the plan, reaches $4,430, you pay:		
29	Drug Deductible	$0	$0	$0 T1-2; $100 T3-5	$0 T1-2; $250 T3-5
		30d / 100d / 100d mail	30d / 100d / 100d mail	30d / 100d / 100d mail	30d / 100d / 100d mail
30	Tier 1 (Preferred Generic)	$3 / $9 / $0	$0 / $0 / $0	$3 / $9 / $0	$3 / $9 / $0
31	Tier 2 (Non-Pref. Generic)	$15 / $45 / $30	$10 / $30 / $20	$12 / $36 / $12	$12 / $36 / $12
32	Tier 3 (Preferred Brand)	$47 / $141 / $94	$47 / $141 / $94	$47 / $141 / $131	$47 / $141 / $131
33	Tier 4 (Non-Pref. Brand)	$100 / $300 / $200	$100 / $300 / $200	$100 / $300 / $290	$100 / $300 / $290
34	Specialty	33% co-ins	33% co-ins	31% co-ins	28% co-ins
		You and Plan pay $4,430, then you pay 25% generic, 25% brand until you've paid $7,050. Then you pay:			
35	Generic / All Other	$3 / $12 / $0	$3 / $12 / $0	greater of 5% or $3.95/$9.85	greater of 5% or $3.95/$9.85
36	Add'l drug benefits	T6 (Injectable vaccine) $0; $3-10 copay for generics during Coverage Gap	T6 (Injectable vaccine) $0; $0-10 copay for generics during Coverage Gap	Select Insulin Drugs copay $35; $0 copay for T1 during Coverage Gap	Select Insulin Drugs copay $35; $0 copay for T1 during Coverage Gap

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2022 HMO COMPARISON CHART (Part 3 of 3)
Regular Plans

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	HMO NAME	UnitedHealthcare AARP SecureHorizons Plan 1			WellCare Premium Ultra			WellCare No Premium			WellCare Assist (For people w/Extra Help Only)		
	Please contact the HMO for more specific info and provider lists. All services are Medicare covered only unless stated.	1-800-555-5757 (prospective) 1-844-808-4553 (current) www.aarpmedicareplans.com			1-866-277-6583 (prospective) 1-800-275-4737 (current) wellcare.healthnetcalifornia.com			1-866-277-6583 (prospective) 1-800-275-4737 (current) wellcare.healthnetcalifornia.com			1-866-277-6583 (prospective) 1-800-275-4737 (current) wellcare.healthnetcalifornia.com		
	Medicare Plan ID Number	H0543-070			H0562-009			H0562-103			H0562-127		
	Medicare Star Rating	★★★★			★★★★			★★★★			★★★★		
1	HMO Monthly Premium	$110			$121			$0			$27.90		
2	Out-of-Pocket Limit (Parts A&B only)	$6,700			$6,700			$4,500			$4,500		
	INPATIENT SERVICES (PART A)												
3	Hospitals in Network (As directed, except emergency)	Alta Bates; San Ramon; Sutter Delta; John Muir; Valleycare; Others as directed			John Muir; Sutter Delta; San Ramon Regional; Alta Bates			John Muir; San Ramon Regional			John Muir; Sutter Delta; San Ramon Regional; Alta Bates		
4	Inpatient Hospitalization (Check with plan after 90 days)	$390 per day Days 1-5			$325 per day Days 1-5			$325 per day Days 1-5			$350 per day Days 1-5		
5	Inpatient Mental Health (Check with plan after 90 days)	$390 per day Days 1-4			$900 per stay			$900 per stay			$350 per day Days 1-4		
6	Skilled Nursing Care (100 days each Medicare Benefit period)	$0/D Days 1-20 $188/D Days 21-56 $0/D Days 57-100			$0/D Days 1-20 $150/D Days 21-100			$0/D Days 1-100			$0/D Days 1-20 $188/D Days 21-100		
	OUTPATIENT SERVICES (PART B)												
7	Doctor Groups in Network (Always verify plan with your doctors) (1)	Affinity EB; Hill Phys EB; Sutter EB; Brown & Toland EB			Hill Phys EB; Hill Phys SF; Sutter EB; Brown & Toland			Hill Phys			Hill Phys EB; Hill Phys SF; Sutter EB; Brown & Toland		
8	Doctor's Office Visit co-pay	$0-PCP;$10-spec; $0-virtual			$10-PCP;$15-spec			$0-PCP;$20-spec			$0-PCP;$5-spec		
9	Mental Health/Substance Abuse	$25-individual; $15-group; $0-virtual			$25-individual/group			$25-individual/group			$25-individual/group		
10	Outpatient Surgery or Procedure co-pay	$370			$100-Amb. Surg. Ctr.; $325-Hospital			$100-Amb. Surg. Ctr.; $200-Hospital			$125-Amb. Surg. Ctr.; $275-Hospital		
11	Ambulance co-pay	$260 - ground, air			$165 - ground, air			$375 - ground, air			$250 - ground, air		
12	Emergency Rm. visit co-pay	$90 ($0 Outside US)			$90 (Outside US up to $50k)			$90 (Outside US up to $50k)			$90 (Outside US up to $50k)		
13	Urgent Need Services co-pay	$40 ($0 Outside US)			$15 ($90 Outside US up to $50k)			$20 ($90 Outside US up to $50k)			$0 ($90 Outside US up to $50k)		
14	Rehab. (PT, Cardio) co-pay	$10-OT/PT; $0-Cardiac			$20-OT/PT			$0-OT/PT			$0-OT/PT		
15	Durable Medical Equip & Prosth. copay	20% co-insurance			20% co-insurance			20% co-insurance			20% co-insurance		
16	X-rays co-pay	$15			$0			$0			$15		
17	Diagnostic Lab Serv. co-pay	$0			$0			$0			$0		
18	Radiology Diag. Tests co-pay (MRI, CT)	$105			$325			$200			$275		
19	Radiation Therapy co-pay	$60 per visit			20% co-insurance			20% co-insurance			20% co-insurance		
20	Chemo. - Part B drugs	20% co-insurance			20% co-insurance			20% co-insurance			20% co-insurance		
21	Kidney Dialysis	20% co-insurance			20% co-insurance			20% co-insurance			20% co-insurance		
	ADDITIONAL BENEFITS (not in Medicare)												
22	Hearing: Routine hearing loss exams and Hearing Aids	$0 routine exam; $375-$1,425 copay for up to 2 hearing aids/yr			$0 routine exam			$0 routine exam; $1,000 allowance for up to 2 hearing aids/yr			$0 routine exam; $1,000 allowance for up to 2 hearing aids/yr		
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	$0 routine exam; $100 credit for eyewear/2yrs			$0 routine exam			$0 routine exam; $100 eyewear allowance			$0 routine exam; $200 eyewear allowance		
24	Dental	Not Covered - see rider below			Not Covered - see rider below			Not Covered - see rider below			2 free oral exams & cleanings, 20% co-ins for certain services		
25	Transportation to approved destinations	Not Covered			Not Covered			Not Covered			24 one-way trips		
26	Fitness Benefits	Not Covered			Peerfit Move			Peerfit Move			Peerfit Move		
27	Other Benefits Included	NurseLine, $10/visit for 6 routine footcare, $0 for opioid treatment			NurseLine, $15/visit for 6 routine footcare, $15 for opioid treatment			NurseLine, $20/visit for 6 routine footcare, $20 for opioid treatment			NurseLine, $5/visit for 12 routine footcare, $5 for opioid treatment, $100 OTC/qtr, $500/yr Flex Card		
28	Optional Benefits Available for Extra Monthly Premium	Dental $45/mo			Dental and Vision $25/mo			Dental $10/mo			None		
	PRESCRIPTION DRUGS (PART D)	(All prices reflect preferred phamacy) Until the annual cost paid by both you and the plan, reaches $4,430, you pay:											
29	Drug Deductible	$0 T1-2; $350 T3-5			$0			$0			$0 T1; $480 T2-5		
		30d	100d	100d mail	30d	90d	90d mail	30d	90d	90d mail	30d	90d	90d mail
30	Tier 1 (Preferred Generic)	$3	$9	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
31	Tier 2 (Non-Pref. Generic)	$12	$36	$12	$5	$15	$0	$3	$9	$0	$20	$60	$0
32	Tier 3 (Preferred Brand)	$47	$141	$131	$37	$111	$74	$37	$111	$74	$47	$141	$94
33	Tier 4 (Non-Pref. Brand)	$100	$300	$290	$90	$270	$180	$90	$270	$180	43%	43%	43%
34	Specialty	27% co-ins			33% co-ins			33% co-ins			25% co-ins		
		You and Plan pay $4,430, then you pay 25% generic, 25% brand until you've paid $7,050. Then you pay:											
35	Generic / All Other	greater of 5% or $3.95/$9.85			greater of 5% or $3.95/$9.85			greater of 5% or $3.95/$9.85			greater of 5% or $3.95/$9.85		
36	Add'l drug benefits	Select Insulin Drugs copay $35; $0 copay for T1 during Coverage Gap			T6 (Select Care - certain vaccines and drugs for chronic conditions) $0			T6 (Select Care - certain vaccines and drugs for chronic conditions) $0			T6 (Select Care - certain vaccines and drugs for chronic conditions) $0		

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