

Tidewater Management Group Presents



YOUR TICKET TO SUCCESS



TIDEWATER MANAGEMENT GROUP - RONNIE JAMES

ABOUT TMG

Tidewater Management Group strives to provide education, support, respect and sustainability to all of our agents. Our business is built on relationships with agents & brokers with whom we are committed to achieving success in a professional and quality environment.




JUST A FEW REASONS TO PARTNER WITH TMG:

- ▶ **No Reduced Commissions**
- ▶ **No Assignment of Commissions**
- ▶ **Dedicated Licensed Agent Support**
- ▶ **Free unbiased mobile CSG quoting tool**
- ▶ **Lead Programs**
- ▶ **Incentive Trips**
- ▶ **Quarterly training meetings & seminars - no cost**
- ▶ **Exclusive VIP Portal**

TODAY'S MEETING AGENDA

- ▶ **Medicare Supplements**
- ▶ **Medicare Prescription Drug Plans**
- ▶ **Hospital Indemnity**
- ▶ **Life Products**
- ▶ **Cancer, Heart Attack & Stroke**
- ▶ **Home Health Care Products**
- ▶ **Dental, Vision & Hearing**
- ▶ **2017 Medicare Advantage Benefits**

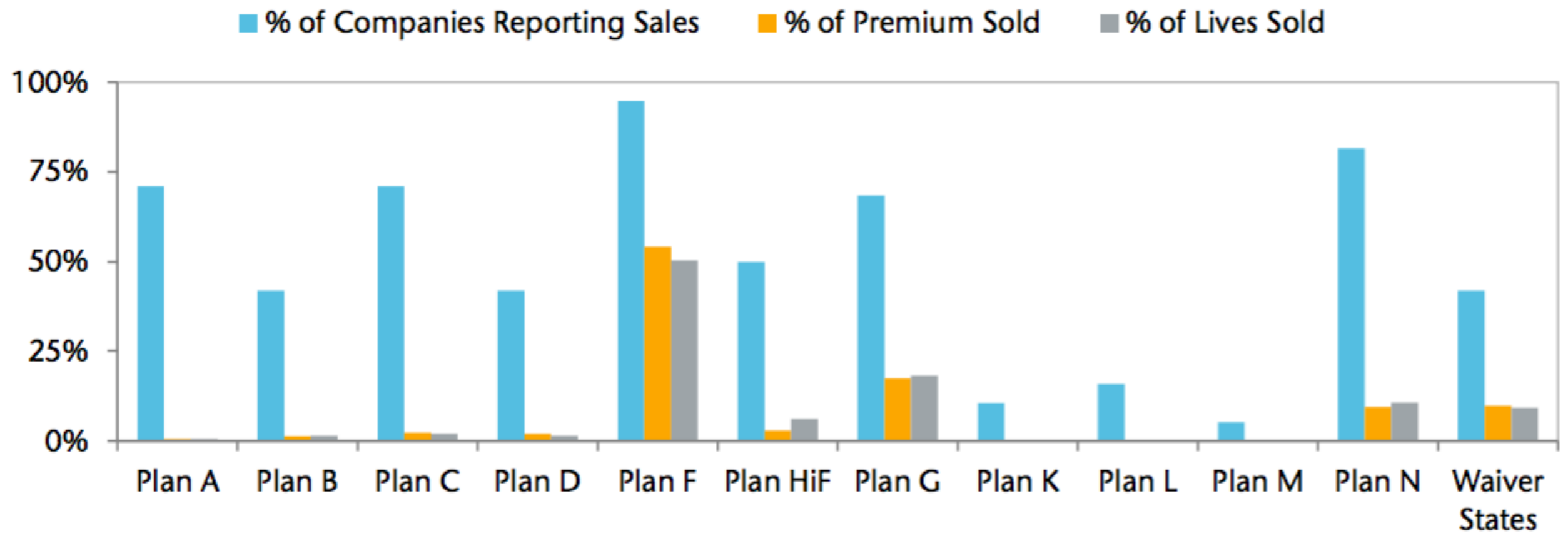
A close-up photograph of a man in a dark suit, white shirt, and patterned tie. He is holding a thick red ribbon that forms a large upward-pointing arrow shape. The background is a solid blue color.

MEDICARE SUPPLEMENTS INCREASE 4.2%!

Total premium for actively selling companies totaled approximately \$2.2 billion in 2015

Total premium for actively selling companies totaled approximately \$2.176 billion in 2014

PLAN F ACCOUNTS FOR MORE THAN 50% OF MEDICARE SUPPLEMENTS PLACED.



R=Premium: 38, Lives: 39

EXHIBIT F. PERCENTAGE OF SALES PREMIUM BY SOURCE

	Open Enrollment	Guarantee Issue	Underwritten
% of Premium Sold in 2014	39%	20%	37%
% of Premium Sold in 2015	37%	23%	40%

It is still beneficial to talk to people over 65 about Medicare Supplements. Underwritten supplements are 40%!!

TMG MEDICARE SUPPLEMENT CARRIERS

- ▶ **Aetna Senior Supplemental**
- ▶ **Assurity**
- ▶ **Bankers Fidelity**
- ▶ **Central States Indemnity**
- ▶ **Central States Indemnity Life**
- ▶ **Cigna**
- ▶ **Equitable Life**
- ▶ **Everest Reinsurance Company**
- ▶ **Guarantee Trust Life**
- ▶ **Humana**
- ▶ **Individual Assurance Company**
- ▶ **LCBA**
- ▶ **Manhattan Life**
- ▶ **Medico**
- ▶ **Mutual of Omaha**
- ▶ **Oxford Life**
- ▶ **Thrivent**
- ▶ **Transamerica**
- ▶ **United American**
- ▶ **United Health Care**

EVEREST REINSURANCE COMPANY

- ▶ Brand new carrier
- ▶ Competitive rates
- ▶ Top commissions with recruitment contracts available
- ▶ Fast app bonus program
- ▶ E-app
- ▶ Household discount
- ▶ A+ Rated Carrier

**UP TO \$100 BONUS FOR
PLACED BUSINESS!!**

Through December 7th



AETNA SENIOR SUPPLEMENTALS

- ▶ **Plans A, B, D, F, High Deductible F, G, N**
- ▶ **Full portfolio of products**
- ▶ **30 day free look**
- ▶ **12 month rate guarantee**
- ▶ **Incentive Trip**
- ▶ **A Rated Carrier**
- ▶ **Not going up more than 3% over the next 3 years**

BANKERS FIDELITY

- ▶ **A Rated Carrier**
- ▶ **Full portfolio of products**
- ▶ **Incentive Trip**
- ▶ **\$50 bonus for every app written**
- ▶ **5 apps for 5 leads**



LOYAL CHRISTIAN BENEFIT ASSOCIATION

- ▶ **A non-profit organization**
- ▶ **E-App Available**
- ▶ **7% Household Discount**

**Plan G Rates
Female Non-tobacco**

7% Discount applied

65 - \$85.63

68 - \$87.32

70 - \$94.45

**Plan G Rates
Male Non-tobacco**

7% Discount applied

65 - \$98.43

68 - \$100.37

70 - \$108.57



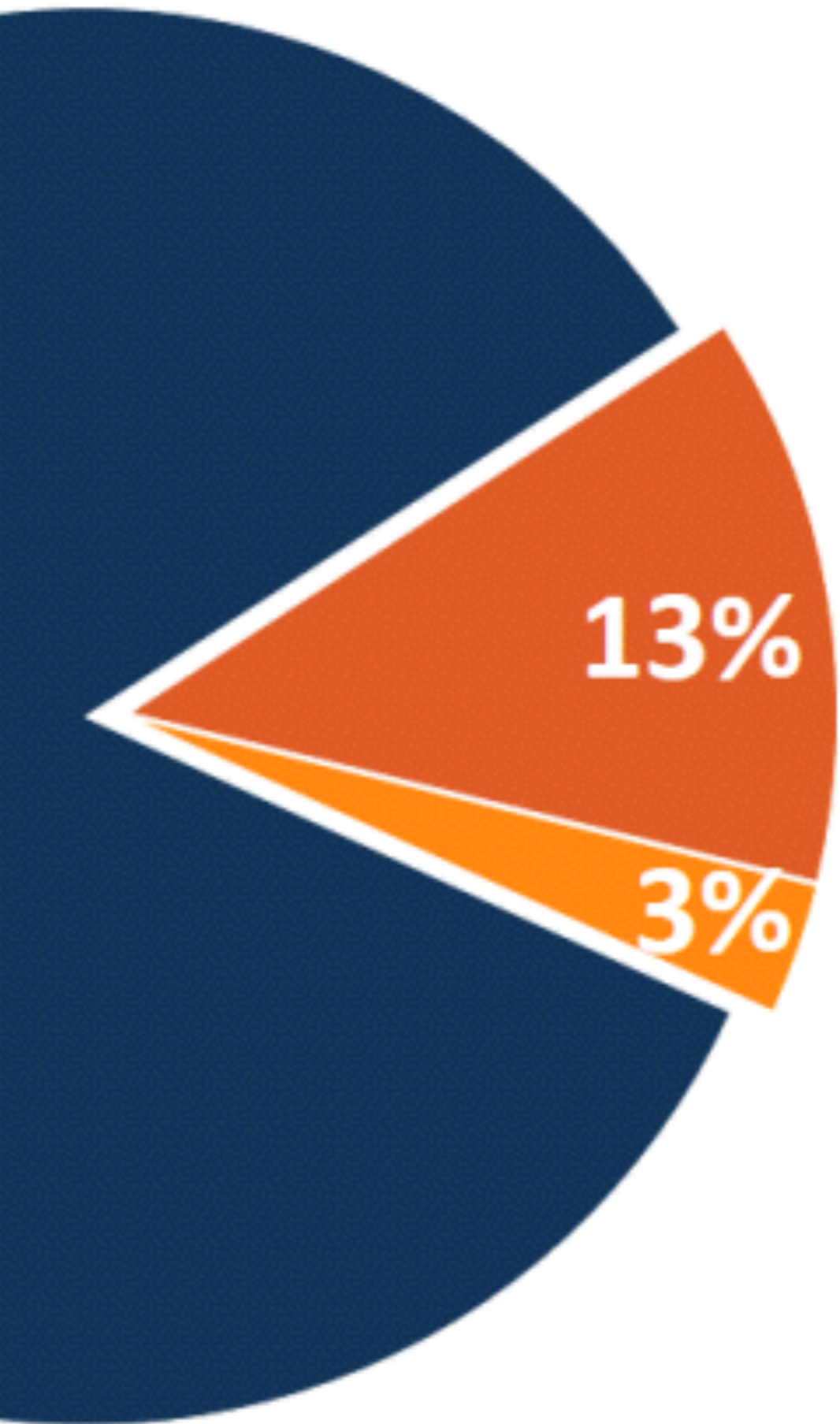
IS MEDICARE PART D IMPORTANT?

TOTAL MEDICARE SPENDING IN 2014 = \$613.3 BILLION

13% Part D Spending

3% Part B Spending

84% Other Medicare Spending



SILVERSCRIPT

- ▶ **2017 Plan designs are \$0 deductible**
- ▶ **More than 67,000 retail pharmacies in network**
- ▶ **Some plans have gap coverage for Tier 1&2 drugs**
- ▶ **eApplication starting with the 2017 AEP**
- ▶ **New to Medicare \$71 commission**
- ▶ **Renewal / Rollover \$36 commission**
- ▶ **Annual certifications now available**



HOSPITAL INDEMNITY EVEN COVERS HIDDEN COSTS!

- ▶ **Prescription drug expenses**
- ▶ **Experimental treatments**
- ▶ **Lost time at work**
- ▶ **Travel & Food**
- ▶ **Lodging**

BANKERS FIDELITY

- ▶ **Guaranteed Issue into a high deductible Plan F at any time!**
- ▶ **Up to a \$60 application bonus for placed business!**
- ▶ **5% Household discount!**
- ▶ **No application fee!**
- ▶ **Outpatient Diagnostic Testing!**
- ▶ **Cancer Rider (3 year look back)**
- ▶ **Protected Block With Super Stable Rates**
- ▶ **Lifetime Commissions are a possibility**



GUARANTEE TRUST LIFE

- ▶ **Guaranteed issue from ages 64^{1/2} to 65^{1/2}**
- ▶ **Easy E-App and iPad app**
- ▶ **Covers 24 Hour "Observation" Stays at 100%**
- ▶ **Year round selling opportunity**
- ▶ **Cash benefits paid directly to the insured**
- ▶ **Commissions paid weekly**
- ▶ **Cancer Rider (5 year look back)**



**LIFE INSURANCE...
DO YOU BELIEVE?**

**Studies show
that 1 out of 1
will die.**



TMG LIFE INSURANCE CARRIERS

- ▶ **Aetna Senior Supplemental**
- ▶ **American General**
- ▶ **Assurity**
- ▶ **Baltimore Life**
- ▶ **Bankers Fidelity**
- ▶ **Banner Life**
- ▶ **Cincinnati Life**
- ▶ **Equitable Life**
- ▶ **Forethought**
- ▶ **Foresters**
- ▶ **Gerber**
- ▶ **Great Western**
- ▶ **Guarantee Trust Life**
- ▶ **Kemper**
- ▶ **Liberty Bankers Life**
- ▶ **Medico**
- ▶ **Mutual of Omaha**
- ▶ **National Guardian Life**
- ▶ **Oxford Life**
- ▶ **Protective**
- ▶ **Sagicor**
- ▶ **Settlers Life**
- ▶ **Standard Life and Casualty**
- ▶ **Transamerica**
- ▶ **United American**
- ▶ **United Home Life**
- ▶ **Washington National**



CANCER, HEART ATTACK & STROKE

15.5 MILLION

**CANCER SURVIVORS IN
AMERICA TODAY**

36% OF THEM ARE BROKE

**IN THE AMOUNT OF TIME
IT TOOK YOU TO READ
THIS SLIDE, SOMEONE
NEW HAD A HEART
ATTACK IN THE U.S.
EVERY 34 SECONDS.**

GUARANTEE TRUST LIFE BRAND NEW!

- ▶ **Issue from ages 18 to 90**
- ▶ **Lump Sum Benefit (up to \$75K)**
- ▶ **Return of Premium Rider**
- ▶ **\$500 Per Year Skin Cancer Benefit (3 times)**
- ▶ **\$100 Wellness Benefit for Annual Physical Exam (per year)**
- ▶ **Dental Vision Rider**
- ▶ **Intensive Care Rider**
- ▶ **Recurrence Benefit 100% after 5 years**

AETNA

- ▶ **Issue from ages 18 to 89**
- ▶ **Can Cover Individual or Family on 1 Policy**
- ▶ **Intensive Care Benefit Rider**
- ▶ **Up to 75K Benefit**





HOME HEALTHCARE

**The Fastest Growing
Segment of the
Healthcare Industry**

KEMPER

- ▶ **\$150/day for home health**
- ▶ **Paid directly to the insured**
- ▶ **Medicare covers home health at 100%**
- ▶ **Used any way the insured desires**
- ▶ **Client can own 2 policies**
- ▶ **Prescription Drug Reimbursement**
- ▶ **Home Healthcare Aid Coverage**
- ▶ **Only 2 Health Questions**



114 MILLION

Americans with no dental insurance

Why do they need it?

STUDIES SHOW THOSE WITHOUT:

67% more likely to have
heart disease

50% more likely to have
osteoporosis

29% more likely to have
diabetes

MEDICO VS CUL

Benefits	Medico	CUL
Issue Ages	18-89	3-75 & Family Rates
Premiums	\$\$\$\$	Less expensive at every age
Annual policy max benefit	\$1000, \$1500 & \$2500	\$1000 and \$1500
Policy year deductible	\$100	\$100
Semi-annual exams	60% 1st year, 70% 2nd year, 80% on	60% 1st year, 70% 2nd year, 80% on
Waiting period for cleanings & exams	3 Months	None
Bridges, crowns, dentures, root canals, & full mouth extractions	12 month waiting period	12 month waiting period
Major service coverage	60% for life of the policy	70% in 2nd year, 80% on
Eyeglasses	\$200 - 6 month waiting period	60% 1st year, 70% 2nd year, 80% on
Eye Exam	None	60% 1st year, 70% 2nd year, 80% on
Hearing Aids	\$500 max benefit after 12 month waiting period	60% 1st year, 70% 2nd year, 80% on
Hearing Exam	None	60% 1st year, 70% 2nd year, 80% on



MEDICARE ADVANTAGE

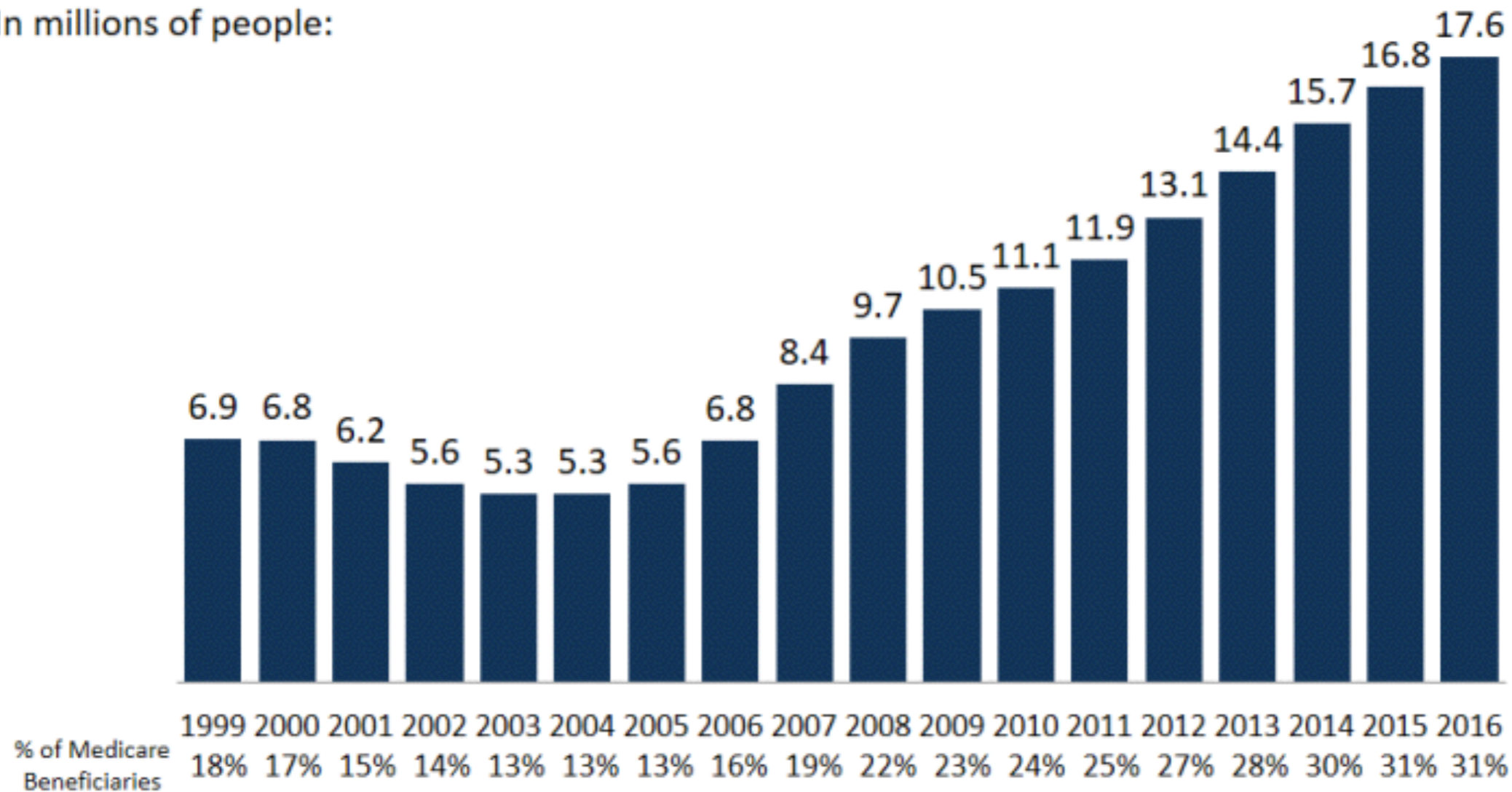
**In 2016 there are
55.5 MILLION
Medicare beneficiaries.**

By 2050 that number will rise to:

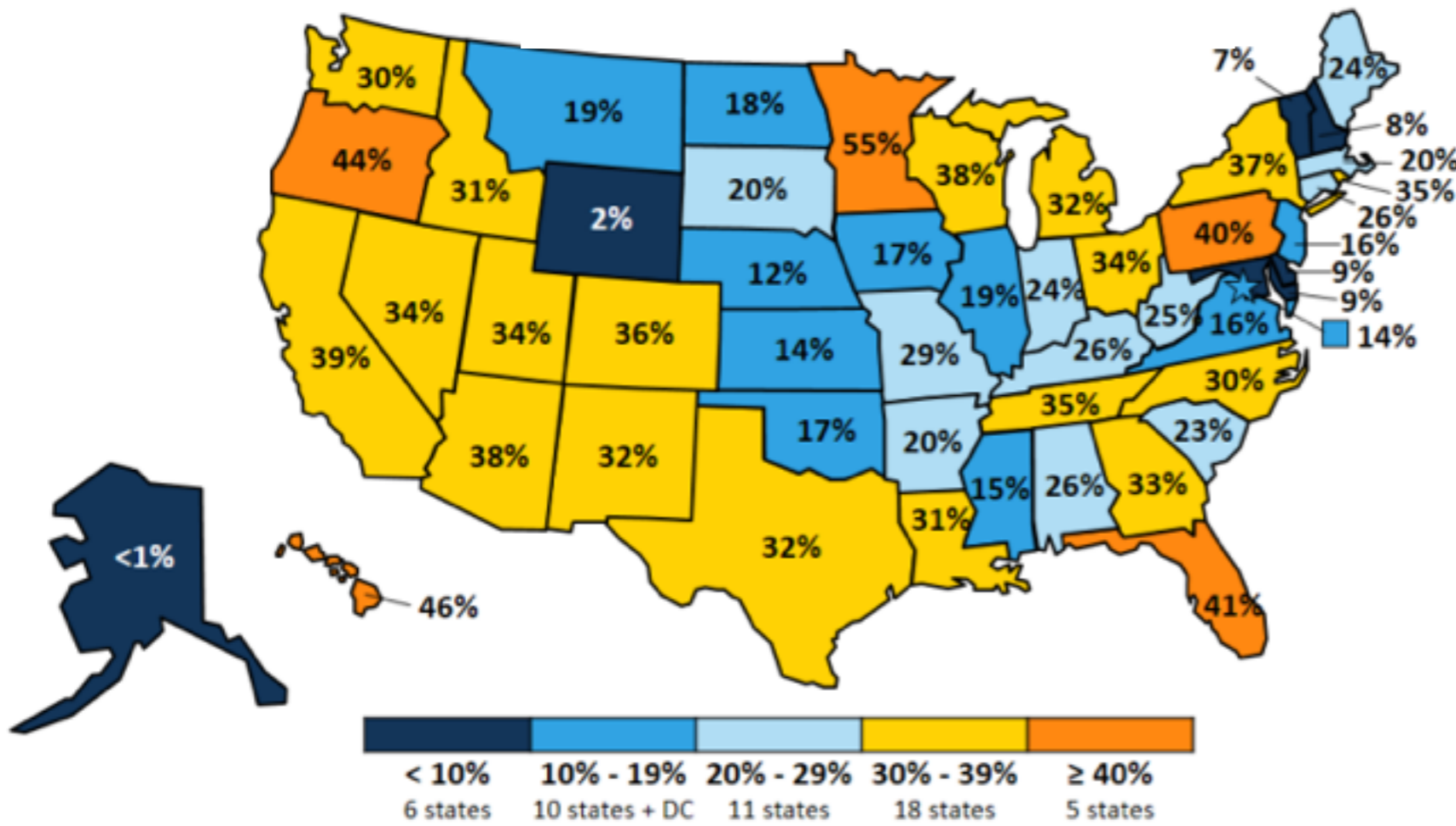
89 MILLION

TOTAL MEDICARE PRIVATE HEALTH PLAN ENROLLMENT 1999-2016

In millions of people:



SHARE OF MEDICARE BENEFICIARIES ENROLLED IN MEDICARE PRIVATE PLANS BY STATE, 2016



Total Medicare Enrollees

NC - 1.78M

SC - 950K

GA - 1.52M

TN - 1.34M



Mid South Market — NORTH CAROLINA

North Carolina/**Alamance**, Alexander, Cabarrus, Caldwell, Caswell, Catawba, Davidson, **Davie**, Durham, **Forsyth**, Gaston, Guilford, Iredell, **McDowell**, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Stokes, Union, Wake

Aetna Medicare Premier Plan (PPO) (H5521-081)



Monthly Premium	\$0
PCP In-Network	\$10
Specialist In-Network	\$45
Inpatient Hospital In-Network	\$295 per day, days 1-6; \$0 per day, days 7-90
Out-of-pocket Maximum	\$4,950 In-Network/\$10,000 Combined
Prescription Drugs	Preferred Pharmacies/ Non-Preferred Pharmacies
Tier 1 - Preferred Generic	\$2/\$10 copay
Tier 2 - Generic	\$5/\$20 copay
Tier 3 - Preferred Brand	\$47 copay
Tier 4 - Non-Preferred Drug	\$100 copay
Tier 5 - Specialty	29% coinsurance



Mid South Market — NORTH CAROLINA

North Carolina/**Johnston, Wilkes**

Aetna Medicare Value Plan (PPO) (H5521-139)



Monthly Premium	\$29
PCP In-Network	\$15
Specialist In-Network	\$45
Inpatient Hospital In-Network	\$285 per day, days 1-6; \$0 per day, days 7-90
Out-of-pocket Maximum	\$5,900 In-Network/\$10,000 Combined
Prescription Drugs	Preferred Pharmacies/ Non-Preferred Pharmacies
Tier 1 - Preferred Generic	\$2/\$10 copay
Tier 2 - Generic	\$5/\$20 copay
Tier 3 - Preferred Brand	\$47 copay
Tier 4 - Non-Preferred Drug	\$100 copay
Tier 5 - Specialty	29% coinsurance



Mid South Market — NORTH CAROLINA

North Carolina/Durham, Orange, Person, Wake

Aetna Medicare Prime Plan (HMO) (H3931-087)



Monthly Premium	\$0
PCP In-Network	\$5
Specialist In-Network	\$40
Inpatient Hospital In-Network	\$270 per day, days 1-6; \$0 per day, days 7-90
Out-of-pocket Maximum	\$4,500 In-Network
Prescription Drugs	Preferred Pharmacies/ Non-Preferred Pharmacies
Tier 1 - Preferred Generic	\$2/\$10 copay
Tier 2 - Generic	\$5/\$20 copay
Tier 3 - Preferred Brand	\$47 copay
Tier 4 - Non-Preferred Drug	\$100 copay
Tier 5 - Specialty	33% coinsurance



Mid South Market — NORTH CAROLINA

North Carolina/Cabarrus, Durham, Gaston, Iredell, Mecklenburg, Orange, Person, Rowan, Union, Wake

Aetna Medicare Value Plan (HMO) (H3931-081)



Monthly Premium	\$0
PCP In-Network	\$15
Specialist In-Network	\$45
Inpatient Hospital In-Network	\$295 per day, days 1-6; \$0 per day, days 7-90
Out-of-pocket Maximum	\$4,950 In-Network
Prescription Drugs	Preferred Pharmacies/ Non-Preferred Pharmacies
Tier 1 - Preferred Generic	\$2/\$10 copay
Tier 2 - Generic	\$5/\$20 copay
Tier 3 - Preferred Brand	\$47 copay
Tier 4 - Non-Preferred Drug	\$100 copay
Tier 5 - Specialty	33% coinsurance



Mid South Market — NORTH CAROLINA

North Carolina/Alexander, Caldwell, Catawba, Durham, Gaston, Guilford, Randolph, Wake

Advantra Gold (PPO) (H1608-025)



Monthly Premium	\$44
PCP In-Network	\$7
Specialist In-Network	\$40
Inpatient Hospital In-Network	\$265 per day, days 1-6; \$0 per day, days 7-90
Out-of-pocket Maximum	\$5,500 In-Network/\$10,000 Combined
Prescription Drugs	Preferred Pharmacies/ Non-Preferred Pharmacies
Tier 1 - Preferred Generic	\$2/\$10 copay
Tier 2 - Generic	\$5/\$20 copay
Tier 3 - Preferred Brand	\$47/\$47 copay
Tier 4 - Non-Preferred Drug	\$100/\$100 copay
Tier 5 - Specialty	33% coinsurance

Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	CY2016	CY2017
	Humana Gold Plus H1036-233 (HMO)	Humana Gold Plus H1036-233 (HMO)
COUNTIES	Wake	Wake
Monthly Plan Premium	\$0	\$0
Max. Out-of-Pocket Limit	\$4,900	\$4,900
Medicare Part B Premium Reduction	N/A	N/A
Inpatient Hospital (Acute) Days Covered Per Benefit Period	\$295 copay days 1-5 \$0 copay days 6-90 (unlimited days)	\$295 copay days 1-5 \$0 copay days 6-90 190 day lifetime limit in a psychiatric facility
Inpatient Psychiatric Hospital	\$295 copay days 1-5 \$0 copay days 6-90	\$295 copay days 1-5 \$0 copay days 6-90
Skilled Nursing Facility (SNF)	Plan covers up to 100 days in a SNF. Days 1-20: \$0 copay per day Days 21-100: \$160 per day.	Plan covers up to 100 days in a SNF. Days 1-20: \$0 copay per day Days 21-100: \$160 per day.
Cardiac And Pulmonary Rehabilitation Services	\$10 copay for Medicare covered: Rehabilitation Services Intensive Cardiac Rehabilitation Services Pulmonary Rehabilitation Services	\$10 copay for Medicare covered: Rehabilitation Services Intensive Cardiac Rehabilitation Services Pulmonary Rehabilitation Services
Emergency Care	\$75 copay (waived if admitted within 24 hours)	\$75 copay (waived if admitted within 24 hours)
Urgently Needed Services	\$0-45 copay	\$0-45 copay
Worldwide Emergency / Urgent Coverage	\$75 copay waived if admitted within 24 hours	\$75 copay waived if admitted within 24 hours
Partial Hospitalization	\$40 copay	\$40 copay
Home Health Services	\$0 copay	\$0 copay

Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	CY2016	CY2017
	Humana Gold Plus H1036-233 (HMO)	Humana Gold Plus H1036-233 (HMO)
COUNTIES	Wake	Wake
Primary Care Physician (PCP)	\$0 copay	\$0 copay
Chiropractic Services (Medicare covered)	\$20 copay	\$20 copay
Chiropractic Services (Routine)	no benefit	no benefit
Occupational Therapy	\$10-40 copay	\$10-40 copay
Physician Specialist	\$10-45 copay	\$10-45 copay
Outpatient Mental Health Specialty (Individual / Group)	\$40 copay	\$40 copay
Podiatry (Medicare Covered) Routine Podiatry	\$45 copay Medicare covered podiatry \$10 copay routine podiatry 6 every year routine podiatry	\$45 copay Medicare covered podiatry \$10 copay routine podiatry 6 every year routine podiatry
Other Healthcare Professional	\$0 copay	\$0 copay
Psychiatric Services (Individual / Group)	\$40 copay	\$40 copay
Physical Therapy and Speech Therapy Services	\$10-40 copay	\$10-40 copay
Outpatient Diagnostic (Procedures/Test/Lab Services)	\$0-95 copay	\$0-95 copay
Outpatient Radiology (X-Ray / Diagnostic / Therapeutic)	\$0-295 Copay (X/D) 20% co-insurance or \$45 copay (T)	\$0-295 Copay (X/D) 20% co-insurance or \$45 copay (T)

Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	CY2016	CY2017
	Humana Gold Plus H1036-233 (HMO)	Humana Gold Plus H1036-233 (HMO)
COUNTIES	Wake	Wake
Outpatient Hospital Services	\$295 copay	\$295 copay
Ambulatory Surgical Center (ASC) Services	\$245 copay	\$245 copay
Outpatient Substance Abuse (Individual / Group)	\$40-95 copay	\$40-95 copay
Outpatient Blood Services	\$0 Copay (3 pt deductible waived)	\$0 Copay (3 pt deductible waived)
Ambulance	\$250 copay	20% coinsurance per date of service \$265 copay per date of service
Transportation	\$0 copay/24 one way trips to plan approved location every year (within a 20-mile radius)	\$0 copay/24 one way trips to plan approved location every year (within a 20-mile radius)
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance
Prosthetic / Medical Supplies	20% coinsurance	20% coinsurance
Diabetes Supplies	0-20% coinsurance for Diabetic Supplies; \$10 copay for Diabetic Therapeutic Shoes or Inserts	0-20% coinsurance for Diabetic Supplies; \$10 copay for Diabetic Therapeutic Shoes or Inserts
Dialysis Services (End Stage Renal Disease)	20% coinsurance	20% coinsurance
Acupuncture	no benefit	no benefit
Over-the-Counter (OTC) Items (limited to Medicare eligible items)	\$0 copay (\$15 limit every month)	\$0 copay (\$45 limit quarterly)
Medicare-Covered Zero Cost-Sharing Preventive Services	\$0 copay	\$0 copay

Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	CY2016	CY2017
	Humana Gold Plus H1036-233 (HMO)	Humana Gold Plus H1036-233 (HMO)
COUNTIES	Wake	Wake
Medicare-Covered Zero Cost-Sharing Preventive Services	\$0 copay	\$0 copay
Annual Physical Exam	\$0 copay	\$0 copay
Health Education	\$0 copay	\$0 copay
Fitness Benefit	\$0 copay	\$0 copay
Nursing Hotline / Remote Access Technologies (including Web/ Phone based technologies and Nursing Hotline)	\$0 copay	\$0 copay
Additional sessions of Smoking and Tobacco Cessation Counseling	\$0 copay	\$0 copay
Counseling Services	\$0 copay	\$0 copay
Enhanced Disease Management	no benefit	no benefit
Other - readmission prevention	no benefit	no benefit
Alternative Therapies - Reflexology	no benefit	no benefit
Kidney Disease Education	\$0 copay	\$0 copay
Other Medicare-Covered Preventive Services	\$0 copay	\$0 copay
Medicare Part B Drugs (Part B Drugs & Chemotherapy)	20% coinsurance	20% coinsurance
Home Infusion Bundled Service	no benefit	no benefit

Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	CY2016 Humana Gold Plus H1036-233 (HMO)	CY2017 Humana Gold Plus H1036-233 (HMO)
COUNTIES	Wake	Wake
Dental Services (Preventive)	\$45 copay Preventive dental services: Cleaning (for up to 1 every year): \$0 Dental x-ray(s) (for up to 1 every year): \$0 Oral exam (for up to 1 every year): \$0	\$45 copay Preventive dental services: Cleaning (for up to 1 every year): \$0 Dental x-ray(s) (for up to 1 every year): \$0 Oral exam (for up to 1 every year): \$0
Dental Services (Comprehensive)	VAIS: HumanaDental® Discount: The HumanaDental program doesn't replace any other dental coverage. See Extra Services & Programs VAIS Discount Programs document for details.	<p>Optional Supplemental Dental 0% coinsurance for Bitewing Xrays up to 1 set(s) per year.</p> <ul style="list-style-type: none"> • 0% coinsurance for Amalgam or Composite Filling, Oral Evaluation, Prophylaxis (cleaning) up to 2 per year. • 50% coinsurance for Emergency treatment for pain, Extractions, Recementation up to 2 per year. • 70% coinsurance for Scaling and Root Planing (Deep Cleaning) up to 1 every 3 years • 70% coinsurance for Adjustments to dentures, Crown, Denture Reline, Root Canal up to 1 per year. • \$1,500 maximum benefit coverage amount per year for Adjustments to dentures, Amalgam or Composite Filling, Bitewing Xrays, Crown, Denture Reline, Emergency treatment for pain, Extractions, Oral Evaluation, Prophylaxis (cleaning), Recementation, Root Canal, Scaling and Root Planing
Eye Exams	\$0 copay Medicare covered eye benefits (exams to diagnose and treat eye diseases/conditions)	\$0 copay Medicare covered eye benefits \$100 copay every year for Contact Lenses, Eyeglasses - Lenses and Frames.

Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	CY2016	CY2017
	Humana Gold Plus H1036-233 (HMO)	Humana Gold Plus H1036-233 (HMO)
COUNTIES	Wake	Wake
Eye Exam (Routine)	\$0-45 copay routine eye exam (1 every year)	\$0-45 copay routine eye exam (1 every year)
Eyewear	no benefit	no benefit
Hearing Exams / Fitting and Evaluation for Hearing Aid	\$45 copay for Medicare covered benefits	\$45 copay for Medicare covered benefits
Hearing Aids	no benefit	no benefit
Preferred Generic Drugs, T1	RETAIL STANDARD \$0 copay 30 day supply \$0 copay 90 day supply MAIL ORDER STANDARD \$0 copay 30 day supply \$0 copay 90 day supply Out of Network \$0 copay - 30 day supply Long Term Care \$0 copay - 31 day supply	RETAIL STANDARD \$0 copay 30 day supply \$0 copay 90 day supply MAIL ORDER STANDARD \$0 copay 30 day supply \$0 copay 90 day supply Out of Network \$0 copay - 30 day supply Long Term Care \$0 copay - 31 day supply
Generic Drugs, T2	RETAIL STANDARD \$15 copay 30 day supply \$45 copay 90 day supply MAIL ORDER STANDARD \$15 copay 30 day supply \$45 copay 90 day supply Out of Network \$15 copay - 30 day supply Long Term Care \$15 copay - 31 day supply	RETAIL STANDARD \$20 copay 30 day supply \$60 copay 90 day supply MAIL ORDER STANDARD \$15 copay 30 day supply \$60 copay 90 day supply Out of Network \$20 copay - 30 day supply Long Term Care \$20 copay - 31 day supply

Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	CY2016 Humana Gold Plus H1036-233 (HMO)	CY2017 Humana Gold Plus H1036-233 (HMO)
COUNTIES	Wake	Wake
Preferred Brand Drugs, T3	<p>RETAIL \$47 copay 30 day supply \$141 copay 90 day supply</p> <p>MAIL ORDER STANDARD \$47 copay 30 day supply \$141 copay 90 day supply</p> <p>Out of Network \$47 copay - 10 day supply</p> <p>Long Term Care \$47 copay - 31 day supply</p>	<p>RETAIL \$47 copay 30 day supply \$141 copay 90 day supply</p> <p>MAIL ORDER STANDARD \$47 copay 30 day supply \$141 copay 90 day supply</p> <p>Out of Network \$47 copay - 10 day supply</p> <p>Long Term Care \$47 copay - 31 day supply</p>
Non-Preferred Brand Drugs, T4	<p>RETAIL 100% coinsurance 30 day supply 100% coinsurance 90 day supply</p> <p>MAIL ORDER STANDARD 100% coinsurance 30 day supply 100% coinsurance 90 day supply</p> <p>Out of Network 100% coinsurance - 30 day supply 1</p> <p>Long Term Care 100% coinsurance - 31 day supply</p>	<p>RETAIL 100% coinsurance 30 day supply 100% coinsurance 90 day supply</p> <p>MAIL ORDER STANDARD 100% coinsurance 30 day supply 100% coinsurance 90 day supply</p> <p>Out of Network 100% coinsurance - 30 day supply 1</p> <p>Long Term Care 100% coinsurance - 31 day supply</p>
Specialty Drugs, T5	<p>RETAIL / MAIL STANDARD 100% coinsurance 30 day supply only</p> <p>Out of Network 100% coinsurance - 30 day supply</p> <p>Long Term Care 100% coinsurance - 31 day supply</p>	<p>RETAIL / MAIL STANDARD 100% coinsurance 30 day supply only</p> <p>Out of Network 100% coinsurance - 30 day supply</p> <p>Long Term Care 100% coinsurance - 31 day supply</p>



Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	CY2016 Humana Gold Plus H1036-233 (HMO)	CY2017 Humana Gold Plus H1036-233 (HMO)
COUNTIES	Wake	Wake
Part D Deductible In Network Standard Medicare	\$300	\$300
Part D Out of Pocket Threshold	\$4,850	\$4,950
Initial Coverage Limit	\$3,310	\$3,700
Gap Coverage	GAP coverage	GAP coverage

Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	 CY2017 FirstCarolinaCare NEW smartHMO (HMO) H6306-005	 CY2017 FirstCarolinaCare NEW preferredPLUS (HMO) H6306-006
COUNTIES	Wake	Wake
Monthly Plan Premium *Part D Premium Disclaimer: Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for your part D premium.	\$0	Part D Plan Premium \$29.00
Max. Out-of-Pocket Limit	\$3,400	\$3,400
Medicare Part B Premium Reduction	N/A	N/A
Inpatient Hospital (Acute) Days Covered Per Benefit Period	\$295 copay days 1-5 \$0 copay days 6-90 (unlimited days)	Defined Standard Benefit
Inpatient Psychiatric Hospital Inpatient Mental Health Care	\$295 copay days 1-5 \$0 copay days 6-90	Defined Standard Benefit
Skilled Nursing Facility (SNF)	Plan covers up to 100 days in a SNF. Days 1-20: \$0 copay per day Days 21-100: \$160 per day.	Defined Standard Benefit

Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	NEW PRODUCT! CY2017 FirstCarolinaCare NEW smartHMO (HMO) H6306-005	NEW PRODUCT! CY2017 FirstCarolinaCare NEW preferredPLUS (HMO) H6306-006
COUNTIES	Wake	Wake
Cardiac And Pulmonary Rehabilitation Services	\$10 copay for Medicare covered: Rehabilitation Services Intensive Cardiac Rehabilitation Services Pulmonary Rehabilitation Services	20% coinsurance *Also includes Intensive Cardiac Rehabilitation
Emergency Care	\$75 copay (waived if admitted within 24 hours)	20% coinsurance (waived if admitted within 3 days)
Urgently Needed Services	\$0 In-Network PCP \$45 Specialist \$45 Urgent Care Center	20% coinsurance (NOT waived if admitted)
Worldwide Emergency / Urgent Coverage	\$75 copay waived if admitted within 24 hours	\$75 copay Worldwide coverage up to \$25,000 per year waived if admitted
Partial Hospitalization	\$40 copay	20% coinsurance
Home Health Services	\$0 copay	\$0 copay
Primary Care Physician (PCP)	\$0 copay	20% coinsurance
Chiropractic Services (Medicare covered)	\$20 copay	20% coinsurance
Chiropractic Services (Routine)	no benefit	no benefit
Occupational Therapy	\$10 Specialist \$10 CORF \$40 Outpatient Hospital	20% coinsurance
Physician Specialist	\$10 Coumadin services \$45 Other services	\$0 copay
Outpatient Mental Health Specialty (Individual / Group)	\$40 copay	20% coinsurance



Alignment Healthcare Benefit Chart

Internal Use Only - Not To Be Given To Prospects

BENEFIT / PLAN NAME	NEW PRODUCT! CY2017 FirstCarolinaCare NEW smartHMO (HMO) H6306-005	NEW PRODUCT! CY2017 FirstCarolinaCare NEW preferredPLUS (HMO) H6306-006
COUNTIES	Wake	Wake
Podiatry (Medicare Covered) Routine Podiatry	\$45 copay Medicare covered podiatry \$10 copay routine podiatry 6 every year routine podiatry	20% coinsurance Medicare Covered Podiatry Routine Podiatry not offered
Other Healthcare Professional	\$0 copay	20% coinsurance
Psychiatric Services (Individual / Group)	\$40 copay	20% coinsurance
Physical Therapy and Speech Therapy Services	\$10 Specialist \$10 CORF \$40 Outpatient Hospital	20% coinsurance
Outpatient Diagnostic (Procedures/Test/Lab Services)	\$0-95 copay	20% coinsurance
Outpatient Radiology (X-Ray / Diagnostic / Therapeutic)	\$0-295 Copay (X/D) 20% co-insurance or \$45 copay (T)	\$0 copay (X/D) / \$20% co-insurance (T)
Outpatient Hospital Services	\$295 copay	20% coinsurance
Ambulatory Surgical Center (ASC) Services	\$245 copay	20% coinsurance
Outpatient Substance Abuse (Individual / Group)	\$40-95 copay	20% coinsurance
Outpatient Blood Services	\$0 Copay (3 pt deductible waived)	20% coinsurance (3 pt deductible waived)
Ambulance	\$250 copay	20% coinsurance (NOT waived if admitted)
Transportation	\$0 copay/24 one way trips to plan approved location every year (within a 20-mile radius)	\$0 copay/unlimited trips to Alignment's Care Centers per year (within a 20 mile radius)
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance
Prosthetic / Medical Supplies	20% coinsurance	20% coinsurance



Alignment Healthcare Benefit Chart

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BENEFIT / PLAN NAME	 CY2017 FirstCarolinaCare NEW smartHMO (HMO) H6306-005	 CY2017 FirstCarolinaCare NEW preferredPLUS (HMO) H6306-006
COUNTIES	Wake	Wake
Diabetes Supplies	0% coinsurance for Diabetic Supplies; 20% coinsurance for Diabetic Therapeutic Shoes or Inserts	0% coinsurance for Diabetic Supplies; 20% coinsurance for Diabetic Therapeutic Shoes or Inserts
Dialysis Services (End Stage Renal Disease)	20% coinsurance	20% coinsurance
Acupuncture	no benefit	no benefit
Over-the-Counter (OTC) Items (limited to Medicare eligible items)	\$0 copay (\$15 limit every month)	\$0 copay (\$100 limit every 3 months)
Medicare-Covered Zero Cost-Sharing Preventive Services	\$0 copay	\$0 copay
Annual Physical Exam	\$0 copay	\$0 copay
Health Education	\$0 copay	\$0 copay
Fitness Benefit	\$0 copay	\$0 copay
Nursing Hotline / Remote Access Technologies (including Web/ Phone based technologies and Nursing Hotline)	\$0 copay	\$0 copay
Additional sessions of Smoking and Tobacco Cessation Counseling	\$0 copay	no benefit
Counseling Services	no benefit	no benefit
Enhanced Disease Management	no benefit	\$0 copay
Other - readmission prevention	no benefit	no benefit

Alignment Healthcare Benefit Chart



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BENEFIT / PLAN NAME	 CY2017 FirstCarolinaCare NEW smartHMO (HMO) H6306-005	 CY2017 FirstCarolinaCare NEW preferredPLUS (HMO) H6306-006
COUNTIES	Wake	Wake
Alternative Therapies - Reflexology	no benefit	no benefit
Kidney Disease Education	\$0 copay	\$0 copay
Other Medicare-Covered Preventive Services	\$0 copay	\$0 copay
Medicare Part B Drugs (Part B Drugs & Chemotherapy)	20% coinsurance	20% coinsurance
Home Infusion Bundled Service	no benefit	no benefit
Dental Services (Preventive)	Preventive (Routine): \$0 Copay for: 1 Oral Exam every 6 mos.; 1 Cleaning every 6 mos.; *1 x-ray every 3 yrs.; *1 Fluoride treatment every 6 mos. Up \$20 copay for Fluoride; Up to \$30 for X-ray	Preventive (Routine): \$0 Copay for: 1 Oral Exam every 6 mos.; 1 Cleaning every 6 mos.; *1 x-ray every 3 yrs.; *1 Fluoride treatment every 6 mos. Up \$20 copay for Fluoride; Up to \$30 for X-ray
Dental Services (Comprehensive)	\$0 -425 copay for Medicare Covered dental benefits. Copays apply for additional dental benefits	\$0 -425 copay for Medicare Covered dental benefits. Copays apply for additional dental benefits
Eye Exams	\$0 copay Medicare covered eye benefits (exams to diagnose and treat eye diseases/conditions)	\$0 copay Medicare covered eye benefits (exams to diagnose and treat eye diseases/conditions)
Eye Exam (Routine)	\$0-45 copay routine eye exam (1 every year)	\$0 copay routine eye exam (1 every year)
Eyewear	no benefit	\$0 copay for glasses / contacts every 2 years. \$75 coverage limit every 2 years.
Hearing Exams / Fitting and Evaluation for Hearing Aid	\$45 copay for Medicare covered benefits.	\$0 copay for Medicare covered benefits; \$0 copay for exam / fitting / evaluation 1 per year.

BENEFIT / PLAN NAME	NEW PRODUCT! CY2017 FirstCarolinaCare NEW smartHMO (HMO) H6306-005	NEW PRODUCT! CY2017 FirstCarolinaCare NEW preferredPLUS (HMO) H6306-006
COUNTIES	Wake	Wake
Hearing Aids	no benefit	\$0 copay for (2) hearing aids every two years. (\$1,000 limit every 2 years) Maximum benefit amount applies to both ears combined.
Preferred Generic Drugs, T1	RETAIL STANDARD \$0 copay 30 day supply \$0 copay 60 day supply \$0 copay 100 day supply MAIL ORDER STANDARD \$0 copay 30 day supply \$0 copay 60 day supply \$0 copay 100 day supply Out of Network \$0 copay - 10 day supply Long Term Care \$0 copay - 31 day supply	Defined Standard Benefit
Generic, T2	RETAIL \$10 copay 1 month supply \$20 copay 2 month supply \$30 copay 3 month supply MAIL ORDER STANDARD \$10 copay 1 month supply \$20 copay 2 month supply \$30 copay 3 month supply Out of Network \$10 copay - 10 day supply Long Term Care \$10 copay - 31 day supply	Defined Standard Benefit



Alignment Healthcare Benefit Chart

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BENEFIT / PLAN NAME	 CY2017 FirstCarolinaCare NEW smartHMO (HMO) H6306-005	 CY2017 FirstCarolinaCare NEW preferredPLUS (HMO) H6306-006
COUNTIES	Wake	Wake
Preferred Brand Drugs, T3	<p>RETAIL \$47 copay 1 month supply \$94 copay 2 month supply \$141 copay 3 month supply</p> <p>MAIL ORDER STANDARD \$47 copay 1 month supply \$94 copay 2 month supply \$141 copay 3 month supply</p> <p>Out of Network \$47 copay - 10 day supply</p> <p>Long Term Care \$47 copay - 31 day supply</p>	Defined Standard Benefit
Non-Preferred Brand Drugs, T4	<p>RETAIL \$100 copay 1 month supply \$200 copay 2 month supply \$300 copay 3 month supply</p> <p>MAIL ORDER STANDARD \$100 copay 1 month supply \$200 copay 2 month supply \$300 copay 3 month supply</p> <p>Out of Network \$100 copay - 10 day supply</p> <p>Long Term Care \$100 copay - 31 day supply</p>	Defined Standard Benefit

Alignment Healthcare Benefit Chart

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BENEFIT / PLAN NAME	 CY2017 FirstCarolinaCare NEW smartHMO (HMO) H6306-005	 CY2017 FirstCarolinaCare NEW preferredPLUS (HMO) H6306-006
COUNTIES	Wake	Wake
Specialty Drugs, T5	RETAIL / MAIL STANDARD 33% coinsurance 30 day supply only Out of Network 33% coinsurance - 10 day supply Long Term Care 33% coinsurance - 31 day supply	Defined Standard Benefit
Part D Deductible In Network Standard Medicare	None	Defined Standard Benefit
Part D Out of Pocket Threshold	\$4,950	\$4,950
Initial Coverage Limit	\$3,700	\$3,700
Gap Coverage	Coverage through the GAP Tier 1: All Drugs	no extra coverage through the GAP

BCBSNC HMO STANDARD WILL BE ELIMINATED IN EVERY COUNTY

Benefits	BCBSNC MedOnly (HMO)	BCBSNC Essential (HMO)	BCBSNC Enhanced (HMO)	BCBSNC Enhanced (PPO)
Monthly Premium	\$0	\$29.80-\$79	\$77.20	
PCP	\$30 copay	\$15 copay	\$0	\$25
Specialist	\$50 copay	\$50 copay	\$40 copay	\$50 copay
Inpatient Hospital In-Network	\$300 Days 1-6	\$300 Days 1-6	\$275 Days 1-6	\$300 Days1-6
MOOP	\$5,700	\$6,700	\$4,900	\$5,500
Tier 1 - Preferred Generic	N/A	\$3 (\$295 Deductible)	\$3	\$3
Tier 2 - Generic	N/A	\$6 (\$295 Deductible)	\$6	\$6
Tier 3 - Preferred Brand	N/A	\$37 (\$295 Deductible)	\$37	\$37
Tier 4 - Non-Preferred Drug	N/A	50% (\$295 Deductible)	50%	50%
Tier 5 - Specialty	N/A	25% (\$295 Deductible)	33%	33%



HMO EXITS: ALEXANDER, ASHE, ALLEGHANY, UNION, LINCOLN

HMO & LPPO EXITS: LINCOLN, UNION, ASHE

2017 MarketPoint Extract

Note: These 2017 plans are pending CMS approval and premium finalization. This content is confidential for Humana agent/agency planning only and should not be used for consumer marketing purposes. It was spot-check audited for accuracy. For consumer marketing of the plans after 10/1 please refer to updated reporting of CMS approved plans.

Plan ID	State(s)	Plan Geographic	Plan Name	Product Type	Premium	Maximum Out of Pocket IN	Maximum Out of Pocket IN/OON	PCP IN	PCP OON	Specialist IN	Specialist OON	Inpatient IN	Inpatient OON	Rx Copy Tiers
H1036-137-000	NC	Charlotte Metro Area	Humana Gold Plus H1036-137 (HMO)	HMO	\$29.00	\$6700		\$15		\$50		\$345 per day (Days 1 - 5);\$0 per day (Days 6 - 90)		\$7/\$17/\$47/\$97/25%
H1036-138-000	NC	Greensboro / Winston-Salem Metro Area	Humana Gold Plus H1036-138 (HMO)	HMO	\$0.00	\$5900		\$10		\$45		\$295 per day (Days 1 - 6);\$0 per day (Days 7 - 90)		\$7/\$17/\$47/\$97/25%
H1036-167-000	NC	Charlotte Metro Area	Humana Gold Plus SNP-DE H1036-167 (HMO SNP)	HMO	\$0	\$6700		20%		20%		\$600 per day (Days 1 - 3);\$0 per day (Days 4 - 90)		\$0/\$11/\$47/\$100/29%
H1036-168-000	NC	Greensboro / Winston-Salem Metro Area	Humana Gold Plus SNP-DE H1036-168 (HMO SNP)	HMO	\$0	\$6700		20%		20%		\$500 per day (Days 1 - 3);\$0 per day (Days 4 - 90)		\$0/\$12/\$47/\$100/29%
H1036-233-000	NC	Raleigh Metro Area	Humana Gold Plus H1036-233 (HMO)	HMO	\$0.00	\$4900		\$0		\$45		\$295 per day (Days 1 - 5);\$0 per day (Days 6 - 90)		\$0/\$15/\$47/\$97/27%
H5525-026-000	NC	Select Counties in North Carolina	HumanaChoice H5525-026 (PPO)	LPPO	\$69.00	\$6700	\$10000	\$15	35%	\$45	35%	\$360 per day (Days 1 - 5);\$0 per day (Days 6 - 90)	35% per admit	\$7/\$17/\$47/\$97/25%
H6609-152-001	NC	Greater North Carolina	HumanaChoice PPO H6609-152 (PPO)	LPPO	\$49.00	\$5900	\$10000	\$15	35%	\$45	35%	\$360 per day (Days 1 - 5);\$0 per day (Days 6 - 90)	35% per admit	\$7/\$17/\$47/\$97/25%
H6609-152-002	NC	Greater North Carolina	HumanaChoice PPO H6609-152 (PPO)	LPPO	\$55.00	\$5900	\$10000	\$15	35%	\$45	35%	\$360 per day (Days 1 - 5);\$0 per day (Days 6 - 90)	35% per admit	\$7/\$17/\$47/\$97/25%
H8145-063-000	NC	North Carolina Select	Humana Gold Choice H8145-063 (PFFS)	PFFS	\$79.00		\$6700	\$20	\$20	\$50	\$50	\$325 per day (Days 1 - 5);\$0 per day (Days 6 - 90)	\$325 per day (Days 1 - 5);\$0 per day (Days 6 - 90)	\$5/\$15/\$47/\$97/25%
S5884-066-000	NC	State of North Carolina	Humana Enhanced (PDP)	PDP	TBD									\$3/\$7/\$42/44%/33%
S5884-133-000	NC	State of North Carolina	Humana Preferred Rx Plan (PDP)	PDP	TBD									\$0/\$1/20%/35%/25%
S5884-154-000	NC	State of North Carolina	Humana Walmart Rx Plan (PDP)	PDP	TBD									\$1/\$4/20%/35%/25%
R5826-063-000	NC,VA	States of North Carolina and Virginia	HumanaChoice R5826-063 (Regional PPO)	RPPO	\$0.00	\$4900	\$4900	\$10	20%	\$35	20%	\$695 per admit	\$1195 per admit	
R5826-079-000	NC,VA	States of North Carolina and Virginia	HumanaChoice R5826-079 (Regional PPO)	RPPO	\$83.00	\$6700	\$10000	\$15	\$15	\$45	\$45	\$345 per day (Days 1 - 5);\$0 per day (Days 6 - 90)	\$345 per day (Days 1 - 5);\$0 per day (Days 6 - 90)	\$9/\$20/\$47/\$99/26%



**AARP Medicare Complete Plan 1
H5253-080**

**AARP Medicare Complete Plan 2
H5253-079**

Plan Highlights

Moderate premium plan with lower co-pays and additional ancillaries

Low premium plan for consumers shopping for value and higher out-of-pocket costs

Plan Type

HMO

HMO

Service Area

North Carolina: Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

North Carolina: Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

Premium

\$49

\$19

PCP Co-pay

Tier1: \$0, Tier2: \$10

Tier1: \$0, Tier2: \$20

Specialist Co-pay

Tier1: \$30, Tier2: \$50

Tier1: \$35, Tier2: \$50

Inpatient Hospital

\$275 Days 1-7

\$395 Days 1-4

Outpatient Surgery

\$275

\$375

Max Out-of-Pocket

\$4,700

\$6,700

Rx Co-pays

\$2/\$8/\$45/\$95/29%

\$2/\$8/\$45/\$95/29%

Rx Deductible

\$170 (T4 & T5 only)

\$170 (T3, T4 & T5 only)

Referral Required

N

N

Extra Benefits

Hearing Aids, SilverSneakers, Preventive Dental, Passport, NurseLine, Routine Hearing and Vision. Dental Rider Available

Hearing Aids, SilverSneakers, Passport, NurseLine, Routine Hearing and Vision. Dental Rider Available



	AARP Medicare Complete Plan 1 H5253-037	AARP Medicare Complete Plan 2 H5253-038	AARP Medicare Complete Choice H2228-018
Plan Highlights	Moderate premium plan with lower co-pays, fixed outpatient co-pays and additional ancillaries. Dental Rider available	\$0 premium plan for consumers shopping for value and higher out-of-pocket costs. Dental Rider available	Plan for those looking for the choices offered in a PPO plan. Fitness Rider available
Plan Type	HMO	HMO	LPPO
Service Area	North Carolina: Alamance, Alexander, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mecklenburg, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stokes, Union, Wilkes, Yadkin	North Carolina: Alamance, Alexander, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mecklenburg, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stokes, Union, Wilkes, Yadkin	North Carolina: Alamance, Chatham, Davidson, Davie, Forsyth, Guilford, Mecklenburg, Orange, Randolph, Rockingham, Rowan, Stokes, Surry, Wilkes, Yadkin
Premium	\$35	\$0	\$50
PCP Co-pay	Tier1: \$0, Tier2: \$10	Tier1: \$0, Tier2: \$20	\$5
Specialist Co-pay	Tier1: \$30, Tier2: \$50	Tier1: \$35, Tier2: \$50	\$40
Inpatient Hospital	\$345 Days 1-5	\$430 Days 1-4	\$345 Days 1-5
Outpatient Surgery	\$275	20%	\$340
Max Out-of-Pocket	\$4,900	\$6,700	\$4,500
Rx Co-pays	\$2/\$8/\$45/\$95/29%	\$2/\$8/\$45/\$95/29%	\$2/\$8/\$45/\$95/29%
Rx Deductible	\$170 (T4 & T5 only)	\$170 (T3, T4 & T5 only)	\$165 (T4 & T5 only)
Referral Required	N	N	N
Extra Benefits	Hearing Aids, SilverSneakers, Preventive Dental, Passport, NurseLine, Routine Hearing and Vision. Dental Rider Available	Hearing Aids, SilverSneakers, Passport, NurseLine, Routine Hearing and Vision. Dental Rider Available	Hearing Aids, Passport, NurseLine, Routine Hearing and Vision. Fitness Rider Available



AARP MedicareComplete
H5253-039

Plan Highlights

Moderate premium plan with fixed outpatient co-pays and additional ancillaries

Plan Type

HMO

Service Area

North Carolina: Durham, Wake

Premium

\$40

PCP Co-pay

\$15

Specialist Co-pay

\$50

Inpatient Hospital

\$395 Days 1-4

Outpatient Surgery

\$295

Max Out-of-Pocket

\$6,700

Rx Co-pays

\$2/\$8/\$45/\$95/29%

Rx Deductible

\$200 (T4 & T5 only)

Referral Required

N

Extra Benefits

Hearing Aids, SilverSneakers, Passport, NurseLine, Routine Hearing and Vision. Dental Rider Available



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