

Benefits	AdventHealth SunSaver Plan (HMO)
Premium (in addition to Part B premium)	\$0
Maximum Out of Pocket (excludes Part D drugs and allowances)	\$5,500
Deductible	\$0
Preventive Services	
Annual wellness exam, bone mass measurement, colorectal and prostate cancer screening, colonoscopy, pneumonia and flu vaccines, mammograms, pap smears/ pelvic exams	\$0 for Medicare-covered screenings, exams, vaccines & measurements
Inpatient Care	
Hospital Care (90 days covered / benefit period [†])	<ul style="list-style-type: none"> ■ Days 1-8: \$200 per day ■ Days 9-90: \$0 per day ■ Out-of-pocket max/benefit period[†]: \$1,600
Skilled Nursing Facility (100 days covered / benefit period [†]) 1-day prior inpatient stay required	<ul style="list-style-type: none"> ■ Days 1-20: \$0 per day ■ Days 21-100: \$180 per day
Home Health Care	\$0
Outpatient Care / Supplies	
Doctor Office Visits Referrals for specialists–Not required	<ul style="list-style-type: none"> ■ \$0 – PCP ■ \$35 – Specialist ■ \$20 – Chiropractor
Surgery / Services	\$175 / visit
Ambulance	\$260 one way
Emergency Care – Worldwide*	\$90
Urgent Care / Walk-In Clinic – Worldwide*	\$25
Outpatient Rehabilitation Services (Physical, occupational, speech therapy, cardiac/pulmonary rehab)	\$20
Durable Medical Equipment	20%
Diabetes Programs / Supplies	\$0 training, 10% for diabetes supplies, therapeutic shoes/inserts
Diagnostic Services	<ul style="list-style-type: none"> ■ \$0 for lab services ■ \$35 for X-rays and diagnostic tests ■ \$200 for specialty imaging services including MRI, CT, Nuclear and PET scans
Additional Benefits	
Dental	<ul style="list-style-type: none"> ■ \$30 for Medicare-covered dental benefits ■ \$125 annual allowance for preventive services
Hearing	<ul style="list-style-type: none"> ■ \$35 for Medicare-covered exams ■ \$200 hearing aid allowance annually
Vision	<ul style="list-style-type: none"> ■ \$0 for one pair of eyeglasses or contacts after cataract surgery ■ \$15 for Medicare-covered exams ■ \$0 for Glaucoma screening exam ■ \$30 for one routine exam ■ \$175 annual allowance for eyewear
Out-of-Network Benefits**	<ul style="list-style-type: none"> ■ \$90 Emergency Care ■ \$25 Urgent Care ■ 20% Renal Dialysis
Fitness Center Membership	\$0 Silver&Fit®
Telehealth / Place of Service	<ul style="list-style-type: none"> ■ \$0 Primary Care ■ \$35 Specialist ■ \$25 Urgent Care
OTC Medications	\$20 per quarter

Part D Prescription Drugs

Retail preferred network pharmacy (30-day supply)	<ul style="list-style-type: none"> ■ Tier 1 – \$2 ■ Tier 2 – \$5 ■ Tier 3 – \$45 ■ Tier 4 – \$90 ■ Tier 5 – 33% ■ Tier 6 – \$0
Non-preferred network pharmacy (30-day supply)	<ul style="list-style-type: none"> ■ Tier 1 – \$7 ■ Tier 2 – \$10 ■ Tier 3 – \$47 ■ Tier 4 – \$95 ■ Tier 5 – 33% ■ Tier 6 – \$0
Preferred network pharmacy (90-day supply)	<ul style="list-style-type: none"> ■ Tier 1 – \$6 ■ Tier 2 – \$15 ■ Tier 3 – \$135 ■ Tier 4 – \$270 ■ Tier 5 – N/A ■ Tier 6 – \$0
Non-preferred network pharmacy (90-day supply)	<ul style="list-style-type: none"> ■ Tier 1 – \$21 ■ Tier 2 – \$30 ■ Tier 3 – \$141 ■ Tier 4 – \$285 ■ Tier 5 – N/A ■ Tier 6 – \$0
Mail order (90-day supply)	<ul style="list-style-type: none"> ■ Tier 1 – \$0 ■ Tier 2 – \$0 ■ Tier 3 – \$112.50 ■ Tier 4 – \$225 ■ Tier 5 – N/A ■ Tier 6 – \$0
Coverage gap	Coverage for Tier 6
Coverage limitation	After your total yearly drug costs reach \$4,130, you will receive limited coverage by the plan on certain drugs. You will pay no more than 25% on brand-name drugs and 25% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$6,550.
Catastrophic coverage	After your yearly out-of-pocket drug costs reach \$6,550, you pay \$3.70 copay for generic and \$9.20 copay for all other drugs, or 5% coinsurance (<i>whichever is greater</i>).

AdventHealth Advantage Plans is administered by Health First Health Plans. Health First Health Plans is an HMO Plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal. This information is not a complete description of benefits. Call 1-877-535-8278 or TTY/TDD relay 1-800-955-8771 for more information. Benefits at a Glance is not a complete description of benefits. Please refer to EOC for additional information.

† A benefit period begins the day you are admitted to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

*** Worldwide urgent/emergency care coverage:** Health First Medicare Advantage Plans cover emergency services and unforeseen urgently needed medical care outside the United States, including when you are on a cruise ship. If you receive covered care from a provider outside the United States that does not participate with Medicare, you may be asked to pay up front for the services and be reimbursed from the plan later. We will pay up to 115% of the Medicare-allowed amount in our service area (Medicare's limiting charge for non-participating providers), less any applicable cost-share. **Please note that Medicare-allowed amounts can be much less than the provider charges you, and you will be responsible for paying the difference.**

****** Any Medicare-covered benefit that is covered in-network is also available out-of-network. Please refer to the Summary of Benefits booklet for out-of-pocket and annual maximum coverage. Facilities may charge different amounts, so your final cost may vary depending on which facility you choose.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75)% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778
- State Medicaid Office at 1-866-762-2237. TTY users should call 1-800-955-8771; or
- My Advocate™ (Third Party Administrator for Health First Health Plans) at 1-866-743-5282 between 9 am to 6 pm, Monday through Friday. TTY users should call 1-855-368-9643

For further assistance: You may call Customer Service toll-free at 1-877-535-8287 (TTY/TDD relay: 1-800-955-8771) weekdays from 8 am to 8 pm and Saturdays from 8 am to noon. From October 1 to March 31, we're available seven days a week from 8 am to 8 pm. You may also visit our web site at myAHplan.com, visit our office Monday through Friday, 8 am to 5 pm, or write to us at 1425 W. Granada Blvd., Suite 4, Ormond Beach, FL 32174.