

# Asuris TruAdvantage + Rx Enhanced (PPO) Asuris TruAdvantage + Rx Classic (PPO) Asuris TruAdvantage (PPO)\*

A Medicare Advantage plan is a good way to cover what Medicare doesn't. Asuris' three Medicare Advantage PPO options provide you with several choices over cost and coverage.

Use this simple comparison of premiums, copays and coinsurance to determine which Asuris TruAdvantage plan best meets your needs.

At Asuris, we believe in providing the coverage, tools and information you need to make well-informed decisions about your health and your care. That's why you'll find our plans offer lower cost-sharing for you; out-of-pocket maximums to protect you against catastrophic costs; and dollar-smart resources like a free 24-hour nurse line.

## Asuris TruAdvantage plans offer:

- Large selection of doctors, hospitals and other health care providers with no referrals
- Moderate copays for in-network doctor visits, routine physical exams and urgent care
- Routine preventive dental care covered at 80% up to \$500

This brochure includes only highlights of the Asuris TruAdvantage plans. For complete information about benefits, eligibility and enrollment, please refer to the Summary of Benefits or call us at one of the numbers below.

When you choose Part D prescription drug coverage with **Asuris TruAdvantage + Rx Enhanced** or **Asuris TruAdvantage + Rx Classic** you have:

- More than 50,000 network pharmacies nationwide to choose from
- Convenient mail-order service
- \$5 copay for Tier 1 preferred generic prescription drugs

*\*If you already have Medicare Part D prescription drug coverage and want to enroll in a Asuris TruAdvantage Plan, you must obtain your Part D coverage as part of your Asuris TruAdvantage coverage.*

## How to reach us

Whether you want to talk to someone or do your own research, there are lots of resources available.

We have highly trained experts who are easy to reach and talk to.

For more information, call us weekdays between 8 a.m. and 5 p.m., Pacific time.

Toll-free **1 (888) 734-3623**. TTY users should call 711.

Many resources, including product details and forms, are also available on our website: **[www.asuris.com/needCoverage/medicare](http://www.asuris.com/needCoverage/medicare)**. Or, you can contact your broker or agent.

Send completed applications to:  
P.O. Box 12625, MS S5B, Salem, OR 97309-0625  
or fax to 1 (888) 335-2988.



	ENHANCED	CLASSIC	MEDADVANTAGE ONLY	CONSIDERATIONS
Monthly Premium	\$207	\$140	\$98	
Benefit description	In/out-of-network cost-sharing	In/out-of-network cost-sharing	In/out-of-network cost-sharing	
Annual deductible	\$0	\$100 combined in/out of network	\$50	Deductible applies to all services except preventive services, preventive dental, routine vision exam and hardware, and Medicare-covered drugs
Out-of-pocket maximum	\$2,800*	\$3,400*	\$3,400*	This is the total amount you will pay out of pocket per calendar year for covered medical services
This is the maximum you pay for covered services received from in-network providers. This is also the maximum you pay for covered services received from both in-network and out-of-network providers. You only have to meet <b>one of the OOP maximums to get 100% coverage and no out-of-pocket costs for covered services for the remainder of the year.</b>				
<b>PROFESSIONAL SERVICES</b>				
Office visits	Primary care: \$10/\$30 copay Specialist care: \$30 copay	Primary care: \$15/\$40 copay Specialist care: \$40 copay	Primary care: \$15/\$40 copay Specialist care: \$40 copay	Covered after your copay
Routine physical exams*	No copay	No copay	No copay	Medicare coverage limits may apply
Urgent care	\$10/\$30 copay	\$15/\$40 copay	\$15/\$40 copay	Copay applies to urgent care facility only
Immunizations* (Medicare-covered)	No copay	No copay	No copay	Medicare coverage limits may apply
<b>HOSPITAL SERVICES</b>				
Hospital stay	\$150/\$250 copay per day up to \$750/\$1,250 copay per benefit period	\$200/\$300 copay per day up to \$1,000/\$1,500 copay per benefit period	\$200/\$300 copay per day up to \$1,000/\$1,500 copay per benefit period	Covered for Medicare-covered services for unlimited days after your copay per benefit period
Skilled nursing facility	Days 1-5: \$20/\$40 copay per day Days 6-25: \$40/\$80 copay per day Days 26-100: \$0 copay per day	Days 1-5: \$25/\$50 copay per day Days 6-25: \$50/\$100 copay per day Days 26-100: \$0 copay per day	Days 1-5: \$25/\$50 copay per day Days 6-25: \$50/\$100 copay per day Days 26-100: \$0 copay per day	No three-day hospital stay requirement; no benefits after 100-day maximum
Emergency room services	\$50 copay	\$50 copay	\$50 copay	Worldwide coverage, copay waived if admitted to a hospital within 48 hours
<b>OTHER SERVICES AND BENEFITS</b>				
Eye examinations* (routine, not covered by Medicare)	\$30 copay	\$40 copay	\$40 copay	Covered after copay
Routine vision hardware* (not covered by Medicare)	\$200/year covered	\$100/year covered	\$100/year covered	Covered up to specified dollar limit
Dental services (preventive)*	20% coinsurance up to \$500 per year	20% coinsurance up to \$500 per year	20% coinsurance up to \$500 per year	Up to \$500 after coinsurance for routine preventive care; full-mouth debridement not covered
Laboratory services	\$0 copay	\$0 copay	\$0 copay	Covered for Medicare-covered services
Diagnostic tests/radiology services (X-rays)	You pay 0%/10%	You pay 0%/20%	You pay 0%/20%	Covered after you pay applicable coinsurance amounts
Diagnostic tests (MRI, CT, PET and nuclear medicine)	You pay 20%/30%	You pay 20%/30%	You pay 20%/30%	Covered after you pay applicable coinsurance amount
Outpatient surgery	\$100/\$200 copay	\$200/\$300 copay	\$200/\$300 copay	Covered after you pay applicable copay amount
Outpatient services	\$0	\$0	\$0	Covered for Medicare-covered services

\*Not subject to a deductible.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Members receive their highest benefits when they receive their care from in-network providers. Members may only enroll during specific times of the year.

For further information on enrollment periods, benefits, network pharmacy information, contact Asuris TruAdvantage Customer Service Department at 1 (800) 541-8981 TTY: 711. FROM Nov. 15 through

March 1: HOURS 8 a.m. to 8 p.m., seven days a week. AFTER March 1: HOURS 8 a.m. to 8 p.m., Monday through Friday. Please leave a message on Saturdays, Sundays and holidays, and we will return your call on the next business day.

You can read a full list of exclusions and limitations in the Asuris TruAdvantage Evidence of Coverage which is available at [www.asuris.com/needCoverage/medicare](http://www.asuris.com/needCoverage/medicare).

## Phase 1 – DEDUCTIBLE/INITIAL COVERAGE

<b>ENHANCED</b>	<b>CLASSIC</b>
<p><b>\$0 deductible</b></p> <p>Your cost share is:  <b>\$5/\$35/\$35/\$75/33%/33%</b>                      per prescription depending on the tier</p>	<p><b>\$190 deductible</b></p> <p>After your deductible, your share is:  <b>\$5/\$35/\$35/\$75/28%/28%</b> per                      prescription depending on the tier</p>

After you've paid your yearly deductible (if you have one) and the yearly drug costs (paid by you and Regence) reach \$2,840, you enter the Coverage Gap.

## Phase 2 – COVERAGE GAP

<b>ENHANCED</b>	<b>CLASSIC</b>
<p>You pay \$5 copay per prescription for each 30-day supply for Tier 1 preferred generics; 93% coinsurance for all other covered Part D generics in the Coverage Gap; and 50% for some brand-name drugs discounted through the Coverage Gap Discount Program.</p>	<p>You pay 93% coinsurance for all covered Part D generics, and 50% for some brand-name drugs discounted through the Coverage Gap Discount Program.</p>

After your out-of-pocket costs (paid by you in all phases and by the drug manufacturer(s) in the Coverage Gap) reach \$4,550 you go to Catastrophic Coverage for the remainder of the year.

## Phase 3 – CATASTROPHIC

<b>ENHANCED</b>	<b>CLASSIC</b>
<p>You pay the greater of \$2.50/\$6.30 copay or 5% coinsurance per prescription depending on the tier.</p>	<p>You pay the greater of \$2.50/\$6.30 copay or 5% coinsurance per prescription depending on the tier.</p>

***Benefit period: Jan. 1 through Dec. 31 each year***

You can use any pharmacy in our network. If you have to go to an out-of-network pharmacy due to nonroutine circumstances, you may have to pay more. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify call: 1-800-Medicare (1-800-633-4227). TTY/TDD users should call 1 (877) 486-2048, 24 hours a day/7 days a week; the Social Security Office at 1 (800) 772-1213 between 7 a.m. and 7 p.m. Monday through Friday, TTY/TDD 1 (800) 325-0778; or call your state Medical Assistance (Medicaid) Office. Asuris TruAdvantage is a health plan with a Medicare contract. Asuris TruAdvantage plans are available to residents in Benton, Ferry, Franklin, Kittitas, Spokane, Stevens, and Whitman counties. Your Medicare Advantage plan may not be available next year because by law, CMS may refuse to renew our contract, or Asuris can choose not to renew our contract with CMS, or Asuris can choose to reduce its service area, which would result in your plan's termination or non-renewal.

Anyone who resides in our service area and has Medicare Parts A and B may apply. Members must continue to pay their Part B premiums. Applicable eligibility and enrollment periods apply. Benefits, formularies, premiums and provider or pharmacy networks may change in the next contract year. This document is available in other formats. Please call 1 (800) 541-8981 for more information.