

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* / Urgent Care Worldwide	• \$90
Urgent Care / Walk-In Clinic – Inside United States	• \$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 • \$1,000 annual allowance for preventive and comprehensive services
Hearing	<ul style="list-style-type: none"> • \$35 for Medicare-covered exams • \$350 hearing aid allowance annually • \$0 for routine hearing exam • \$0 for hearing aid fitting evaluation
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 • \$0 for one routine exam • \$300 annual allowance for eyewear
Out-of-Network Benefits	<ul style="list-style-type: none"> • \$90 Emergency Care and Urgent Care Worldwide • \$25 Urgent Care Inside United States • 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 • \$0 Behavioral Health/Psychiatric/SubstanceAbuse/Opioid Treatment
OTC Health Related and Drugs	• \$20 per quarter

Part D Prescription Drugs

Retail preferred network pharmacy (30-day supply)	<ul style="list-style-type: none"> • Tier 1 – \$0 • Tier 2 – \$5 • Tier 3 – \$45 • Tier 4 – \$90 • Tier 5 – 33%
Non-preferred network pharmacy (30-day supply)	<ul style="list-style-type: none"> • Tier 1 – \$0 • Tier 2 – \$10 • Tier 3 – \$47 • Tier 4 – \$95 • Tier 5 – 33%
Preferred network pharmacy (90-day supply)	<ul style="list-style-type: none"> • Tier 1 – \$0 • Tier 2 – \$15 • Tier 3 – \$135 • Tier 4 – \$270 • Tier 5 – N/A
Non-preferred network pharmacy (90-day supply)	<ul style="list-style-type: none"> • Tier 1 – \$0 • Tier 2 – \$30 • Tier 3 – \$141 • Tier 4 – \$285 • Tier 5 – N/A
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
Coverage gap	Coverage for Tier 1
Coverage limitation	After your total yearly drug costs reach \$4,430, 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 \$7,050.
Catastrophic coverage	After your yearly out-of-pocket drug costs reach \$7,050, you pay \$3.95 copay for generic and \$9.85 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. The Benefits at a Glance information is not a complete description of benefits. Please call 1-877-535-8278 (TTY/TDD relay 1-800-955-8771) or refer to your Evidence of Coverage (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.

For further assistance: You may call Customer Service toll-free at 1-877-535-8278 (TTY/TDD relay: 1-800-955-8771) weekdays from 8 am to 8 pm and 5 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.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-716-7737 (TTY: 1-800-955-8771).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-716-7737 (TTY: 1-800-955-8771).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-716-7737 (TTY: 1-800-955-8771).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-716-7737 (TTY: 1-800-955-8771).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-716-7737 (TTY: 1-800-955-8771).

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-716-7737 (TTY: 1-800-955-8771).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-716-7737 (ATS : 1-800-955-8771).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-716-7737 (TTY: 1-800-955-8771).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-716-7737 (телетайп: 1-800-955-8771).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-716-7737 (رقم هاتف الصم والبكم: 1-800-955-8771).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-716-7737 (TTY: 1-800-955-8771).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-716-7737 (TTY: 1-800-955-8771).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-716-7737 (TTY: 1-800-955-8771)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-716-7737 (TTY: 1-800-955-8771).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-716-7737 (TTY: 1-800-955-8771).

Thai: ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-716-7737 (TTY: 1-800-955-8771).