

You, your doctor and your health plan.

Partners for your health.



PUGET SOUND
HEALTH PARTNERS

“By golly, I think you’ve done it, Olly. You seem to have a very good product... Thank you.”

— Bonnie, member since 2009



Could not be more satisfied and I highly recommended PSHP.

- Richard, member since 2008

Let's work together for your health.

In simplest terms, Medicare Advantage plans offer more comprehensive coverage with more predictable costs. Puget Sound Health Partners (PSHP) helps you get the most out of your coverage, and your relationship with your doctor.

This guide is intended to help explain your options so you can make the best choice for your health.

Why Puget Sound Health Partners?



Plans that work for you

We know Medicare, and how to make it work for our members. We provide plans that go beyond original Medicare to give you real options for your care. Your plan is your choice.

Physicians who work with you

We were founded by local doctors seeking a better approach to delivering quality, coordinated care. We have an extensive network of primary care physicians, specialists, hospitals and pharmacies that are committed to our community's health.

Costs you can control

Our health plans are designed to give you the coverage you want without having to pay for coverage you don't need. What's more, our plans feature predictable expenses that minimize unknowns and surprises.

Local people, here for you

We help you get the most from your health plan. We understand the needs of Medicare patients, but never forget your needs are unique.

"I like the care I receive from Doctors, low premiums, great drug coverage, and low co-payments for physicians."
— Marie, member since 2008

PSHP Information:

1-866-789-7747
TTY/TDD: 1-866-264-4141
8:00 am — 8:00 pm
7 days a week
www.OurPSHP.com

Medicare Information:

1-800-MEDICARE
TTY/TDD: 1-877-486-2048
www.medicare.gov

“I like doing business with a local company and with pleasant, helpful customer service representatives.”

– Melvin, member since 2008





Your health, your options, your choice.

We know that choosing a health plan is an important decision — but it doesn't have to be complicated. Just answer these simple questions on your own or call us and we'll help walk you through them.

Is your primary care physician in the PSHP Network?

With over 600 local PCPs, the chances are good. If you're not sure, you can call and ask or request a directory at the number below, or visit our web site at www.OurPSHP.com. If not, you can choose another PCP or request your physician be added at the number below.

Is your pharmacy in the PSHP Network?

Again, probably. We have over 670 in the network. You can call, request a directory, or visit us online to confirm. And if your pharmacy is not part of our network, you may consider another pharmacy or request your pharmacy be added.

Are your prescriptions covered by the Plan?

Prescription needs (and controlling their costs) are an important part of the health care decision for most. We're ready to talk through your needs or send you a copy of our formulary, or you can review the list online if you'd prefer.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call 1-800-MEDICARE (1-800-633-4227) TTY/TTD users call 1-877-486-2048, 24 hrs a day, 7 days a week; the Social Security Office at 1-800-772-1213 between 7 am – 7 pm, Monday-Friday. TTY/TTD users should call 1-800-325-0778; or Washington's States Medical Assistance (Medicaid) Office.

What benefits are most important to you?

With PSHP, you control your health care plan. Do you want prescription drug coverage? A low monthly premium? Coverage for dental or alternative medicine? It's up to you. Just review the benefits comparison chart and find the combination that works for your needs. That's your plan.



*“Thank you for
all your service it
may have saved
my life!”*

Dorothy , member since 2008



Benefits Comparison Chart

| | Monthly Premium | Out of Pocket Maximum | Primary Care Office Visits & Annual Physical Examinations | Specialist Office Visits | Inpatient Hospital Care | Skilled Nursing Facility |
|-------------------------------|---|--|---|--------------------------|--|--|
| Partners Charter (HMO) | \$39 monthly premium | \$2250 out-of-pocket limit every year | \$10 co-payment \$0 co-payment for Annual Physical | \$30 co-payment | \$200 co-payment per day for days 1-5; \$0 per day for days 6-90 | \$0 co-payment for days 1-10; \$100 per day for days 11-33; \$0 for days 34-100 |
| Partners Apex (HMO) | \$89 monthly premium \$99 monthly premium in King County | \$1000 out-of-pocket limit every year | \$5 co-payment \$0 co-payment for Annual Physical | \$15 co-payment | \$100 co-payment per day for days 1-5; \$0 per day for days 6-90 | \$0 co-payment for days 1-10; \$100 per day for days 11-21; \$0 for days 22-100 |
| Partners Sound +Rx (HMO) | \$0 monthly premium | \$3350 out-of-pocket limit every year | \$15 co-payment \$0 co-payment for Annual Physical | \$40 co-payment | \$250 co-payment per day | \$100 co-payment per day for days 1-30; \$0 per day for days 31-100 |
| Partners Charter +Rx (HMO) | \$70 monthly premium | \$2250 out-of-pocket limit every year | \$10 co-payment \$0 co-payment for Annual Physical | \$30 co-payment | \$200 co-payment per day for days 1-5; \$0 per day for days 6-90 | \$0 co-payment for days 1-10; \$100 per day for days 11-33; \$0 for days 34-100 |
| Partners Apex +Rx (HMO) | \$150 monthly premium. \$160 monthly premium in King County. | \$1000 out-of-pocket limit every year | \$5 co-payment \$0 co-payment for Annual Physical | \$15 co-payment | \$100 co-payment per day for days 1-5; \$0 per day for days 6-90 | \$0 co-payment for days 1-10; \$100 per day for days 11-21; \$0 for days 22-100 |
| Partners Summit +Rx (HMO-POS) | \$180 monthly premium | \$1000 out-of-pocket limit every year | \$5 co-payment \$0 co-payment for Annual Physical | \$15 co-payment | \$100 co-payment per day for days 1-5; \$0 per day for days 6-90 | \$0 co-payment for days 1-10; \$100 per day for days 11-21; \$0 for days 22-100 |

Benefits Comparison Chart

| | Outpatient Mental Health Care & Substance Abuse | Outpatient Surgery | Outpatient Therapies | Ambulance Services | Emergency Care | Silver&Fit Fitness Benefit |
|----------------------------------|---|-------------------------|---|-------------------------|------------------------|----------------------------|
| Partners Charter \$39 | \$30 co-payment | \$150 co-payment | \$0 co-payment for visits 1-5; \$30 co-payment for each subsequent visit | \$150 co-payment | \$50 co-payment | \$0 co-payment |
| Partners Apex \$89/\$99 | \$15 co-payment | \$50 co-payment | \$0 co-payment for visits 1-5; \$15 co-payment for each subsequent visit | \$100 co-payment | \$50 co-payment | \$0 co-payment |
| Partners Sound +Rx \$0 | \$40 co-payment | \$250 co-payment | \$0 co-payment for visits 1-5; \$40 co-payment for each subsequent visit | \$150 co-payment | \$50 co-payment | \$0 co-payment |
| Partners Charter +Rx \$70 | \$30 co-payment | \$150 co-payment | \$0 co-payment for visits 1-5; \$30 co-payment for each subsequent visit | \$150 co-payment | \$50 co-payment | \$0 co-payment |
| Partners Apex +Rx \$150/\$160 | \$15 co-payment | \$50 co-payment | \$0 co-payment for visits 1-5; \$15 co-payment for each subsequent visit | \$100 co-payment | \$50 co-payment | \$0 co-payment |
| Partners Summit +Rx \$180 | \$15 co-payment | \$50 co-payment | \$0 co-payment for visits 1-5; \$15 co-payment for each subsequent visit | \$100 co-payment | \$50 co-payment | \$0 co-payment |

Benefits Comparison Chart

| Preventive Services including: Bone Mass Measurement, Colorectal Screening Exams, Immunizations, Mammograms, Pap Smears & Pelvic Exams, Prostate Cancer Screening Exams | Routine Vision Services | Routine Transportation | Point of Service Benefit |
|--|---|--|--|
| \$0 co-payment | \$30 co-payment for annual routine eye exam; \$100 hardware allowance every 2 years | \$0 co-payment for 20 one-way trips to plan-approved locations every year | Point of Service benefits not covered |
| \$0 co-payment | \$15 co-payment for annual routine eye exam; \$100 hardware allowance every 2 years | \$0 co-payment for 20 one-way trips to plan-approved locations every year | Point of Service benefits not covered |
| \$0 co-payment | \$40 co-payment for annual routine eye exam; Vision hardware not covered | Routine Transportation not covered | Point of Service benefits not covered |
| \$0 co-payment | \$30 co-payment for annual routine eye exam; \$100 hardware allowance every 2 years | \$0 co-payment for 20 one-way trips to plan-approved locations every year | Point of Service benefits not covered |
| \$0 co-payment | \$15 co-payment for annual routine eye exam; \$100 hardware allowance every 2 years | \$0 co-payment for 20 one-way trips to plan-approved locations every year | Point of Service benefits not covered |
| \$0 co-payment | \$15 co-payment for annual routine eye exam; \$100 hardware allowance every 2 years | \$0 co-payment for 20 one-way trips to plan-approved locations every year | \$50 co-payment for Point of service coverage: <ul style="list-style-type: none"> • Doctor Office Visits • Podiatry Services • Outpatient Mental Health • Outpatient Substance Abuse • Outpatient Rehabilitation Services • Other Professional Services |

Prescription Drugs

| | Partners Charter | Partners Apex | Partners Sound +Rx | Partners Charter +Rx | Partners Apex +Rx | Partners Summit +Rx |
|---------------------------|---|---|--|--|--|--|
| Deductible | This plan provides no prescription drug coverage. | This plan provides no prescription drug coverage. | \$310 \$5 Tier I - Generics | \$0 | \$0 | \$0 |
| Initial Coverage Limit | | | \$2,830 | \$2,830 | \$2,830 | \$2,830 |
| Co-payments / Coinsurance | | | 30-Day Supply Tier I - Generics \$5 ; Tier II - Brand drugs \$29 ; Tier III - Specialty drugs 20% Coinsurance; Tier IV - Non-Preferred Brand \$59 Mail Order 90-Day Supply Tier I - Generics \$10 ; Tier II - Brand drugs \$58 ; Tier III - Specialty drugs 20% Coinsurance; Tier IV -Non-Preferred Brand \$118 | 30-Day Supply Tier I - Generics \$5 ; Tier II - Brand drugs \$29 ; Tier III - Specialty drugs 20% Coinsurance; Tier IV - Non-Preferred Brand \$59 Mail Order 90-Day Supply Tier I - Generics \$10 ; Tier II - Brand drugs \$58 ; Tier III - Specialty drugs 20% Coinsurance; Tier IV -Non-Preferred Brand \$118 | 30-Day Supply Tier I - Generics \$5 ; Tier II - Brand drugs \$29 ; Tier III - Specialty drugs 20% Coinsurance; Tier IV - Non-Preferred Brand \$59 Mail Order 90-Day Supply Tier I - Generics \$10 ; Tier II - Brand drugs \$58 ; Tier III - Specialty drugs 20% Coinsurance; Tier IV -Non-Preferred Brand \$118 | 30-Day Supply Tier I - Generics \$5 ; Tier II - Brand drugs \$29 ; Tier III - Specialty drugs 20% Coinsurance; Tier IV - Non-Preferred Brand \$59 Mail Order 90-Day Supply Tier I - Generics \$10 ; Tier II - Brand drugs \$58 ; Tier III - Specialty drugs 20% Coinsurance; Tier IV -Non-Preferred Brand \$118 |
| Gap Coverage | | | None | None | \$5 Tier I - Generics | \$5 Tier I - Generics |
| Catastrophic Coverage | | | \$4,550 \$2.50 copay for generic and \$6.30 copay for all other drugs, or 5% coinsurance | \$4,550 \$2.50 copay for generic and \$6.30 copay for all other drugs, or 5% coinsurance | \$4,550 \$2.50 copay for generic and \$6.30 copay for all other drugs, or 5% coinsurance | \$4,550 \$2.50 copay for generic and \$6.30 copay for all other drugs, or 5% coinsurance |

A woman with dark hair, wearing a patterned orange and black top and a striped skirt, stands smiling in a lush garden. She is positioned under a wooden trellis structure covered in green vines. The background is filled with various green plants and white flowers. The overall scene is bright and natural.

A Health Plan built with you in mind!

How can I find out more?

You can call us, of course, at 1-866-789-7747. TTY/TDD users call 1-866-264-4141. We'll be happy to answer any questions or give you dates and times for one of our ongoing free informational seminars. You can also visit us online at www.OurPSHP.com.

How do I enroll?

That's an easy one. Just call 1-866-789-7747, 8:00 am – 8:00 pm, 7 days a week. TTY/TDD users call 1-866-264-4141.

Puget Sound Health Partners

PSHP Member Services

November 15th - March 31st

1-866-789-PSHP (7747)

8 am-8 pm, 7 days a week

April 1st - November 14th

1-866-789-PSHP (7747)

8 am-5 pm, Monday-Friday

TTY/TDD users call

1-866-264-4141

PSHP Mailing Address

PO Box 4537

Federal Way, WA 98063

PSHP Website

www.OurPSHP.com

Medicare

1-800-MEDICARE (633-4227)

24 hrs a day, 7 days a week

TTY/TTD users call

1-877-486-2048

Social Security Office

1-800-772-1213

7 am-7 pm, Monday-Friday

TTY/TTD users call

1-800-325-0778

Other Important Phone Numbers:



Puget Sound Health Partners is a Medicare approved HMO. You must be entitled to Medicare Part A and enrolled in Medicare Part B and reside in the plan service area. You must continue to pay your Medicare Part B premium. You must receive all routine care from plan providers. The benefit information provided is not comprehensive. Benefits and premiums may vary by county or plan. Additional information should be requested before making a decision about your coverage. If you decide to make a change in payment methods (switching to premium withholding or direct bill) it could take 3 month for the change to take effect and you remain responsible for the premiums.

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