

Puget Sound Health Partners

Medicare Advantage Plans

Summary of Benefits (H9302)

Partners Sound Plus Rx (HMO)
Partners Charter Plus Rx (HMO)
Partners Apex Plus Rx (HMO)
Partners Apex Plus Rx King County (HMO)
Partners Summit Plus Rx (HMO-POS)



Benefits effective January 1, 2010 - December 31, 2010



PUGET SOUND
HEALTH PARTNERS

H9302_Sb1_09172009

Section I

Introduction to the Summary of Benefits Report for Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS)

January 1, 2010 - December 31, 2010

COUNTIES: KING, LEWIS, PIERCE, SNOHOMISH and THURSTON

Thank you for your interest in our Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS). Our plans are offered by PUGET SOUND HEALTH PARTNERS, INC, a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS) for our Partners Summit Plus Rx (HMO-POS) Plan. This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County and Partners Summit Plus Rx (HMO-POS). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) AVAILABLE?

The service area for these plans includes: King, Lewis, Pierce, Snohomish, and Thurston Counties, WA. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS)?

You can join Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, you may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.OurPSHP.com. Our member service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the member service number at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.OurPSHP.com. Our member service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.OurPSHP.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?

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/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week;

The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Qualis Health, 1-800-949-7536.

As a member of Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus

Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans"

or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-877-789-7747 to obtain a copy of the plan ratings for this plan. TTY users call 1-866-264-4141.

Please call Puget Sound Health Partners for more information about Partners Sound Plus Rx (HMO), Partners Charter Plus Rx (HMO), Partners Apex Plus Rx (HMO), Partners Apex Plus Rx King County (HMO) and Partners Summit Plus Rx (HMO-POS).

Visit us at www.OurPSHP.com or, call us:

Member service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Pacific

Current and Prospective members should call toll-free 1-866-789-7747 for questions related to the Medicare Advantage Program. (TTY/TDD 1-866-264-4141).

Current and Prospective members should call locally 253-779-8830 for questions related to the Medicare Advantage Program. (TTY/TDD 253-284-3900).

Current and Prospective members should call toll-free 1-866-789-7747 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-866-264-4141)

Current and Prospective members should call locally 253-779-8830 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 253-284-3900)

If you have special needs, this document may be available in other formats.

Section II

Summary of Benefits for Puget Sound Health Partners

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
IMPORTANT INFORMATION		
<p>1. Premium & Other Important Information</p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2007, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3350 out-of-pocket limit. All plan services included.</p>
<p>2. Doctor & Hospital Choice</p> <p>(For more information, see Emergency – #15 & Urgently Needed Care – #16)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

January 1, 2010 - December 31, 2010

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>General \$70 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$2250 out-of pocket limit. All plan services included.</p>	<p>General \$150 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>\$160 monthly plan premium in addition to your monthly Medicare Part B premium for King County.</p> <p>In-Network \$1000 out-of pocket limit. All plan services included.</p>	<p>General \$180 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$1000 out-of pocket limit. All plan services included.</p>
<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>	<p>In-Network Referral required for network hospitals and specialists (for certain benefits).</p>

INPATIENT CARE**3. Inpatient Hospital Care**

(includes Substance Abuse and Rehabilitation Services)

In 2009 the amounts for each benefit period were:
Days 1 - 60: \$1068 deductible.
Days 61 - 90: \$267 per day.
Days 91 - 150: \$534 per lifetime reserve day.

These amounts will change for 2010.

Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Lifetime reserve days can only be used once.

A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

In-Network

For Medicare-covered hospital stays:

Days 1 - 90: \$250 copay per day.

\$250 copay for each additional hospital day.

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

In-Network

For Medicare-covered hospital stays:

Days 1 - 5: \$200 copay per day.

Days 6 - 90: \$0 copay per day.

\$0 copay for additional hospital days.

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

In-Network

For Medicare-covered hospital stays:

Days 1 - 5: \$100 copay per day.

Days 6 - 90: \$0 copay per day.

\$0 copay for additional hospital days.

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

In-Network

For Medicare-covered hospital stays:

Days 1 - 5: \$100 copay per day.

Days 6 - 90: \$0 copay per day.

\$0 copay for additional hospital days.

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>4. Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 10: \$250 copay per day.</p> <p>Days 11 - 90: \$0 copay per day.</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:</p> <p>Days 1 - 10: \$250 copay per day.</p> <p>Days 11 - 60: \$0 copay per day.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

<p style="text-align: center;">PARTNERS CHARTER+RX (HMO)</p>	<p style="text-align: center;">PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)</p>	<p style="text-align: center;">PARTNERS SUMMIT+RX (HMO-POS)</p>
<p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$200 copay per day.</p> <p>Days 6 - 90: \$0 copay per day.</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:</p> <p>Days 1 - 5: \$200 copay per day.</p> <p>Days 6 - 60: \$0 copay per day.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$100 copay per day.</p> <p>Days 6 - 90: \$0 copay per day.</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:</p> <p>Days 1 - 5: \$100 copay per day.</p> <p>Days 6 - 60: \$0 copay per day.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$100 copay per day.</p> <p>Days 6 - 90: \$0 copay per day.</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:</p> <p>Days 1 - 5: \$100 copay per day.</p> <p>Days 6 - 60: \$0 copay per day.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day.</p> <p>Days 21 - 100: \$133.50 per day.</p> <p>These amounts will change for 2010.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays:</p> <p>Days 1 - 30: \$100 copay per day.</p> <p>Days 31 - 100: \$0 copay per day.</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p>
<p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, & rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>7. Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays:</p> <p>Days 1 - 10: \$0 copay per day.</p> <p>Days 11 - 33: \$100 copay per day.</p> <p>Days 34 - 100: \$0 copay per day.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays:</p> <p>Days 1 - 10: \$0 copay per day.</p> <p>Days 11 - 21: \$100 copay per day.</p> <p>Days 22 - 100: \$0 copay per day.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays:</p> <p>Days 1 - 10: \$0 copay per day.</p> <p>Days 11 - 21: \$100 copay per day.</p> <p>Days 22 - 100: \$0 copay per day.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>

OUTPATIENT CARE

<p>8. Doctor Office Visits</p>	<p>20% coinsurance.</p>	<p>General See "Physical Exams," for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$40 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$40 copay for each specialist visit for Medicare-covered benefits.</p>
<p>9. Chiropractic Services</p>	<p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>

<p>General See "Physical Exams," for more information.</p> <p>In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$30 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See "Physical Exams," for more information.</p> <p>In-Network \$5 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$15 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$15 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See "Physical Exams," for more information.</p> <p>In-Network \$5 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$15 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$15 copay for each specialist visit for Medicare-covered benefits.</p>
<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
10. Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network \$15 to \$40 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11. Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	General Authorization rules may apply. In-Network \$40 copay for each Medicare-covered individual or group therapy visit.
12. Outpatient Substance Abuse Care	20% coinsurance.	General Authorization rules may apply. In-Network \$40 copay for Medicare-covered individual or group visits.
13. Outpatient Services/ Surgery	20% coinsurance for the doctor. 20% of outpatient facility charges.	General Authorization rules may apply. In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit. \$40 to \$250 copay for each Medicare-covered outpatient hospital facility visit.

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>In-Network \$10 to \$30 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network \$5 to \$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network \$5 to \$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for each Medicare-covered individual or group therapy visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered individual or group therapy visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered individual or group therapy visit.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for Medicare-covered individual or group visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered individual or group visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered individual or group visits.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$150 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$30 to \$150 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$15 to \$50 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$15 to \$50 copay for each Medicare-covered outpatient hospital facility visit.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>14. Ambulance Services</p> <p>(medically necessary ambulance services)</p>	<p>20% coinsurance.</p>	<p>In-Network</p> <p>\$150 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>
<p>15. Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor.</p> <p>20% of facility charge, or a set copay per emergency room visit.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16. Urgently Needed Care</p> <p>(This is NOT emergency care, & in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$40 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>	<p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>	<p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>
<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>General \$30 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>	<p>General \$15 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>	<p>General \$15 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>17. Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech & Language Therapy)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$40 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$0 to \$40 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p>18. Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 25% of the cost for Medicare-covered items.</p>
<p>19. Prosthetic Devices</p> <p>(includes braces, artificial limbs & eyes, etc.)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 25% of the cost for Medicare-covered items.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$30 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$0 to \$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$0 to \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$0 to \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>
<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>20. Diabetes Self-Monitoring Training, Nutrition Therapy, & Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, & self-management training)</p>	<p>20% coinsurance.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network</p> <p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$10 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p> <p>Separate Office Visit cost sharing of \$15 copay may apply.</p>
<p>21. Diagnostic Tests, X-Rays, Lab Services, & Radiology Services</p>	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$200 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$15 copay may apply.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>In-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$10 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p> <p>Separate Office Visit cost sharing of \$10 copay may apply.</p>	<p>In-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$5 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>	<p>In-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$5 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services.</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$130 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$10 copay may apply.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services.</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$130 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services.</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$130 copay for Medicare-covered diagnostic radiology services.</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>

PREVENTIVE SERVICES

<p>22. Bone Mass Measurement</p> <p>(for people with Medicare who are at risk)</p>	<p>20% coinsurance.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered bone mass measurement.</p> <p>Separate Office Visit cost sharing of \$15 copay may apply.</p>
<p>23. Colorectal Screening Exams</p> <p>(for people with Medicare age 50 & older)</p>	<p>20% coinsurance.</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered colorectal screenings.</p> <p>Separate Office Visit cost sharing of \$15 copay may apply.</p>
<p>24. Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>20% coinsurance for Hepatitis B vaccine.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network</p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p>
<p>25. Mammograms (Annual Screening)</p> <p>(for women with Medicare age 40 & older)</p>	<p>20% coinsurance.</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network</p> <p>\$0 copay for Medicare covered screening mammograms.</p> <p>-up to 1 additional screening mammogram every year.</p>

**PARTNERS
CHARTER+RX (HMO)**

**PARTNERS
APEX+RX & APEX+RX
KING COUNTY (HMO)**

**PARTNERS
SUMMIT+RX
(HMO-POS)**

<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p> <p>Separate Office Visit cost sharing of \$10 copay may apply.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>
<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Separate Office Visit cost sharing of \$10 copay may apply.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>
<p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p>
<p>In-Network \$0 copay for Medicare covered screening mammograms.</p> <p>-up to 1 additional screening mammogram every year.</p>	<p>In-Network \$0 copay for Medicare covered screening mammograms.</p> <p>-up to 1 additional screening mammogram every year.</p>	<p>In-Network \$0 copay for Medicare covered screening mammograms.</p> <p>-up to 1 additional screening mammogram every year.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>26. Pap Smears & Pelvic Exams</p> <p>(for women with Medicare)</p>	<p>\$0 copay for Pap smears.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>-up to 1 additional pap smear and pelvic exam every year.</p> <p>Separate Office Visit cost sharing of \$15 copay may apply.</p>
<p>27. Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 & older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p> <p>Separate Office Visit cost sharing of \$15 copay may apply.</p>
<p>28. ESRD</p>	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network</p> <p>20% of the cost for renal dialysis.</p> <p>\$10 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>-up to 1 additional pap smear and pelvic exam every year.</p> <p>Separate Office Visit cost sharing of \$10 copay may apply.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>-up to 1 additional pap smear and pelvic exam every year.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>-up to 1 additional pap smear and pelvic exam every year.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>
<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Separate Office Visit cost sharing of \$10 copay may apply.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Separate Office Visit cost sharing of \$5 copay may apply.</p>
<p>In-Network 20% of the cost for renal dialysis.</p> <p>\$10 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>In-Network 20% of the cost for renal dialysis.</p> <p>\$5 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>In-Network 20% of the cost for renal dialysis.</p> <p>\$5 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>29. Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.OurPSHP.com on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

<p style="text-align: center;">PARTNERS CHARTER+RX (HMO)</p>	<p style="text-align: center;">PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)</p>	<p style="text-align: center;">PARTNERS SUMMIT+RX (HMO-POS)</p>
<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.OurPSHP.com on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.OurPSHP.com on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.OurPSHP.com on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>29. Prescription Drugs (cont.)</p>		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Partners Sound Plus Rx (HMO) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Partners Sound Plus Rx (HMO) approves the exception, you will pay Tier IV cost-sharing for that drug.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Partners Charter Plus Rx (HMO) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Partners Charter Plus Rx (HMO) approves the exception, you will pay Tier IV cost-sharing for that drug.</p>	<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Partners Partners Apex Plus Rx (HMO) and Apex Plus King County (HMO) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Partners Apex Plus Rx (HMO) and Apex Plus King County (HMO) approves the exception, you will pay Tier IV cost-sharing for that drug.</p>	<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Partners Summit Plus Rx (HMO-POS) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Partners Summit Plus Rx (HMO-POS) approves the exception, you will pay Tier IV cost-sharing for that drug.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>29. Prescription Drugs (cont.)</p>		<p>In-Network \$310 deductible on all drugs except Tier I drugs.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug cost reach \$2830:</p> <p>Retail Pharmacy</p> <p>Tier I -\$5 copay for a one-month (30-day) supply of drugs in this tier. -\$15 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (30-day) supply of drugs in this tier. -\$87 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a one-month (30-day) supply of drugs in this tier. -20% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a one-month (30-day) supply of drugs in this tier. -\$177 copay for a three-month (90-day) supply of drugs in this tier.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>In-Network \$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2830:</p> <p>Retail Pharmacy</p> <p>Tier I -\$5 copay for a one-month (30-day) supply of drugs in this tier. -\$15 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (30-day) supply of drugs in this tier. -\$87 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a one-month (30-day) supply of drugs in this tier. -20% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a one-month (30-day) supply of drugs in this tier. -\$177 copay for a three-month (90-day) supply of drugs in this tier.</p>	<p>In-Network \$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2830:</p> <p>Retail Pharmacy</p> <p>Tier I -\$5 copay for a one-month (30-day) supply of drugs in this tier. -\$15 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (30-day) supply of drugs in this tier. -\$87 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a one-month (30-day) supply of drugs in this tier. -20% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a one-month (30-day) supply of drugs in this tier. -\$177 copay for a three-month (90-day) supply of drugs in this tier.</p>	<p>In-Network \$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2830:</p> <p>Retail Pharmacy</p> <p>Tier I -\$5 copay for a one-month (30-day) supply of drugs in this tier. -\$15 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (30-day) supply of drugs in this tier. -\$87 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a one-month (30-day) supply of drugs in this tier. -20% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a one-month (30-day) supply of drugs in this tier. -\$177 copay for a three-month (90-day) supply of drugs in this tier.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>29. Prescription Drugs (cont.)</p>		<p>Long Term Care Pharmacy</p> <p>Tier I -\$5 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Mail Order</p> <p>Tier I -\$5 copay for a one-month (30-day) supply of drugs in this tier. -\$10 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (30-day) supply of drugs in this tier. -\$58 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier III - 20% coinsurance for a one-month (30-day) supply of drugs in this tier. - 20% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>Long Term Care Pharmacy</p> <p>Tier I -\$5 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Mail Order</p> <p>Tier I -\$5 copay for a one-month (30-day) supply of drugs in this tier. -\$10 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (30-day) supply of drugs in this tier. -\$58 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier III - 20% coinsurance for a one-month (30-day) supply of drugs in this tier. - 20% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>	<p>Long Term Care Pharmacy</p> <p>Tier I -\$5 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Mail Order</p> <p>Tier I -\$5 copay for a one-month (30-day) supply of drugs in this tier. -\$10 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (30-day) supply of drugs in this tier. -\$58 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier III - 20% coinsurance for a one-month (30-day) supply of drugs in this tier. - 20% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>	<p>Long Term Care Pharmacy</p> <p>Tier I -\$5 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a one-month (31-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Mail Order</p> <p>Tier I -\$5 copay for a one-month (30-day) supply of drugs in this tier. -\$10 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a one-month (30-day) supply of drugs in this tier. -\$58 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier III - 20% coinsurance for a one-month (30-day) supply of drugs in this tier. - 20% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>29. Prescription Drugs (cont.)</p>		<p>Tier IV -\$59 copay for a one-month (30-day) supply of drugs in this tier. -\$118 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Coverage Gap After yearly drug cost reach \$2830, you pay 100% until your yearly out-of-pocket drug costs reach \$4550.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>Tier IV -\$59 copay for a one-month (30-day) supply of drugs in this tier. -\$118 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Coverage Gap After yearly drug cost reach \$2830, you pay 100% until your yearly out-of-pocket drug costs reach \$4550.</p>	<p>Tier IV -\$59 copay for a one-month (30-day) supply of drugs in this tier. -\$118 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Coverage Gap The plan covers many generics (65%-99% of formulary generic drugs) AND some brands (10%-64% of formulary brand drugs) through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy Tier I -\$5 copay for a one-month (30-day) supply of all drugs covered in this tier. -\$15 copay for a three-month (90-day) supply of all drugs covered in this tier.</p> <p>Long Term Care Pharmacy Tier I -\$5 copay for a one-month (31-day) supply of all drugs covered in this tier.</p> <p>Mail Order Tier I -\$5 copay for a one-month (30-day) supply of all drugs covered in this tier. -\$10 copay for a three-month (90-day) supply of all drugs covered in this tier.</p>	<p>Tier IV -\$59 copay for a one-month (30-day) supply of drugs in this tier. -\$118 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Coverage Gap The plan covers many generics (65%-99% of formulary generic drugs) AND some brands (10%-64% of formulary brand drugs) through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy Tier I -\$5 copay for a one-month (30-day) supply of all drugs covered in this tier. -\$15 copay for a three-month (90-day) supply of all drugs covered in this tier.</p> <p>Long Term Care Pharmacy Tier I -\$5 copay for a one-month (31-day) supply of all drugs covered in this tier.</p> <p>Mail Order Tier I -\$5 copay for a one-month (30-day) supply of all drugs covered in this tier. -\$10 copay for a three-month (90-day) supply of all drugs covered in this tier.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>29. Prescription Drugs (cont.)</p>		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4550 you pay the greater of: -A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or -5% coinsurance.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Partners Sound Plus Rx (HMO).</p> <p>Out-of-Network Initial Coverage After you pay your yearly deductible you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2830:</p>

<p style="text-align: center;">PARTNERS CHARTER+RX (HMO)</p>	<p style="text-align: center;">PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)</p>	<p style="text-align: center;">PARTNERS SUMMIT+RX (HMO-POS)</p>
<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4550 you pay the greater of: -A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or -5% coinsurance.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Partners Charter Plus Rx (HMO).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2830:</p>	<p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4550 you pay the greater of: -A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or -5% coinsurance.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Partners Apex Plus Rx (HMO) and Apex Plus Rx King County (HMO).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2830:</p>	<p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4550 you pay the greater of: -A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or -5% coinsurance.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Partners Summit Plus Rx (HMO-POS).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2830:</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>29. Prescription Drugs (cont.)</p>		<p>Tier I -\$5 copay for a (10-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a (10-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a (10-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a (10-day) supply of drugs in this tier.</p> <p>Out-of-Network Coverage Gap</p> <p>After your total yearly drug costs reach \$2830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4550. You will not be reimbursed by Partners Sound Plus Rx (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Partners Sound Plus Rx (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>Tier I -\$5 copay for a (10-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a (10-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a (10-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a (10-day) supply of drugs in this tier.</p>	<p>Tier I -\$5 copay for a (10-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a (10-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a (10-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a (10-day) supply of drugs in this tier.</p>	<p>Tier I -\$5 copay for a (10-day) supply of drugs in this tier.</p> <p>Tier II -\$29 copay for a (10-day) supply of drugs in this tier.</p> <p>Tier III -20% coinsurance for a (10-day) supply of drugs in this tier.</p> <p>Tier IV -\$59 copay for a (10-day) supply of drugs in this tier.</p>
<p>Out-of-Network Coverage Gap</p> <p>After your total yearly drug costs reach \$2830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4550. You will not be reimbursed by Partners Charter Plus Rx (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Partners Charter Plus Rx (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Out-of-Network Coverage Gap</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier I -\$5 copay for a (10-day) supply of all drugs covered in this tier.</p> <p>Tier II -After your total yearly drug costs reach \$2830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4550. You will not be reimbursed by Partners Apex Plus Rx (HMO) and Apex Plus Rx King County (HMO) for out-of-network purchases when you are in the coverage gap.</p>	<p>Out-of-Network Coverage Gap</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier I -\$5 copay for a (10-day) supply of all drugs covered in this tier.</p> <p>Tier II -After your total yearly drug costs reach \$2830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4550. You will not be reimbursed by Partners Summit Plus Rx (HMO-POS) for out-of-network purchases when you are in the coverage gap.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
29. Prescription Drugs (cont.)		

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
	<p>However, you should still submit documentation to Partners Apex Plus Rx (HMO) and Apex Plus Rx King County (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Tier III -After your total yearly drug costs reach \$2830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4550. You will not be reimbursed by Partners Apex Plus Rx (HMO) and Apex Plus Rx King County (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Partners Apex Plus Rx (HMO) and Apex Plus Rx King County (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Tier IV -After your total yearly drug costs reach \$2830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4550. You will not be reimbursed by Partners Apex Plus Rx (HMO) and Apex Plus Rx King County (HMO) for out-of-network purchases when you are in the coverage gap.</p>	<p>However, you should still submit documentation to Partners Summit Plus Rx (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Tier III -After your total yearly drug costs reach \$2830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4550. You will not be reimbursed by Partners Summit Plus Rx (HMO-POS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Partners Summit Plus Rx (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Tier IV -After your total yearly drug costs reach \$2830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4550. You will not be reimbursed by Partners Summit Plus Rx (HMO-POS) for out-of-network purchases when you are in the coverage gap.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>29. Prescription Drugs (cont.)</p>		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4550 you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> -A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or -5% coinsurance.
<p>30. Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$40 copay for Medicare-covered dental benefits.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4550 you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> -A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or -5% coinsurance. 	<p>However, you should still submit documentation to Partners Apex Plus Rx (HMO) and Apex Plus Rx King County (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4550 you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> -A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or -5% coinsurance. 	<p>However, you should still submit documentation to Partners Summit Plus Rx (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4550 you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> -A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or -5% coinsurance.
<p>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$30 copay for Medicare-covered dental benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$15 copay for Medicare-covered dental benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$15 copay for Medicare-covered dental benefits.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>31. Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$0 to \$40 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 to \$40 copay for up to 1 routine hearing test every year.</p>
<p>32. Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$40 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$40 copay for up to 1 routine eye exam every year.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>In-Network Hearing aids not covered.</p> <p>\$0 to \$30 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 to \$30 copay for up to 1 routine hearing test every year.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$0 to \$15 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 to \$15 copay for up to 1 routine hearing test every year.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$0 to \$15 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 to \$15 copay for up to 1 routine hearing test every year.</p>
<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery.</p> <ul style="list-style-type: none"> -up to 1 pair of glasses every two years. -up to 1 pair of contacts every two years. -up to 1 pair of lenses every two years. -up to 1 frame every two years. <p>\$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$30 copay for up to 1 routine eye exam every year.</p> <p>\$100 limit for eye wear every two years.</p> <p>Plan offers additional vision benefits.</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery.</p> <ul style="list-style-type: none"> -up to 1 pair of glasses every two years. -up to 1 pair of contacts every two years. -up to 1 pair of lenses every two years. -up to 1 frame every two years. <p>\$15 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$15 copay for up to 1 routine eye exam every year.</p> <p>\$100 limit for eye wear every two years.</p> <p>Plan offers additional vision benefits.</p>	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery.</p> <ul style="list-style-type: none"> -up to 1 pair of glasses every two years. -up to 1 pair of contacts every two years. -up to 1 pair of lenses every two years. -up to 1 frame every two years. <p>\$15 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$15 copay for up to 1 routine eye exam every year.</p> <p>\$100 limit for eye wear every two years.</p> <p>Plan offers additional vision benefits.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>33. Physical Exams</p>	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p>
<p>34. Health/Wellness Education</p>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> -Written health education materials, including Newsletters. -Health Club Membership/ Fitness Classes. -Other Wellness Benefits. <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
<p>Transportation (Routine)</p>	<p>Not covered.</p>	<p>This plan does not cover routine transportation.</p>

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p>	<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p>	<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p>
<p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> -Written health education materials, including Newsletters. -Health Club Membership/Fitness Classes. -Other Wellness Benefits. <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> -Written health education materials, including Newsletters. -Health Club Membership/Fitness Classes. -Other Wellness Benefits. <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> -Written health education materials, including Newsletters. -Health Club Membership/Fitness Classes. -Other Wellness Benefits. <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 20 one-way trip(s) to plan-approved location every year.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 20 one-way trip(s) to plan-approved location every year.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 20 one-way trip(s) to plan-approved location every year.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
<p>Acupuncture</p>	<p>Not covered.</p>	<p>In-Network This plan does not cover Acupuncture.</p>
<p>Point of Service</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	

PARTNERS CHARTER+RX (HMO)	PARTNERS APEX+RX & APEX+RX KING COUNTY (HMO)	PARTNERS SUMMIT+RX (HMO-POS)
<p>In-Network This plan does not cover Acupuncture.</p>	<p>In-Network This plan does not cover Acupuncture.</p>	<p>In-Network This plan does not cover Acupuncture.</p>
		<p>Out-of-Network Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> -Doctor Office Visits. -Podiatry Services. -Outpatient Mental Health Care. -Outpatient Substance Abuse Care. -Outpatient Rehabilitation Services. -Other Health Care Professional Services. -Cardiac Rehabilitation Services. <p>\$50 copay for:</p> <ul style="list-style-type: none"> -Doctor Office Visits -Podiatry Services. -Outpatient Mental Health Care. -Outpatient Substance Abuse Care. -Outpatient Rehabilitation Services. -Other Health Care Professional Services. -Cardiac Rehabilitation Services.

OPTIONAL BENEFITS

Optional Supplemental Package #1

<p>Premium & Other Important Information</p>		<p>General</p> <p>Package: 1 - Well Dental Care Plan: \$37 monthly premium, in addition to your \$0 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: -Dental Services.</p>
<p>Dental Services</p>		<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network \$0 copay for the following preventive dental benefits: -up to 2 oral exam(s) every year. -up to 2 cleaning(s) every year. -up to 2 fluoride treatment(s) every year. -up to 1 dental x-ray every three years.</p> <p>\$1,000 limit for dental benefits every year.</p>

<p>General</p> <p>Package: 1 - Well Dental Care Plan: \$37 monthly premium, in addition to your \$70 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: -Dental Services.</p>	<p>General</p> <p>Package: 1 - Well Dental Care Plan: \$37 monthly premium, in addition to your \$150 or \$160 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: -Dental Services.</p>	<p>General</p> <p>Package: 1 - Well Dental Care Plan: \$37 monthly premium, in addition to your \$180 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: -Dental Services.</p>
<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network \$0 copay for the following preventive dental benefits: -up to 2 oral exam(s) every year. -up to 2 cleaning(s) every year. -up to 2 fluoride treatment(s) every year. -up to 1 dental x-ray every three years.</p> <p>\$1,000 limit for dental benefits every year.</p>	<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network \$0 copay for the following preventive dental benefits: -up to 2 oral exam(s) every year. -up to 2 cleaning(s) every year. -up to 2 fluoride treatment(s) every year. -up to 1 dental x-ray every three years.</p> <p>\$1,000 limit for dental benefits every year.</p>	<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network \$0 copay for the following preventive dental benefits: -up to 2 oral exam(s) every year. -up to 2 cleaning(s) every year. -up to 2 fluoride treatment(s) every year. -up to 1 dental x-ray every three years.</p> <p>\$1,000 limit for dental benefits every year.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	PARTNERS SOUND+RX (HMO)
Optional Supplemental Package #2		
<p>Premium & Other Important Information</p>		<p>General</p> <p>Package: 2 - Alternative Health Care Plan:</p> <p>\$3 monthly premium, in addition to your \$0 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> -Chiropractic Services -Acupuncture.
<p>Chiropractic Services</p>		<p>In-Network</p> <p>\$15 copay for up to 20 routine visits every year.</p>

<p>General</p> <p>Package: 2 - Alternative Health Care Plan:</p> <p>\$3 monthly premium, in addition to your \$70 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> -Chiropractic Services -Acupuncture. 	<p>General</p> <p>Package: 2 - Alternative Health Care Plan:</p> <p>\$3 monthly premium, in addition to your \$150 or 160 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> -Chiropractic Services -Acupuncture. 	<p>General</p> <p>Package: 2 - Alternative Health Care Plan:</p> <p>\$3 monthly premium, in addition to your \$180 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> -Chiropractic Services -Acupuncture.
<p>In-Network</p> <p>\$15 copay for up to 20 routine visits every year.</p>	<p>In-Network</p> <p>\$15 copay for up to 20 routine visits every year.</p>	<p>In-Network</p> <p>\$15 copay for up to 20 routine visits every year.</p>

Section III

Additional information about the benefits offered by Puget Sound Health Partners.

As a member of PSHP, you will receive many additional benefits and services:

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ADDITIONAL INFORMATION ABOUT YOUR COVERED BENEFITS	58

LOCAL CUSTOMER SERVICE

When you contact Puget Sound Health Partners, you will speak with a live representative located at our office in Federal Way, Washington. We are available to answer all your questions. It's as easy as calling 1-866-789-PSHP (7747). For your convenience, we offer expanded hours during the Medicare Annual Election and Open Enrollment Periods. Our Member Service team is available:

November 15th – March 31st	8am – 8pm, 7 days a week
April 1st – November 14th	8am – 5pm, Monday – Friday

Our local offices also offer the option to drop by and experience the personalized service offered by Puget Sound Health Partners.

**Puget Sound Health Partners
Main Office**
32129 Weyerhaeuser Way S, Suite 201
Federal Way, WA 98001

**Puget Sound Health Partners
Olympia Office**
319 7th Avenue SE, Ste 201
Olympia, WA 98501

We welcome you to visit our web site at **www.OurPSHP.com** for convenient access to information and resources.

FEATURED BENEFIT

Silver&Fit Fitness and Healthy Aging Programs



The Silver&Fit program provides no-cost fitness club memberships to more than 150 fitness clubs and exercise centers in King, Lewis, Pierce, Snohomish and Thurston counties. In addition to your standard fitness club/exercise center membership, you may access senior-oriented fitness classes at participating fitness clubs*.

Or, if you prefer to exercise at home, the Silver&Fit Home Fitness program offers home kits to support your fitness regimen. In lieu of a fitness club membership you may elect to receive any two of the following home fitness kits:

Walking Kit	Exercise Kit
Stress Management Kit	Pilates Kit
Yoga Kit	Aquatics Kit
Tai Chi/Qi Kung Kit	Core strength Kit

The Silver&Fit program also provides a Healthy Aging Education program which provides access to 48 healthy aging classes designed for home use. The classes may be accessed online or if you prefer, the program is available by mail.

*Not available at all fitness clubs



OPTIONAL SUPPLEMENTAL PROGRAMS

Puget Sound Health Partners offers two Optional Supplemental benefit plans that allow you to tailor your health plan to meet your individual needs.

1. Well Care Dental Plan

You may add comprehensive dental coverage to any of our plans by enrolling in the Well Care Dental Plan. For an additional **\$37.00 premium** (above your plan premium) per month you will receive:

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist
Class I - Diagnostic & Preventive	100%	100%	100%
Class II - Restorative	80%	80%	80%
Class III - Major	0%	0%	0%
Annual Maximum	\$1000	\$1000	\$1000
Annual Deductible	\$50	\$100	\$100
TMJ Plan B - Surgical & NonSurgical Coinsurance Level	50%	50%	50%
Annual Maximum	\$1000	\$1000	\$1000
Lifetime Maximum	\$5000	\$5000	\$5000

Services paid bases on Washington Dental Service (WDS) approved fee schedule.

2. Alternative Health Care Plan

For an additional **\$3.00 per month**, you may receive up to 20 combined visits for routine chiropractic and/or acupuncture services from our network of participating providers.

ADDITIONAL INFORMATION ABOUT YOUR COVERED BENEFITS

Out-of-Pocket Maximums

All Puget Sound Health Partners' medical benefit plans provide Out-of-Pocket Maximums. The Out-of-Pocket Maximum provision provides protection in the event of catastrophic illness or injury by limiting the amount of money you pay toward copayments and/or coinsurance per benefit year. In the event that your copayments and/or coinsurance equal the Out-of-Pocket Maximum for your medical benefit plan, you become eligible to receive 100% coverage for covered benefits with no additional cost to you.*

* Copayments for point-of-service benefits under the Partners Summit Plus Rx plan do not apply toward Out-of-Pocket Maximums.

Vision Care

All Puget Sound Health Partners' benefit plans provide for an annual eye examination by a participating provider. In addition, most plans* provide a \$100 allowance every 24 months to be used toward the purchase of vision hardware including eyeglasses (frames and/or lenses) or contact lenses. If you opt to utilize this benefit through a participating provider, that provider will bill Puget Sound Health Partners directly. You also have the option of purchasing your hardware at the vendor of your choice and submitting a bill for reimbursement to Puget Sound Health Partners up to the \$100 limit.

* The Partners Sound Plus Rx plan does not provide a benefit for vision hardware.

Transportation

We want you to have access to the care you need. Our non-emergent transportation benefit provides up to 20 one-way trips* to plan approved locations for no copayment. You may access this benefit by contacting Medical Transportation Management (MTM) 3 days in advance of your scheduled appointment and MTM will work directly with the transportation providers to schedule your trip. Trips are limited within the plan service area and up to a 50 mile maximum each way. Other limitations apply. Please refer to the Evidence of Coverage for additional details.

* The Partners Sound Plus Rx plan does not provide a routine transportation benefit.

Outpatient Therapies

Puget Sound Health Partners benefit plans allow for the first 5 visits of rehabilitative therapies (including physical therapy, occupational therapy, speech therapy and cardiac rehabilitation) to be provided at no cost to the member. Copayments apply to additional visits beyond the first 5 visits. The first 5 visits are defined as per therapy, per medical condition.

Podiatry

Benefits for Podiatry include services related to diabetic foot care for the same copayment as a primary care office visit. Other types of Medicare-covered Podiatry services have the same copayment as other specialty physician visits.

Outpatient Hospital Visits

Some hospitals provide a variety of services in an outpatient setting. If the service is a physician "clinic" visit, the specialist copayment applies. If the service is an outpatient procedure then the outpatient services/surgery copayment applies. An example of a specialist service in a hospital setting is a wound care clinic where physician services are provided.

Ambulatory Surgical Centers

An Ambulatory Surgical Center (ASC) is a free-standing surgical center. Often times, an ASC is within or adjacent to a physician's office. If a surgical procedure is done in an ASC, then the outpatient ser

vices/surgery copayment will be applied to the service, the same as if the procedure occurred in an outpatient hospital setting.

Diagnostic Radiology

Routine diagnostic radiology, including x-ray services do not have a copayment. The copayment for diagnostic imaging, applies to CT Scans, PET Scans, MRI's, MRA's and Nuclear Medicine studies. The copayment is applied on a per day basis, so if you have more than one test is conducted in a single day, only one copayment is applied.

Partners Summit Plus Rx Plan - Point of Service Benefits

The Partners Summit Plus Rx plan offers the benefits of a coordinated care plan, with the flexibility to self refer to out-of-network providers for a higher copayment. The following services are covered in the Point-of-Service benefits with a \$50 copayment: doctors office visits, podiatry visits, outpatient mental health, outpatient substance abuse, and other professional services. The copayments for point-of-service benefits do not accrue toward the annual out-of-pocket maximum.

The summary of benefits provides a summary of our plans.

It does not list every service, limitation or exclusion.

Please refer to the Evidence of Coverage for additional information about your plans.

Puget Sound Health Partners Important Phone Numbers

PSHP Member Services

November 15th - March 31st
1-866-789-PSHP (7747)
8am-8pm, 7 days a week

April 1st - November 14th
1-866-789-PSHP (7747)
8am-5pm, 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

PSHP Mail Order Pharmacy

1-847-634-7900
8am-5pm, Monday-Friday

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
7am-7pm, Monday-Friday

TTY/TTD users call
1-800-325-0778

Other Important Phone Numbers:



PUGET SOUND
HEALTH PARTNERS

Puget Sound Health Partners is a Medicare approved HMO.