

SECTION I

Introduction to the Summary of Benefits

Soundpath Health Charter + Rx (HMO) Soundpath Health Peak + Rx (HMO) and Soundpath Health Sound + Rx (HMO)

YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Soundpath Health Charter + Rx (HMO), Soundpath Health Peak + Rx (HMO), and Soundpath Health Sound + Rx (HMO))

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what Soundpath Health Charter + Rx, Soundpath Health Peak + Rx, and Soundpath Health Sound + Rx covers and what you pay. If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov. If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

SECTIONS IN THIS BOOKLET

- Things to Know About Soundpath Health Charter + Rx, Soundpath Health Peak + Rx, and Soundpath Health Sound + Rx
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services;
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits.

This document is available in other formats such as large print. This document may be available in a non-English language. For additional information, call us at 1-866-789-7747.

Things to Know About Soundpath Health Charter + Rx, Soundpath Health Peak + Rx, and Soundpath Health Sound + Rx

HOURS OF OPERATION

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time.

Soundpath Health Charter + Rx, Soundpath Health Peak + Rx, and Soundpath Health Sound + Rx Phone Numbers and Website:

- If you are a member of one of these plans, call toll-free 1-866-789-7747
- If you are not a member of one of these plans, call toll-free 1-866-789-7747
- Our website: www.SoundpathHealth.com

WHO CAN JOIN?

To join Soundpath Health Charter + Rx, Soundpath Health Peak + Rx or Soundpath Health Sound + Rx you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our Soundpath Health Charter + Rx service area includes the following counties in Washington: Chelan, Douglas, Grant, King, Lewis, Pierce, Thurston and Whatcom; our Soundpath Health Peak + Rx service area includes the following counties in Washington: Chelan, Douglas, Grant, King, Lewis, Pierce, Snohomish and Thurston; and the Soundpath Health Sound + Rx service area includes the following counties in Washington: King, Lewis, Pierce, Snohomish, Thurston and Whatcom.

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

Soundpath Health Charter + Rx, Soundpath Health Peak + Rx, and Soundpath Health Sound + Rx have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plans' Provider and Pharmacy Directory at our website (www.SoundpathHealth.com). Or, call us and we will send you a copy of the Provider and Pharmacy Directory.

WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*. **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less. **Our plan members also get *more than what* is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan Formulary (list of Part D prescription drugs) and any restrictions on our website, www.SoundpathHealth.com. Or, call us and we will send you a copy of the Formulary.

HOW WILL I DETERMINE MY DRUG COSTS?

Our plan groups each medication into one of five "tiers." You will need to use your Formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Soundpath Health for details.

SECTION II

SUMMARY OF BENEFITS Soundpath Health Charter + Rx (HMO), Soundpath Health Peak + Rx (HMO), and Soundpath Health Sound + Rx (HMO)

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
<i>Monthly Premium, Deductible and Limits on how much you pay for covered services</i>			
How much is the monthly premium?	\$140 per month, in addition, you must keep paying your Medicare Part B premium	\$0 per month, in addition, you must keep paying your Medicare Part B premium	\$43 per month, in addition, you must keep paying your Medicare Part B premium
How much is the deductible?	\$320 per year for Part D prescription drugs.	\$320 per year for Part D prescription drugs.	\$320 per year for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan: \$3,400 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan: \$6,700 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan: \$4,900 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and</p>

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
<i>Monthly Premium, Deductible and Limits on how much you pay for covered services</i>			
Is there any limit on how much I will pay for my covered services? (con't)	<p>medical services and we will pay the full cost for the rest of the year.</p> <p><i>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</i></p>	<p>medical services and we will pay the full cost for the rest of the year.</p> <p><i>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</i></p>	<p>medical services and we will pay the full cost for the rest of the year.</p> <p><i>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</i></p>
Is there a limit on how much the plan will pay?	<p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>	<p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>	<p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE: SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.

SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
<i>Outpatient Care and Services</i>			
Acupuncture and Other Alternative Therapies	<i>Not covered</i>	<i>Not covered</i>	<i>Not covered</i>
Ambulance¹	\$250 copay, If you are admitted to the hospital, you do not have to pay for the ambulance services.	\$300 copay, If you are admitted to the hospital, you do not have to pay for the ambulance services.	\$300 copay, If you are admitted to the hospital, you do not have to pay for the ambulance services.
Chiropractic Care¹	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$30 copay	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$50 copay	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$50 copay

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
<i>Outpatient Care and Services</i>			
Diabetes Supplies and Services²	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing. Therapeutic shoes or inserts: 20% of the cost	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing. Therapeutic shoes or inserts: 20% of the cost	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing. Therapeutic shoes or inserts: 20% of the cost
Diagnostic Tests, Lab and Radiology Services, and X-Rays¹	<p>Diagnostic radiology services (such as MRIs, CT scans): \$10-\$250 copay, depending on the service</p> <p>Diagnostic tests and procedures: \$10 copay</p> <p>Lab services: \$0-\$10 copay, depending on the service</p> <p>Outpatient x-rays: \$10 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$30 copay</p> <p>\$0 copay for PT/INR to monitor anticoagulation levels \$5 copay for diabetes panel \$10 copay for all other Medicare-covered lab services</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$30-\$300 copay, depending on the service</p> <p>Diagnostic tests and procedures: \$30 copay</p> <p>Lab services: \$15-\$30 copay, depending on the service</p> <p>Outpatient x-rays: \$30 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay</p> <p>\$15 copay for PT/INR to monitor anticoagulation levels \$15 copay for diabetes panel \$30 copay for all other Medicare-covered lab services</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$20-\$300 copay, depending on the service</p> <p>Diagnostic tests and procedures: \$20 copay</p> <p>Lab services: \$0-\$20 copay, depending on the service</p> <p>Outpatient x-rays: \$20 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p> <p>\$0 copay for PT/INR to monitor anticoagulation levels \$10 copay for diabetes panel \$20 copay for all other Medicare-covered lab services</p>

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
Outpatient Care and Services			
Doctor's Office Visits²	Primary care physician visit: \$5 copay Specialist visit: \$30 copay	Primary care physician visit: \$15 copay Specialist visit: \$50 copay	Primary care physician visit: \$5 copay Specialist visit: \$50 copay
Durable Medical Equipment (wheelchairs, oxygen, etc.)¹	0-20% of the cost, depending on the equipment <i>All other DME, including insulin pumps, are subject to 20% of the cost</i>	0-20% of the cost, depending on the equipment <i>All other DME, including insulin pumps, are subject to 20% of the cost</i>	0-20% of the cost, depending on the equipment <i>All other DME, including insulin pumps, are subject to 20% of the cost</i>
Emergency Care	\$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	\$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	\$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Foot Care (podiatry services)²	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$5-\$30 copay, depending on the service	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$15-\$50 copay, depending on the service	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$5-\$50 copay, depending on the service

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
Outpatient Care and Services			
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$0-\$30 copay, depending on the service Routine hearing exam (for up to 1 every year): \$0-\$30 copay, depending on the service	Exam to diagnose and treat hearing and balance issues: \$0-\$50 copay, depending on the service Routine hearing exam (for up to 1 every year): \$0-\$50 copay, depending on the service	Exam to diagnose and treat hearing and balance issues: \$0-\$50 copay, depending on the service Routine hearing exam (for up to 1 every year): \$0-\$50 copay, depending on the service
Home Health Care¹	\$35 copay	You pay nothing	You pay nothing
Mental Health Care^{1,2}	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
Outpatient Care and Services			
Mental Health Care^{1,2} (con't)	<p>But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>\$300 copay per day for days 1 through 6. You pay nothing per day for days 7 through 90.</p> <p>Outpatient group therapy visit: \$40 copay</p> <p>Outpatient individual therapy visit: \$40 copay</p> <p><i>Services provided by a Licensed Mental Health Counselor are not covered.</i></p>	<p>But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>\$500 copay per day for days 1 through 3. You pay nothing per day for days 4 through 90.</p> <p>Outpatient group therapy visit: \$40 copay</p> <p>Outpatient individual therapy visit: \$40 copay</p> <p><i>Services provided by a Licensed Mental Health Counselor are not covered.</i></p>	<p>But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>\$305 copay per day for days 1 through 5. You pay nothing per day for days 6 through 90.</p> <p>Outpatient group therapy visit: \$40 copay</p> <p>Outpatient individual therapy visit: \$40 copay</p> <p><i>Services provided by a Licensed Mental Health Counselor are not covered.</i></p>
Outpatient Rehabilitation¹	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$30 copay</p> <p>Occupational therapy visit: \$30 copay</p> <p>Physical therapy and speech and language therapy visit: \$30 copay</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$50 copay</p> <p>Occupational therapy visit: \$40 copay</p> <p>Physical therapy and speech and language therapy visit: \$40 copay</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$50 copay</p> <p>Occupational therapy visit: \$40 copay</p> <p>Physical therapy and speech and language therapy visit: \$40 copay</p>

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
Outpatient Care and Services			
Outpatient Substance Abuse¹	Group therapy visit: \$40 copay Individual therapy visit: \$40 copay	Group therapy visit: \$40 copay Individual therapy visit: \$40 copay	Group therapy visit: \$40 copay Individual therapy visit: \$40 copay
Outpatient Surgery^{1,2}	Ambulatory surgical center: \$100 copay Outpatient hospital: \$30-\$200 copay, depending on the service <i>In-office minor surgical procedures are subject to the applicable PCP/Specialist copay.</i>	Ambulatory surgical center: \$300 copay Outpatient hospital: \$50-\$350 copay, depending on the service <i>In-office minor surgical procedures are subject to the applicable PCP/Specialist copay.</i>	Ambulatory surgical center: \$175 copay Outpatient hospital: \$50-\$300 copay, depending on the service <i>In-office minor surgical procedures are subject to the applicable PCP/Specialist copay.</i>
Over-the-Counter Items	<i>Not Covered</i>	<i>Not Covered</i>	<i>Not Covered</i>
Prosthetic Devices (braces, artificial limbs, etc.)¹	Prosthetic devices: 20% of the cost Related medical supplies: 0-20% of the cost, depending on the supply	Prosthetic devices: 20% of the cost Related medical supplies: 0-20% of the cost, depending on the supply	Prosthetic devices: 20% of the cost Related medical supplies: 0-20% of the cost, depending on the supply
Renal Dialysis¹	20% of the cost <i>Services must be provided by a Medicare-certified facility within the US and its territories.</i>	20% of the cost <i>Services must be provided by a Medicare-certified facility within the US and its territories.</i>	20% of the cost <i>Services must be provided by a Medicare-certified facility within the US and its territories.</i>

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
<i>Outpatient Care and Services</i>			
Transportation*	<i>Not Covered</i> <i>See “Ambulance” section of this document for medically-necessary coverage</i>	<i>Not Covered</i> <i>See “Ambulance” section of this document for medically-necessary coverage</i>	<i>Not Covered</i> <i>See “Ambulance” section of this document for medically-necessary coverage</i>
Urgent Care	\$30 copay	\$50 copay	\$50 copay
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-\$30 copay, depending on the service. Eyeglasses or contact lenses after cataract surgery: You pay nothing. Routine eye exam (for up to 1 every year): You pay nothing* Contact lenses: \$25 copay. Eyeglasses (frames and lenses) (for up to 1 every two years): \$25 copay.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-\$50 copay, depending on the service. Eyeglasses or contact lenses after cataract surgery: You pay nothing. Routine eye exam (for up to 1 every year): You pay nothing* Contact lenses: \$25 copay. Eyeglasses (frames and lenses) (for up to 1 every two years): \$25 copay.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-\$50 copay, depending on the service. Eyeglasses or contact lenses after cataract surgery: You pay nothing. Routine eye exam (for up to 1 every year): You pay nothing* Contact lenses: \$25 copay. Eyeglasses (frames and lenses) (for up to 1 every two years): \$25 copay.

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
Outpatient Care and Services			
Vision Services (con't)	<p>Eyeglasses frames (for up to 1 every two years): \$25 copay.</p> <p>Eyeglasses lenses (for up to 1 every two years): \$25 copay.</p> <p>Our plan pays up to \$120 every two years for eyewear.</p> <p><i>*When using a VSP network provider</i></p>	<p>Eyeglasses frames (for up to 1 every two years): \$25 copay.</p> <p>Eyeglasses lenses (for up to 1 every two years): \$25 copay.</p> <p>Our plan pays up to \$120 every two years for eyewear.</p> <p><i>*When using a VSP network provider.</i></p>	<p>Eyeglasses frames (for up to 1 every two years): \$25 copay.</p> <p>Eyeglasses lenses (for up to 1 every two years): \$25 copay.</p> <p>Our plan pays up to \$120 every two years for eyewear.</p> <p><i>*When using a VSP network provider.</i></p>
Preventive Care	<p>You pay nothing:</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy* • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) 		

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
Outpatient Care and Services			
Preventive Care (con't)	<ul style="list-style-type: none"> • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <i>Any additional preventive services approved by Medicare during the contract year will be covered.</i> <p><i>*Screening exam may become diagnostic if polyps are identified and removed during the procedure. Outpatient surgery copay also applies when a colonoscopy is ordered based on personal or family history of cancer.</i></p>		
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
Inpatient Care and Services			
Inpatient Hospital Care¹	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$300 copay per day for days 1 through 7.</p> <p>You pay nothing per day for days 8 through 90.</p> <p>You pay nothing per day for days 91 and beyond.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$430 copay per day for days 1 through 4.</p> <p>You pay nothing per day for days 5 through 90.</p> <p>You pay nothing per day for days 91 and beyond.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$345 copay per day for days 1 through 5.</p> <p>You pay nothing per day for days 6 through 90.</p> <p>You pay nothing per day for days 91 and beyond.</p>

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
<i>Inpatient Care and Services</i>			
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <p>\$40 copay per day for days 1 through 20.</p> <p>\$100 copay per day for days 21 through 46.</p> <p>\$0 copay per day for days 47 through 100.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>\$0 copay per day for days 1 through 20.</p> <p>\$155 copay per day for days 21 through 100.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>\$0 copay per day for days 1 through 20.</p> <p>\$155 copay per day for days 21 through 100.</p>

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
Prescriptions Drug Benefits			
How much do I pay?	For Part B drugs such as chemotherapy drugs ¹ : 20% of the cost. Other Part B drugs ¹ : 20% of the cost	For Part B drugs such as chemotherapy drugs ¹ : 20% of the cost. Other Part B drugs ¹ : 20% of the cost	For Part B drugs such as chemotherapy drugs ¹ : 20% of the cost. Other Part B drugs ¹ : 20% of the cost
Initial Coverage	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960 . Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960 . Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960 . Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.
Standard Retail Cost Sharing			
	Tier	One-month supply	Two-month supply
	Tier 1 (Preferred Generic)	\$4 copay	\$8 copay
	Tier 2 (Non-Preferred Generic)	\$20 copay	\$40 copay
	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay
	Tier 4 (Non-Preferred Brand)	25% of the cost	25% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx	
Prescriptions Drug Benefits				
Initial Coverage (con't)	Standard Mail Order Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$8 copay
	Tier 2 (Non-Preferred Generic)	\$20 copay	\$40 copay	\$40 copay
	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$90 copay
	Tier 4 (Non-Preferred Brand)	25% of the cost	25% of the cost	25% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost	33% of the cost
	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p> <p>Drugs in Tiers 1 and 5 are not subject to the annual deductible.</p>			
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 65% of the plan's cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap.</p> <p>Not everyone will enter the coverage gap.</p>			

Benefits	Soundpath Health Charter + Rx	Soundpath Health Peak + Rx	Soundpath Health Sound + Rx
Prescriptions Drug Benefits			
Coverage Gap (con't)	Under this plan, you may pay even less for the brand and generic drugs on the Formulary. Your cost varies by tier. You will need to use your Formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.		
Standard Retail Cost-Sharing	Tier: Tier 1 (Preferred Generic) Drugs Covered: All One-month supply: \$4 copay Two-month supply: \$8 copay Three-month supply: \$10 copay		
Standard Mail Order Cost-Sharing	Tier: Tier 1 (Preferred Generic) Drugs Covered: All One-month supply: \$4 copay Two-month supply: \$8 copay Three-month supply: \$8 copay		
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. 		