

SECTION 1

Introduction to the Summary of Benefits

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

Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

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 Sound + Rx (HMO), Soundpath Health Peak + Rx (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Soundpath Health Charter + Rx (HMO), Soundpath Health Sound + Rx (HMO), Soundpath Health Peak + Rx (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://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 <http://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 (HMO), Soundpath Health Sound + Rx (HMO), Soundpath Health Peak + Rx (HMO)**

- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services for **Soundpath Health Charter + Rx (HMO), Soundpath Health Sound + Rx (HMO), Soundpath Health Peak + Rx (HMO)**
- Covered Medical and Hospital Benefits for **Soundpath Health Charter + Rx (HMO), Soundpath Health Sound + Rx (HMO), Soundpath Health Peak + Rx (HMO)**
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-866-789-7747 (TTY 711).

Things to Know About Soundpath Health Charter + Rx (HMO), Soundpath Health Sound + Rx (HMO), Soundpath Health Peak + Rx (HMO)

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 (HMO), Soundpath Health Sound + Rx (HMO), Soundpath Health Peak + Rx (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-866-789-7747 (TTY 711).
- If you are not a member of this plan, call toll-free 1-866-789-7747 (TTY 711).
- Our website: <http://www.SoundpathHealth.com>

Who can join?

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

The following shows the list of plans and the counties in which they are available.

PLAN NAME	COUNTIES AVAILABLE IN
Soundpath Health Charter + Rx (HMO)	Chelan, Douglas, Grant, King, Lewis, Pierce, Thurston and Whatcom
Soundpath Health Sound + Rx (HMO)	King, Lewis, Pierce, Snohomish, Thurston and Whatcom
Soundpath Health Peak + Rx (HMO)	Chelan, Douglas, Grant, King, Lewis, Pierce, Snohomish, Thurston and Whatcom

Which doctors, hospitals, and pharmacies can I use?

- **Soundpath Health Charter + Rx (HMO), Soundpath Health Sound + Rx (HMO), Soundpath Health Peak + Rx (HMO)** has 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 plan's provider and pharmacy directory at our website (<http://www.soundpathhealth.com>). Or, call us and we will send you a copy of the provider and pharmacy directories.

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, <http://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: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Soundpath Health is an HMO plan with a Medicare contract. Enrollment in Soundpath Health depends on contract renewal.

SECTION 2

Summary of Benefits

January 1, 2016 - December 31, 2016

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services			
Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
How much is the monthly premium?	\$140 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.	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible.	This plan does not have a deductible.
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:</p> <ul style="list-style-type: none"> • \$3,900 for services you receive from in-network providers. 		
	<ul style="list-style-type: none"> • \$5,700 for services you receive from in-network providers. 		
	<ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. 		
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>		

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

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.

Outpatient Care and Services			
Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
Acupuncture	Not covered	Not covered	Not covered
Ambulance¹	\$215 copay <i>Copay applies regardless of whether you are admitted to the hospital or not. Prior authorization is required for non-emergent Medicare-covered Ambulance services.</i>	\$225 copay <i>Copay applies regardless of whether you are admitted to the hospital or not. Prior authorization is required for non-emergent Medicare-covered Ambulance services.</i>	\$275 copay <i>Copay applies regardless of whether you are admitted to the hospital or not. Prior authorization is required for non-emergent Medicare-covered Ambulance services.</i>

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
<p>Chiropractic Care¹</p>	<p>Manipulation of the spine to correct a subluxation (<i>when 1 or more of the bones of your spine move out of position</i>): \$20 copay</p> <p><i>Services must be by a state-licensed chiropractor. Network providers are contracted through American Specialty Health.</i></p>	<p>Manipulation of the spine to correct a subluxation (<i>when 1 or more of the bones of your spine move out of position</i>): \$20 copay</p> <p><i>Services must be by a state-licensed chiropractor. Network providers are contracted through American Specialty Health.</i></p>	<p>Manipulation of the spine to correct a subluxation (<i>when 1 or more of the bones of your spine move out of position</i>): \$20 copay</p> <p><i>Services must be by a state-licensed chiropractor. Network providers are contracted through American Specialty Health.</i></p>

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
<p>Dental Services</p>	<p><u>Limited dental services</u> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$35 copay</p> <p>Dental services: \$10 copay for a single office visit that includes:</p> <p>Cleaning (for up to 1 every six months)</p> <p>Dental x-ray(s) (for up to 1 every six months)</p> <p>Fluoride treatment (for up to 1 every six months)</p> <p>Oral exam (for up to 1 every six months)</p> <p>Preventive dental benefits are available only through the Scion Dental provider network. Any amount you pay for preventive dental services will not accumulate towards your maximum out-of-pocket costs.</p>	<p><u>Limited dental services</u> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$50 copay</p> <p>Dental services: \$10 copay for a single office visit that includes:</p> <p>Cleaning (for up to 1 every six months)</p> <p>Dental x-ray(s) (for up to 1 every six months)</p> <p>Fluoride treatment (for up to 1 every six months)</p> <p>Oral exam (for up to 1 every six months)</p> <p>Preventive dental benefits are available only through the Scion Dental provider network. Any amount you pay for preventive dental services will not accumulate towards your maximum out-of-pocket costs.</p>	<p><u>Limited dental services</u> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$50 copay</p>

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
<p>Diabetes Supplies and Services²</p>	<p>Diabetes monitoring supplies: You pay nothing.</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 20% of the cost</p> <p><i>Coverage for Medicare-covered diabetic supplies obtained at a pharmacy is limited to the Abbott manufactured products of FreeStyle and Precision.</i></p>	<p>Diabetes monitoring supplies: You pay nothing.</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 20% of the cost</p> <p><i>Coverage for Medicare-covered diabetic supplies obtained at a pharmacy is limited to the Abbott manufactured products of FreeStyle and Precision.</i></p>	<p>Diabetes monitoring supplies: You pay nothing.</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 20% of the cost</p> <p><i>Coverage for Medicare-covered diabetic supplies obtained at a pharmacy is limited to the Abbott manufactured products of FreeStyle and Precision.</i></p>

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
<p>Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may be different if received in an outpatient surgery setting)¹</i></p>	<p>Diagnostic radiology services <i>(such as MRIs, CT scans)</i>: 20% of the cost</p> <p>Diagnostic tests and procedures: 20% of the cost</p> <p>Lab services: \$7 copay</p> <p>Outpatient x-rays: \$20 copay</p> <p>Therapeutic radiology services <i>(such as radiation treatment for cancer)</i>: 20% of the cost</p>	<p>Diagnostic radiology services <i>(such as MRIs, CT scans)</i>: 20% of the cost</p> <p>Diagnostic tests and procedures: 20% of the cost</p> <p>Lab services: \$15 copay</p> <p>Outpatient x-rays: \$20 copay</p> <p>Therapeutic radiology services <i>(such as radiation treatment for cancer)</i>: 20% of the cost</p>	<p>Diagnostic radiology services <i>(such as MRIs, CT scans)</i>: 20% of the cost</p> <p>Diagnostic tests and procedures: 20% of the cost</p> <p>Lab services: \$15 copay</p> <p>Outpatient x-rays: \$20 copay</p> <p>Therapeutic radiology services <i>(such as radiation treatment for cancer)</i>: 20% of the cost</p>
<p>Doctor's Office Visits²</p>	<p>Primary care physician visit: \$5 copay</p> <p>Specialist visit: \$35 copay</p>	<p>Primary care physician visit: \$10 copay</p> <p>Specialist visit: \$50 copay</p>	<p>Primary care physician visit: \$15 copay</p> <p>Specialist visit: \$50 copay</p>
<p>Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)¹</i></p>	<p>20% of the cost</p> <p><i>Prior authorization is required for items \$1,000 and over.</i></p>	<p>20% of the cost</p> <p><i>Prior authorization is required for items \$1,000 and over.</i></p>	<p>20% of the cost</p> <p><i>Prior authorization is required for items \$1,000 and over.</i></p>

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
<p>Emergency Care</p>	<p>\$75 copay</p> <p>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.</p> <p><i>You are covered for emergency care in the US and worldwide.</i></p>	<p>\$75 copay</p> <p>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.</p> <p><i>You are covered for emergency care in the US and worldwide.</i></p>	<p>\$75 copay</p> <p>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.</p> <p><i>You are covered for emergency care in the US and worldwide.</i></p>
<p>Foot Care (podiatry services)²</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$35 copay</p> <p>Routine foot care (for up to 6 visit(s) every year): \$35 copay</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$50 copay</p> <p>Routine foot care (for up to 6 visit(s) every year): \$50 copay</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$50 copay</p> <p>Routine foot care (for up to 6 visit(s) every year): \$50 copay</p>

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
<p>Hearing Services</p>	<p>Exam to diagnose and treat hearing and balance issues: \$0-35 copay, depending on the service</p> <p>Routine hearing exam (<i>for up to 1 every year</i>): \$0-35 copay, depending on the service</p> <p>Hearing aid: \$0 copay</p> <p>Our plan pays up to \$1,000 every year for hearing aids.</p> <p><i>You pay nothing for a routine hearing exam from a Hearing Care Solutions provider. Our plan pays up to \$1,000 a year per ear for hearing aids from a Hearing Care Solutions provider, within the limits of your benefits. Any amount you pay for hearing aids will not accumulate towards your maximum out-of-pocket costs.</i></p>	<p>Exam to diagnose and treat hearing and balance issues: \$0-50 copay, depending on the service</p> <p>Routine hearing exam (<i>for up to 1 every year</i>): \$0-50 copay, depending on the service</p> <p>Hearing aid: \$0 copay</p> <p>Our plan pays up to \$1,000 every year for hearing aids.</p> <p><i>You pay nothing for a routine hearing exam from a Hearing Care Solutions provider. Our plan pays up to \$1,000 a year per ear for hearing aids from a Hearing Care Solutions provider, within the limits of your benefits. Any amount you pay for hearing aids will not accumulate towards your maximum out-of-pocket costs.</i></p>	<p>Exam to diagnose and treat hearing and balance issues: \$0-50 copay, depending on the service</p> <p>Routine hearing exam (<i>for up to 1 every year</i>): \$0-50 copay, depending on the service</p> <p>Hearing aid: \$0 copay</p> <p>Our plan pays up to \$1,000 every year for hearing aids.</p> <p><i>You pay nothing for a routine hearing exam from a Hearing Care Solutions provider. Our plan pays up to \$1,000 a year per ear for hearing aids from a Hearing Care Solutions provider, within the limits of your benefits. Any amount you pay for hearing aids will not accumulate towards your maximum out-of-pocket costs.</i></p>

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
Home Health Care ¹	You pay nothing.	You pay nothing.	You pay nothing.

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
<p>Mental Health Care^{1, 2}</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>\$325 copay per day for days 1 through 4. You pay nothing per day for days 5 through 90.</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>\$395 copay per day for days 1 through 3. You pay nothing per day for days 4 through 90.</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>\$430 copay per day for days 1 through 3. You pay nothing per day for days 4 through 90.</p>

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
Outpatient Rehabilitation¹	Cardiac (heart) rehab services (<i>for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks</i>): \$35 copay	Cardiac (heart) rehab services (<i>for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks</i>): \$50 copay	Cardiac (heart) rehab services (<i>for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks</i>): \$50 copay
	Occupational therapy visit: \$35 copay	Occupational therapy visit: \$40 copay	Occupational therapy visit: \$40 copay
	Physical therapy and speech and language therapy visit: \$35 copay	Physical therapy and speech and language therapy visit: \$40 copay	Physical therapy and speech and language therapy visit: \$40 copay
Outpatient Substance Abuse¹	Group therapy visit: \$40 copay	Group therapy visit: \$40 copay	Group therapy visit: \$40 copay
	Individual therapy visit: \$40 copay	Individual therapy visit: \$40 copay	Individual therapy visit: \$40 copay

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
<p>Outpatient Surgery^{1, 2}</p>	<p>Ambulatory surgical center: \$190 copay</p> <p>Outpatient hospital: \$35-290 copay, depending on the service*</p> <p><i>In-office minor surgical procedures are subject to the applicable PCP/Specialist copay.</i></p> <p><i>*The lower copay amount is for covered benefits received at Outpatient Clinics. The higher copay amount is for covered benefits received at an Outpatient Hospital Facility.</i></p>	<p>Ambulatory surgical center: \$250 copay</p> <p>Outpatient hospital: \$50-350 copay, depending on the service*</p> <p><i>In-office minor surgical procedures are subject to the applicable PCP/Specialist copay.</i></p> <p><i>*The lower copay amount is for covered benefits received at Outpatient Clinics. The higher copay amount is for covered benefits received at an Outpatient Hospital Facility.</i></p>	<p>Ambulatory surgical center: \$295 copay</p> <p>Outpatient hospital: \$50-395 copay, depending on the service*</p> <p><i>In-office minor surgical procedures are subject to the applicable PCP/Specialist copay.</i></p> <p><i>*The lower copay amount is for covered benefits received at Outpatient Clinics. The higher copay amount is for covered benefits received at an Outpatient Hospital Facility.</i></p>
<p>Over-the-Counter Items</p>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
Prosthetic Devices <i>(braces, artificial limbs, etc.)¹</i>	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost <i>Prior authorization is required for items \$1,000 and over.</i>	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost <i>Prior authorization is required for items \$1,000 and over.</i>	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost <i>Prior authorization is required for items \$1,000 and over.</i>
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>
Transportation	Not covered <i>See "Ambulance" section of this document for medically-necessary coverage.</i>	Not covered <i>See "Ambulance" section of this document for medically-necessary coverage.</i>	Not covered <i>See "Ambulance" section of this document for medically-necessary coverage.</i>
Urgently Needed Services	\$50 copay	\$50 copay	\$50 copay

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-35 copay, depending on the service	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-50 copay, depending on the service	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-50 copay, depending on the service
	Routine eye exam (for up to 1 every year): \$0 copay	Routine eye exam (for up to 1 every year): \$0 copay	Routine eye exam (for up to 1 every year): \$0 copay
	Contact lenses: \$25 copay	Contact lenses: \$25 copay	Contact lenses: \$25 copay
	Eyeglasses (<i>frames and lenses</i>) (for up to 1 every two years): \$25 copay	Eyeglasses (<i>frames and lenses</i>) (for up to 1 every two years): \$25 copay	Eyeglasses (<i>frames and lenses</i>) (for up to 1 every two years): \$25 copay
	Eyeglass frames (<i>for up to 1 every two years</i>): \$25 copay	Eyeglass frames (<i>for up to 1 every two years</i>): \$25 copay	Eyeglass frames (<i>for up to 1 every two years</i>): \$25 copay
	Eyeglass lenses (<i>for up to 1 every two years</i>): \$25 copay	Eyeglass lenses (<i>for up to 1 every two years</i>): \$25 copay	Eyeglass lenses (<i>for up to 1 every two years</i>): \$25 copay
	Eyeglasses or contact lenses after cataract surgery: \$0 copay	Eyeglasses or contact lenses after cataract surgery: \$0 copay	Eyeglasses or contact lenses after cataract surgery: \$0 copay
	Our plan pays up to \$120 every two years for eyewear	Our plan pays up to \$120 every two years for eyewear	Our plan pays up to \$120 every two years for eyewear
	<i>You have no copay for yearly glaucoma screening. One</i>	<i>You have no copay for yearly glaucoma screening. One</i>	<i>You have no copay for yearly glaucoma screening. One</i>

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
Preventive Care	You pay nothing.	You pay nothing.	You pay nothing.
	Our plan covers many preventive services, including:	Our plan covers many preventive services, including:	Our plan covers many preventive services, including:
	Abdominal aortic aneurysm screening	Abdominal aortic aneurysm screening	Abdominal aortic aneurysm screening
	Alcohol misuse counseling	Alcohol misuse counseling	Alcohol misuse counseling
	Bone mass measurement	Bone mass measurement	Bone mass measurement
	Breast cancer screening (<i>mammogram</i>)	Breast cancer screening (<i>mammogram</i>)	Breast cancer screening (<i>mammogram</i>)
	Cardiovascular disease (<i>behavioral therapy</i>)	Cardiovascular disease (<i>behavioral therapy</i>)	Cardiovascular disease (<i>behavioral therapy</i>)
	Cardiovascular screenings	Cardiovascular screenings	Cardiovascular screenings
	Cervical and vaginal cancer screening	Cervical and vaginal cancer screening	Cervical and vaginal cancer screening
	Colorectal cancer screenings (<i>Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy</i>)	Colorectal cancer screenings (<i>Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy</i>)	Colorectal cancer screenings (<i>Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy</i>)
	Depression screening	Depression screening	Depression screening
	Diabetes screenings	Diabetes screenings	Diabetes screenings
	HIV screening	HIV screening	HIV screening

Outpatient Care and Services

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Inpatient Care			
Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
Inpatient Hospital Care¹	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$325 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>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$395 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>\$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>
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.

Inpatient Care			
Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <p>You pay nothing per day for days 1 through 20.</p> <p>\$160 copay per day for days 21 through 45.</p> <p>You pay nothing per day for days 46 through 100.</p> <p><i>No prior hospital stay is required.</i></p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>You pay nothing per day for days 1 through 20.</p> <p>\$160 copay per day for days 21 through 56.</p> <p>You pay nothing per day for days 57 through 100.</p> <p><i>No prior hospital stay is required.</i></p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>You pay nothing per day for days 1 through 20.</p> <p>\$160 copay per day for days 21 through 62.</p> <p>You pay nothing per day for days 63 through 100.</p> <p><i>No prior hospital stay is required.</i></p>

Prescription Drug Benefits

Benefits	Soundpath Health Charter + Rx	Soundpath Health Sound + Rx	Soundpath Health Peak + Rx
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p>	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p>	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p>
Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>You pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>You pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

Prescription Drug Benefits

Benefits	Soundpath Health Charter + Rx, Soundpath Health Sound + Rx, and Soundpath Health Peak + Rx			
	Standard Retail Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$10 copay
	Tier 2 (Generic)	\$20 copay	\$40 copay	\$50 copay
	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$117.50 copay
	Tier 4 (Non-Preferred Brand)	35% of the cost	35% of the cost	35% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost	33% of the cost

Prescription Drug Benefits

Benefits	Soundpath Health Charter + Rx, Soundpath Health Sound + Rx, and Soundpath Health Peak + Rx			
	Standard Mail Order Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay
	Tier 2 (Generic)	\$20 copay	\$40 copay	\$60 copay
	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
	Tier 4 (Non-Preferred Brand)	35% of the cost	35% of the cost	35% 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.</p>				
<p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>				

Prescription Drug Benefits

Benefits	Soundpath Health Charter + Rx, Soundpath Health Sound + Rx, and Soundpath Health Peak + Rx		
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (<i>also called the "donut hole"</i>). 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 (<i>including what our plan has paid and what you have paid</i>) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (<i>also called the "donut hole"</i>). 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 (<i>including what our plan has paid and what you have paid</i>) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (<i>also called the "donut hole"</i>). 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 (<i>including what our plan has paid and what you have paid</i>) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>