

Alabama plans

Service area	Plan #	Premium	PCP	Specialist	In PT.	OPI/ASC	Rx (one month)	Dental	Vision	Hearing aid	Trans	Gym	OTC	Max out of pocket
AL	H4513-044 HMO SNP	\$27.10	\$0	\$0	\$195 days 1-5	\$0-\$150	Standard Part D Cost Sharing	Prev & Comp \$3000	Y - \$100	Y (every 3 yrs) - \$700	Y - unlimited	Y	\$120/every 3 months	\$6,700
AL	H4513-045 HMO	\$0	\$0	\$40	\$295 days 1-5	\$0-\$295	Not covered	Prev	Y - \$100	Y (every 3 yrs) - \$700	Y - 20 trips	Y	\$60/every 3 months	\$6,700
AL	H4513-046-001 HMO	\$0	\$0	\$35	\$295 days 1-5	\$0-\$295	Standard \$9, \$15, \$47, 50%, 29%/ Preferred \$2, \$8, \$42, 50%, 29%	Prev	Y - \$150	Y (every 3 yrs) - \$700	Y - 20 trips	Y	\$60/every 3 months	\$6,700
AL	H4513-046-002 HMO	\$0	\$0	\$40	\$325 days 1-5	\$0-\$325	Standard \$9, \$15, \$47, 50%, 29%/ Preferred \$2, \$8, \$42, 50%, 29%	Prev	Y - \$150	Y (every 3 yrs) - \$700	Y - 20 trips	Y	\$60/every 3 months	\$6,700
AL	H4513-047 HMO*	\$49.00	\$0	\$25	\$225 days 1-5	\$0-\$250	Standard \$7, \$13, \$47, 45%, 33%/ Preferred \$0, \$8, \$42, 45%, 33%	Prev & Comp \$3000	Y - \$150	Y (every 3 yrs) - \$700	Y - 20 trips	Y	\$60/every 3 months	\$4,900
AL	H4513-048 HMO*	\$49.00	\$0	\$25	\$250 days 1-5	\$0-\$275	Standard \$7, \$13, \$47, 43%, 33%/ Preferred \$0, \$8, \$42, 43%, 33%	Prev & Comp \$3000	Y - \$150	Y (every 3 yrs) - \$700	Y - 20 trips	Y	\$60/every 3 months	\$4,900
So. MS	H4407-004 HMO SNP	\$26.80	\$0	\$20	\$295 days 1-6	\$0-\$295	Standard Part D Cost Sharing	Prev & Comp \$2000	Y - \$150	Y (every 3 yrs) - \$700	Y - 20 trips	Y	\$100/every 3 months	\$6,700
So. MS	H4407-011 HMO	\$0	\$0	\$40	\$295 days 1-6	\$0-\$295	Not covered	Prev	Y - \$150	Y (every 3 yrs) - \$700	N	Y	\$30/every 3 months	\$6,700
So. MS	H4407-026 HMO	\$0	\$0	\$40	\$295 days 1-6	\$0-\$295	Standard \$7, \$15, \$47, 50%, 27%/ Preferred \$2, \$10, \$42, 50%, 27%	Prev	Y - \$150	Y (every 3 yrs) - \$700	N	Y	\$30/every 3 months	\$6,700
So. MS	H4407-027 HMO*	\$49.00	\$0	\$30	\$225 days 1-6	\$0-\$250	Standard \$7, \$13, \$47, 50%, 33%/ Preferred \$0, \$8, \$42, 50%, 33%	Prev & Comp \$3000	Y - \$150	Y (every 3 yrs) - \$700	N	Y	\$30/every 3 months	\$4,900
No. FL	H5410-004 HMO	\$0	\$0	\$30	\$275 days 1-6	\$0-\$195	Not covered	Prev	Y - \$150	Y (every 3 yrs) - \$700	N	Y	\$60/every 3 months	\$6,700
No. FL	H5410-013 HMO SNP	\$22.40	\$0	\$0	\$295 days 1-6	\$0-\$200	Standard Part D Cost Sharing	Prev & Comp \$1000	Y - \$200	Y (every 3 yrs) - \$700	N	Y	\$100/every 3 months	\$6,700
No. FL	H5410-018 HMO	\$0	\$0	\$40	\$275 days 1-6	\$0-\$275	Standard \$9, \$17, \$47, 50%, 27%/ Preferred \$4, \$12, \$42, 50%, 27%	Prev	Y - \$150	Y (every 3 yrs) - \$700	N	Y	\$60/every 3 months	\$6,700

FOR AGENT USE ONLY



Alabama plans (continued)

Market Comments

Note – All plans include post hospital meal plan

Note – All plans include \$0 Tier 1 and Tier 2 copay - 90 day mail

*Note – Plans H4513-047 and H4513-048 (Alabama) and H4407-027 (MS) – no referrals required. Plan name is Direct.

Eligibles - AL					
Autauga	11,247	Elmore	17,498	Mobile	84,823
Baldwin	52,828	Etowah	26,406	Montgomery	44,184
Bibb	5,075	Jackson	13,411	Morgan	26,848
Blount	12,979	Jefferson	135,195	St. Clair	18,634
Cherokee	7,371	Lauderdale	22,367	Shelby	37,990
Chilton	9,642	Lawrence	8,031	Talladega	20,026
Colbert	14,306	Limestone	17,986	Tuscaloosa	36,849
Cullman	20,140	Lowndes	2,949	Walker	17,985
Dallas	10,181	Madison	66,077		
DeKalb	16,051	Marshall	21,277		

Eligibles - MS			
Covington	4,343	Lamar	9,648
Forrest	14,308	Madison	18,249
George	4,685	Marion	6,012
Hancock	10,068	Pearl River	13,870
Harrison	40,093	Perry	3,084
Hinds	43,519	Rankin	28,069
Jackson	28,700	Stone	3,956
Jones	14,404		

Eligibles - No. FL	
Bay	40,198
Escambia	71,258
Okaloosa	42,032
Santa Rosa	35,534
Walton	15,764

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