

Georgia plans

Service area	Plan #	Premium	PCP	Specialist	In PT.	OP/ASC	Rx (one month)	Dental	Vision	Hearing Aid	Trans	Gym	OTC	Max out of pocket
GA	H0439-002 HMO SNP	\$25.70	\$0	\$15	\$295 days 1-6	0-20%	Standard Part D Cost Sharing	Prev & Comp \$2000	Y - \$150	Y (every 3 yrs) - \$700	Y - 24 trips	Y	\$90/every 3 months	\$6,700
GA	H0439-003-001 HMO	\$0	\$5	\$40	\$360 days 1-5	\$0-\$325	Standard \$10, \$20, \$47, 50%, 27%/ Preferred \$3, \$12, \$42, 50%, 27%	Prev	Y - \$200	Y (every 3 yrs) - \$700	Y - 10 trips	Y	\$30/every 3 months	\$6,700
GA	H0439-003-002 HMO	\$20.00	\$5	40%	\$360 days 1-5	\$0-\$325	Standard \$10, \$20, \$47, 50%, 27%/ Preferred \$3, \$12, \$42, 50%, 27%	Prev	Y - \$200	Y (every 3 yrs) - \$700	N	Y	\$30/every 3 months	\$6,700
GA	H0439-006 HMO-POS	\$49.00	\$0 INN/ 30% OON	\$30 INN/ 30% OON	\$275 days 1-5 INN/ 30% OON	0-\$250 INN 30% OON	Standard \$10, \$20, \$47, 45%, 33%/ Preferred \$0, \$12, \$42, 45%, 33%	Prev & Comp \$3000	Y - \$200	Y (every 3 yrs) - \$700	N	Y	N	\$4,900

FOR AGENT USE ONLY



Georgia plans (continued)

Market Comments

Note – All plans include post hospital meal plan except H2109-020

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

Eligibles										
Banks	3,934		Dawson	5,185		Gwinnett	109,075		Oglethorpe	3,290
Barrow	13,050		DeKalb	108,780		Habersham	9,892		Paulding	21,686
Bartow	19,086		Douglas	21,479		Hall	36,584		Pickens	9,492
Butts	4,942		Fayette	23,644		Henry	34,524		Polk	9,013
Chattooga	5,844		Floyd	20,911		Jackson	12,975		Rockdale	16,391
Cherokee	40,850		Forsyth	29,157		Lumpkin	6,605		Spalding	15,235
Clarke	17,730		Franklin	5,723		Madison	6,578		Stephens	6,867
Clayton	38,494		Fulton	143,661		Morgan	4,630		Walton	17,477
Cobb	107,081		Gordon	10,801		Newton	19,015		White	7,527
Coweta	23,507		Greene	5,926		Oconee	6,936			

FOR AGENT USE ONLY

