

Tennessee 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
TN	H4513-033 HMO	\$0	\$0	\$30	\$300 days 1-5	\$0-\$100/ \$0-\$50	Not covered	Prev & Comp \$500	Y - \$100	Y (every 3 yrs) - \$700	N	Y	\$90/every 3 months	\$6,700
TN	H4513-034 HMO SNP	\$24.90	\$0	\$0	Std. Med Cost Share	0-20%/ 0-10%	Standard Part D Cost Sharing	Prev & Comp \$3000	Y - \$200	Y (every 3 yrs) - \$700	Y - 40 trips	Y	\$200/every 3 months	\$6,700
TN	H4513-035 HMO	\$26.00	\$0	\$0	\$300/stay	0-5%/ \$0	Standard Part D Cost Sharing	Prev & Comp \$500	Y - \$100	Y (every 3 yrs) - \$700	Y - 20 trips	Y	\$30/every 3 months	\$6,700
TN	H4513-036 HMO-POS	\$55.00	\$0 INN/ 30% OON	\$30 INN/ 30% OON	\$300 days 1-5 INN/30% OON	0-\$300 INN/\$0-\$225 30% OON	Standard \$10, \$20, \$47, 50%, 29%/ Preferred \$3, \$12, \$42, 50%, 29%	Prev & Comp \$500	Y - \$250	Y (every 3 yrs) - \$700	N	Y	N	\$6,700
TN	H4513-037 HMO	\$0	\$0	\$30	\$300 days 1-5	\$0-\$300/ \$0-\$200	Standard \$10, \$20, \$47, 49%, 30%/ Preferred \$2, \$10, \$42, 49%, 30%	Prev & Comp \$3000	Y - \$250	Y (every 3 yrs) - \$700	Y - 40 trips	Y	\$65/every 3 months	\$6,700
TN	H4513-040 HMO SNP	\$31.40	\$0	\$0	\$300 days 1-5	\$0	Standard Part D Cost Sharing	Prev & Comp \$3000	Y - \$250	Y (every 3 yrs) - \$700	Y - 50 trips	Y	\$255/every 3 months	\$6,700
TN	H4513-042 HMO **	\$0	\$0	\$30	\$300 days 1-5	\$0-\$300/ \$0-\$215	Standard \$10, \$20, \$47, 46%, 33%/ Preferred \$3, \$12, \$42, 44%, 33%	Prev & Comp \$500	Y - \$250	Y (every 3 yrs) - \$700	N	Y	N	\$6,700
TN	H4513-043 HMO *	\$79	\$0	\$25	\$300/stay	0-5%/ \$0	Standard \$10, \$20, \$47, 43%, 33%/ Preferred \$3, \$12, \$42, 43%, 33%	Prev & Comp \$500	Y - \$250	Y (every 3 yrs) - \$700	Y - 20 trips	Y	\$30/every 3 months	\$6,700
TN	H4513-049-001 HMO	\$0	\$0	\$40	\$300 days 1-5	\$0-\$300/ \$0-\$215	Standard \$10, \$20, \$47, 50%, 30%/ Preferred \$3, \$12, \$42, 50%, 30%	Prev & Comp \$500	Y - \$250	Y (every 3 yrs) - \$700	N	Y	N	\$6,700
TN	H4513-049-002 HMO	\$25.00	\$0	\$40	\$300 days 1-5	\$0-\$300/ \$0-\$215	Standard \$10, \$20, \$47, 50%, 30%/ Preferred \$3, \$12, \$42, 50%, 30%	Prev & Comp \$500	Y - \$250	Y (every 3 yrs) - \$700	N	Y	N	\$6,700
AR	H4513-038 HMO	\$0	\$0	\$40	\$300 days 1-5	\$0-\$275/ \$0-\$200	Standard \$10, \$20, \$47, 50%, 28%/ Preferred \$3, \$15, \$42, 50%, 28%	Prev & Comp \$500	Y - \$250	Y (every 3 yrs) - \$700	N	Y	N	\$6,700
AR	H4513-039 HMO SNP	\$20.90	\$0	\$0	Std. Med Cost Share	0-0%/ 0-0%	Standard Part D Cost Sharing	Prev & Comp \$500	Y - \$250	Y (every 3 yrs) - \$700	Y - 10 trips	Y	\$30/every 3 months	\$6,700
No. GA	H4513-049-002 HMO	\$21.00	\$0	\$40	\$300 days 1-5	\$0-\$300/ \$0-\$275	Standard \$10, \$20, \$47, 50%, 29%/ Preferred \$3, \$12, \$42, 50%, 29%	Prev & Comp \$500	Y - \$200	Y (every 3 yrs) - \$700	N	Y	N	\$6,700

FOR AGENT USE ONLY



Tennessee plans (continued)

Market Comments

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

*Note – Plans H4513-043 – no referrals required – Direct is plan name

**Note – Plan H4513-042 – no referrals required – Alliance plan with no referrals (Alliance Direct is plan name. Alliance is a Provider Specific Plan (PSP))

Eligibles	
Current TN Footprint	1,123,512
Current AR footprint	58,107
Current No GA Footprint	33,117

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