

## Steward Health Choice Generations (HMO-SNP) Comparison Chart CY 2018-2019

Supplemental Benefit Type	2018 CY Health Choice Generations Arizona (HCG)	2019 CY Steward Health Choice Generations Arizona (SHCGA)	2019 CY Steward Health Choice Generations Utah (SHCGU)																																																
	Description	Description	Description																																																
 <b>Dental</b>	2 oral exams & 2 prophylaxis (cleanings) per year, 1 every 6 months. Exam and cleaning must be performed in the same preventative office visit. 1 dental x-ray per year, x-ray must be taken during the preventative office visit. (X-ray can consist of: 1 of either bitewing x-rays or single x-rays <u>OR</u> 1 complete aka. full mouth (fmx) aka. panoramic set. Complete/panoramic only allowed once every 36 months.)	2 oral exams & 2 prophylaxis (cleanings) per year, 1 every 6 months. Exam and cleaning must be performed in the same preventative office visit. 1 dental x-ray per year, x-ray must be taken during the preventative office visit. (X-ray can consist of: 1 of either bitewing x-rays or single x-rays <u>OR</u> 1 complete aka. full mouth (fmx) aka. panoramic set. Complete/panoramic only allowed once every 36 months.)	2 oral exams & 2 prophylaxis (cleanings) per year, 1 every 6 months. Exam and cleaning must be performed in the same preventative office visit. 1 dental x-ray per year, x-ray must be taken during the preventative office visit. (X-ray can consist of: 1 of either bitewing x-rays or single x-rays <u>OR</u> 1 complete aka. full mouth (fmx) aka. panoramic set. Complete/panoramic only allowed once every 36 months.)																																																
	\$2,000 Allowance Yearly	\$2,500 Allowance Yearly	\$1,350 Allowance Yearly																																																
 <b>Vision</b>	1 routine eye exam per year, includes contact lenses and eye glasses (lenses and frames).	1 routine eye exam per year, includes contact lenses and eye glasses (lenses and frames).	1 routine eye exam per year, includes contact lenses and eye glasses (lenses and frames).																																																
	\$300 Allowance Yearly	\$325 Allowance Yearly	\$200 Allowance Yearly																																																
 <b>Hearing</b>	1 routine hearing exam per year. 1 hearing aid for 1 ear + fitting, every 3 years.	1 routine hearing exam per year. 1 hearing aid for 1 ear + fitting, every 3 years.	1 routine hearing exam per year. 1 hearing aid for 1 ear + fitting, every 3 years.																																																
	\$1,500 Allowance Every 3 Years	\$1,500 Allowance Every 3 Years	\$1,500 Allowance Every 3 Years																																																
 <b>Meals</b>	<b>NOT A SUPPLEMENTAL BENEFIT</b>	10 meals per admit, delivered all at once, allowed once per year, immediately following an inpatient hospital stay.	10 meals per admit, delivered all at once, allowed once per year, immediately following an inpatient hospital stay.																																																
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 <b>OTC</b>	\$100 allowance per quarter w/free shipping. Must order from the OTC catalog, unused quarterly amount does not roll over.	\$100 allowance per quarter w/free shipping. Must order from the OTC catalog, unused quarterly amount does not roll over.	\$100 allowance per quarter w/free shipping. Must order from the OTC catalog, unused quarterly amount does not roll over.																																																
	\$100 Allowance Every 3 Months	\$100 Allowance Every 3 Months	\$100 Allowance Every 3 Months																																																
 <b>Podiatry</b>	1 routine care visit every 3 months.	<b>NOT A SUPPLEMENTAL BENEFIT</b> Medicare-Covered Benefit	<b>NOT A SUPPLEMENTAL BENEFIT</b> Medicare-Covered Benefit																																																
 <b>Chiropractic</b>	1 routine care visit every month.	<b>NOT A SUPPLEMENTAL BENEFIT</b> Medicare-Covered Benefit	<b>NOT A SUPPLEMENTAL BENEFIT</b> Medicare-Covered Benefit																																																
<b>Covered Counties</b>	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, <b>Pima</b> , Pinal	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, <b>Yavapai</b>	Davis, Salt Lake, Tooele, Utah, Weber																																																
<b>Prior Authorization</b>	Inpatient Hospital - Acute and Psychiatric, SNF, Cardiac and Pulmonary Rehab Svcs, Partial Hospitalization, Home Health Svcs, Chiropractic Svcs, Occupational Therapy, Physician Specialist Svcs, Mental Health Specialty Svcs, Podiatry Svcs, Other Health Care Professional, Psychiatric Svcs, PT and SP Svcs, Outpatient Diagnostic Proc/Tests, Outpatient Radiological Svcs, Outpatient Hosp Svcs, Ambulatory Surgical Center Svcs, Outpatient Substance Abuse, Outpatient Blood Svcs, Non-emergency Transportation, Durable Medical Equipment, Prosthetics, Diabetic Supplies/Svcs, Dialysis Svcs, Kidney Disease Educ Svcs, Other Medicare-covered Preventative Svcs, Medicare Part B Rx Drugs, Eyewear, Hearing Exam	Services that <b>NO longer</b> require a PA: Physician Specialist Services, Mental Health Specialty Services, Other Health Care Professional, Psychiatric Services, Outpatient X-ray Services, Outpatient Substance Abuse, Outpatient Blood Services, Dialysis Services, Kidney Disease Education Services, Other Medicare-Covered Preventative Services, Eyewear, Hearing Exam	The SHCGU PA grid will be the same as SHCGA.																																																
<b>Referrals</b>	SNF, Cardiac and Pulmonary Rehab Svcs, Partial Hospitalization, Home Health Svcs, Chiropractic Svcs, Occupational Therapy, Physician Specialist Svcs, Mental Health Specialty Svcs, Podiatry Svcs, Other Health Care Professional, Psychiatric Svcs, PT and SP Svcs, Outpatient Diagnostic Proc/Tests, Outpatient Radiological Svcs, Outpatient Hosp Svcs, Ambulatory Surgical Center Svcs, Outpatient Substance Abuse, Outpatient Blood Svcs, Dialysis Svcs, Kidney Disease Educ Svcs, Other Medicare-covered Preventative Svcs, Eyewear, Hearing Exam	Referrals are <b>NO longer</b> required for any service/provider.	Referrals are <b>NOT</b> required for any service/provider.																																																
<b>Medicare Changes</b>	D-SNP beneficiaries can change plans each month. ER/Post Stabilization Care - Beneficiary pays 0% or 20% of the cost up to \$80.	D-SNP beneficiaries can change plans <b>ONLY</b> once a quarter. ER/Post Stabilization Care - Beneficiary pays 0% or 20% of the cost up to <b>\$90</b> .	D-SNP beneficiaries can change plans <b>ONLY</b> once a quarter. ER/Post Stabilization Care - Beneficiary pays 0% or 20% of the cost up to <b>\$90</b> .																																																
<b>Part D</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Copay Levels:</td> <td>Generic</td> <td>Brand</td> <td>Catastrophic</td> </tr> <tr> <td>LIS (1)</td> <td>\$3.35</td> <td>\$8.35</td> <td>\$0.00</td> </tr> <tr> <td>LIS (2)</td> <td>\$1.25</td> <td>\$3.70</td> <td>\$0.00</td> </tr> <tr> <td>LIS (3)</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </table>	Copay Levels:	Generic	Brand	Catastrophic	LIS (1)	\$3.35	\$8.35	\$0.00	LIS (2)	\$1.25	\$3.70	\$0.00	LIS (3)	\$0.00	\$0.00	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Copay Levels*:</td> <td>Generic</td> <td>Brand</td> <td>Catastrophic</td> </tr> <tr> <td>LIS (1)</td> <td><b>\$3.40</b></td> <td><b>\$8.50</b></td> <td>\$0.00</td> </tr> <tr> <td>LIS (2)</td> <td>\$1.25</td> <td><b>\$3.80</b></td> <td>\$0.00</td> </tr> <tr> <td>LIS (3)</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </table> <p>* Members that lose LIS may qualify for a 3 month grace period and will incur increased drug costs at the pharmacy</p>	Copay Levels*:	Generic	Brand	Catastrophic	LIS (1)	<b>\$3.40</b>	<b>\$8.50</b>	\$0.00	LIS (2)	\$1.25	<b>\$3.80</b>	\$0.00	LIS (3)	\$0.00	\$0.00	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Copay Levels:</td> <td>Generic</td> <td>Brand</td> <td>Catastrophic</td> </tr> <tr> <td>LIS (1)</td> <td>\$3.40</td> <td>\$8.50</td> <td>\$0.00</td> </tr> <tr> <td>LIS (2)</td> <td>\$1.25</td> <td>\$3.80</td> <td>\$0.00</td> </tr> <tr> <td>LIS (3)</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </table> <p>* Members that lose LIS may qualify for a 3 month grace period and will incur increased drug costs at the pharmacy</p>	Copay Levels:	Generic	Brand	Catastrophic	LIS (1)	\$3.40	\$8.50	\$0.00	LIS (2)	\$1.25	\$3.80	\$0.00	LIS (3)	\$0.00	\$0.00	\$0.00
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