

PLAN BENEFITS	H1036-140 (HMO) TAMPA	H1036-266 (HMO) TAMPA	H1036-102 (HMO D-SNP) TAMPA	H1036-160 (HMO C-SNP) TAMPA
Monthly Plan Premium	\$0	\$0	\$0 with Medicare and State Cost Share Protection	\$0
Annual Out-of-Pocket Maximum	\$2,800 in-network	\$3,400 in-network	\$1,500 in-network / \$0 with State Cost Share Protection	\$3,300 in-network / \$0 with State Cost Share Protection
Medicare Part B Premium Reduction	—	Reduces your Monthly Part B premium by up to \$150	—	—
\$0 Copay at Primary Care Provider (PCP)	✓	✓	✓	✓
Specialist Copay	\$15	\$35	\$0	\$15
Flex Allowance and/or Healthy Options Allowance and/or Deliver Fresh Meal Program	\$1,000 Annual Allowance on prepaid card for out of pocket expenses toward's the plan's Preventive and Comprehensive Dental, Vision and Hearing services.	\$750 Annual Allowance on prepaid card for out of pocket expenses toward's the plan's Preventive and Comprehensive Dental, Vision and Hearing services.	\$175 every month to use toward the purchase of food, over-the-counter products, home supplies, utilities, internet, pet care and more.	\$0 copay for 2 week course of meals delivered to home Up to 20 meals 10 days
Routine Dental Services	✓	✓	✓	✓
Routine Vision Services	✓	✓	✓	✓
Routine Hearing Services	✓	✓	✓	✓
OTC Drugs and Supplies	✓	✓	○	✓
SilverSneakers® Fitness Program	✓	✓	✓	✓
\$0 Tier 1 and Tier 2 Prescriptions	✓	✓	✓	✓
\$0 Copay for Lab Tests from Lab Facility	✓	✓	✓	✓
Urgent Care	\$5 copay	\$15 copay	\$0 copay	\$15 copay
\$0 Copay for Plan Approved Location - Unlimited One-Way Trip(s)	✓	Up to 50 one-way trips per year	✓	Up to 50 one-way trips per year
Acute Inpatient Hospital Care	\$75 copay per day for days 1-5 \$0 copay per day for days 6-90	\$180 copay per day for days 1-6 \$0 copay per day for days 7-90	\$0 copay per stay	\$95 copay per day for days 1-6 \$0 copay per day for days 7-90
Outpatient Surgery at Ambulatory Surgical Center	\$35	\$120	\$0 copay	\$60
Emergency Room	\$120 copay	\$90 copay	\$0 copay	\$120 copay
Physical Therapy	\$15 copay	\$35 copay	\$0 copay	Up to \$20 copay
Maximum \$35 Cost for 30-day Supply of Insulin	✓	✓	✓	✓

To learn more about options available at Meadowcrest
Please Contact **Alisha Hughes**

(352) 795-0644

The benefits outlined above are a summary of three Medicare advantage plans offered at Meadowcrest Family Physicians and are not an exhaustive list of all benefits. Meadowcrest accepts plans from Humana and Ultimate. Terms and conditions may apply. All plan summaries are available through the provider online.