

WINhealth Partners Plan Highlights

WINhealth Partners offers choice! Our Medicare plans offer Medicare beneficiaries comprehensive coverage, access to quality health care, and excellent customer service. The following grid provides a quick, at-a-glance summary of our WINhealth Partners Medicare Plans available.

Medicare Covered Benefit	WINhealth Partners Medicare Thrifty Plan You Pay	WINhealth Partners Medicare Standard Plan You Pay	WINhealth Partners Medicare Plus Plan You Pay
Office Visit Copayment	\$35 per visit PCP or Specialist	\$25 per visit PCP or Specialist	\$25 per visit PCP or Specialist
Annual Routine Physical Exam	\$0 per visit	\$0 per visit	\$0 per visit
Preventive Screening Services	\$0 per visit	\$0 per visit	\$0 per visit
Emergency Room	\$50 per visit within the United States	\$50 per visit within the United States	\$50 per visit Worldwide
Urgent Care	\$35 per visit within the United States	\$25 per visit within the United States	\$25 per visit Worldwide
Inpatient Hospital Copayment	\$800 per admission	\$500 per admission	\$300 per admission
Outpatient Surgery	\$400 facility charge \$100 physician charge	\$250 facility charge \$100 physician charge	\$150 facility charge \$100 physician charge
Ambulance	\$100 per trip	\$100 per trip	\$100 per trip
Skilled Nursing Facility	\$0 days 1-20 \$100 days 21-100	\$0 days 1-20 \$50 days 21-100	\$0 days 1-20 \$50 days 21-100
Durable Medical Equipment	20%	20%	20%
Prescription Drug Costs			
Level I \$0 - \$2,510 in total yearly drug costs	<ul style="list-style-type: none"> Does not include Part D prescription drugs Prescription Drug Discounts available 	<ul style="list-style-type: none"> No deductible \$8.50 copay generic drugs \$42 copay preferred brand drugs \$62 copay non-preferred brand drugs 33% coinsurance injectables 33% coinsurance specialty drugs 	<ul style="list-style-type: none"> No deductible \$7.50 copay generic drugs \$40 copay preferred brand drugs \$60 copay non-preferred brand drugs 33% coinsurance injectables 33% coinsurance specialty drugs
Level II Up to \$4,050 in member out-of-pocket drug costs		After \$2,510 in retail drug expenses you pay 100% of costs until you reach \$4,050 out-of-pocket drug costs	After \$2,510 in retail drug expenses, you pay: \$7.50 copay generics only. 100% of cost of brand until you reach \$4,050 out-of-pocket drug costs.
Level III After you reach \$4,050 in out-of-pocket drug costs		You pay the greater amount of: <ul style="list-style-type: none"> \$2.25 copay generic drugs \$5.60 copay for all other drugs; or 5% coinsurance 	You pay the greater amount of: <ul style="list-style-type: none"> \$2.25 copay generic drugs \$5.60 copay for all other drugs; or 5% coinsurance

Please call to confirm that you have the most up-to-date information about our Medicare Part D plans. WINhealth Partners Medicare 800-949-6952, 8:00 A.M. to 5:00 P.M., Mountain time, Monday through Friday. Part D benefit questions: 8:00 A.M. to 8:00 P.M., Mountain time, seven days a week (except on Thanksgiving and Christmas).

If you are hearing impaired and use TTY equipment, call 800-704-6370.