

# Soundpath Health Medicare Advantage Plan Information

Thank you for your interest in the Soundpath Health Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Letter" from Soundpath Health within 10 days of CMS confirmation of acceptance.

Enrollment Packet – click links below to download and save documents

[Star Rating](#)

[Download application](#)

Benefit Summary: [Alpine](#) / [Peak, Sound & Charter](#)

[Provider & Pharmacy Directory](#)

[Formulary](#)

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## Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15<sup>th</sup> to December 7<sup>th</sup>. This will give you a January 1st effective date for your new plan.

## Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15<sup>th</sup> and December 7<sup>th</sup>. ***If they are signed prior to October 15<sup>th</sup> they will be returned to you with a new application.*** If they are received after December 7<sup>th</sup>, you will not be able to change plans until the next AEP for January of the following year.

## Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC  
PO Box 26540  
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470  
Secure File Upload: [Click here](#)  
Email: [cs@cda-insurance.com](mailto:cs@cda-insurance.com)

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <http://hiwa.us/>



# 2017 Summary of Benefits

## Soundpath Health

### Alpine (HMO), Plan 004

**This is a summary of drug and health services covered by Soundpath Health January 1, 2017 - December 31, 2017**

Soundpath Health is an HMO plan with a Medicare contract. Enrollment in Soundpath Health depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join **Soundpath Health**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Washington State: Chelan, Douglas, Grant, King, Pierce, Snohomish, Thurston and Whatcom Counties.

**Soundpath Health** has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.



Premiums and Benefits	Alpine	What you should know
<b>Monthly Plan Premium</b>	You pay \$47 copay	You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	You pay \$0 for medical	This plan does not have a deductible for medical services.
<b>Maximum Out-of-Pocket Responsibility</b>	\$5,700 annually	<p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>Does not include your out-of-pocket costs for non-Medicare covered routine vision exam, supplemental eyewear and hearing aids.</p>
<b>Inpatient Hospital Coverage</b>	\$450 copay per day, days 1-4; \$0 copay per day, days 5-90; \$0 copay for additional days	<p>Our plan covers an unlimited number of days for an inpatient hospital stay, subject to member cost-sharing per admission.</p> <p>Prior authorization is required for non-emergent/urgent admissions.</p>
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary Care Provider (PCP)</li> <li>• Specialists</li> </ul>	<p>You pay \$15 copay per visit (<b>PCP</b>)</p> <p>You pay \$50 copay per visit (<b>Specialist</b>)</p>	PCP referral is required for specialist visits.
<b>Preventive Care</b>	You pay \$0 copay per visit	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.
<b>Emergency Care</b>	You pay \$75 copay per visit waived if admitted within 24 hours for same condition	<p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Emergency services are covered anywhere in the U.S. or worldwide and do not require a PCP referral.</p>
<b>Urgently Needed Services</b>	You pay \$50 copay per visit	Urgent Care services do not require a PCP referral.

Premiums and Benefits	Alpine	What you should know
<b>Diagnostic Radiology Service (e.g., MRI)</b>	You pay 20% coinsurance	Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.
<b>Lab Services</b>	You pay \$15 copay per day, per visit	
<b>Diagnostic Tests and Procedures</b>	You pay 20% coinsurance	Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.
<b>Outpatient X-rays</b>	You pay \$20 copay per day maximum	
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Hearing exam</li> <li>• Hearing aid</li> </ul>	<p>You pay nothing for a hearing exam when using a Hearing Care Solutions provider.</p> <p>You pay any amount over the \$1,000 annual allowance per ear on the purchase of hearing aids through a Hearing Care Solutions provider.</p> <p>You pay \$50 for a hearing exam at all other network providers.</p>	<p>Free hearing exam limited to Hearing Care Solutions providers.</p> <p>You pay any amount over the \$1,000 annual allowance per ear on purchase of hearing aids through Hearing Care Solutions provider (up to two hearing aids per year). Contact them at 1-866-344-7756.</p> <p>You pay your specialist office visit copay for hearing exams performed by any other network provider.</p>
<b>Hearing Services (Medicare-covered)</b>	You pay \$50 copay for a routine or Medicare-covered diagnostic hearing exam through any other non-Hearing Care Solutions provider.	Diagnostic hearing and balance evaluations are performed by your PCP to determine if you need medical treatment or are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.
<b>Dental Services (Preventive only)</b> Oral exam, x-rays, and cleaning	Not covered	

<b>Premiums and Benefits</b>	<b>Alpine</b>	<b>What you should know</b>
<b>Dental Services</b> <i>(Medicare-covered dental benefits)</i>	You pay \$50 copay per visit	Medicare does not cover most dental procedures. Medicare Part A may pay for certain dental services while you're admitted in a hospital.
<b>Vision Services</b> (Supplemental routine)	<p>You pay \$20 copay for an annual routine eye exam.</p> <p>You have a \$120 hardware allowance toward the purchase of vision hardware like eyeglass frames or contact lenses (every 24 months), with a low \$30 copay.</p>	<p>Annual routine eye exam provided by Vision Service Providers (VSP).</p> <p>With VSP's vision coverage, your basic lenses are covered. Additionally, any lens options, such as progressives, are offered at a discount of 20-25%.</p> <p>Additional pairs of glasses or sunglasses are offered at a 20% discount when using a VSP vision provider.</p> <p>Members will also receive a 15% discount on laser surgery.</p> <p>For list of network providers, call 1-800-877-7195 or visit <a href="http://www.VSP.com">www.VSP.com</a>.</p>
<b>Vision Services</b> <i>(Medicare-covered vision benefits)</i>	You pay \$0-\$50 copay per visit for Medicare-covered eye exam.	Medicare covers certain preventive vision services such as an annual eye exam to diagnose and treat Glaucoma, diabetic retinopathy, macular degeneration and other medical conditions of the eye.
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>Inpatient hospital coverage</li> </ul>	<p>You pay \$450 copay per day, days 1-3; \$0 copay per day, days 4-90</p> <p>Lifetime reserve days: \$450 copay per day, days 1-3</p> <p>You pay \$0 copay per day, days 4-60 up to 190 days in a lifetime</p>	<p>Mental health services require prior authorization through plan vendor, Optum Behavioral Health, for non-emergency or non-urgent admissions.</p> <p>Copay amounts apply at each admission, including lifetime reserve days, (up to Medicare-allowed 190 day lifetime max.)</p>
<ul style="list-style-type: none"> <li>Outpatient individual or group therapy visit for mental health or substance abuse</li> </ul>	You pay \$40 copay per visit	<p>Certain services require prior authorization, contact the plan for more information.</p> <p>Members must use providers in the Optum Behavioral Health network.</p>

Premiums and Benefits	Alpine	What you should know
<b>Skilled Nursing Facility</b>	<p>You pay \$0 copay per day, days 1-20; \$164.50 copay per day, days 21-55; \$0 copay per day, days 56-100</p> <p>100 days per benefit period; no prior hospital stay required</p>	<p>Our plan covers up to 100 days per benefit period. No prior hospital stay is required.</p> <p>Prior authorization is required for non-emergency admissions.</p>
<b>Rehabilitation Services</b> Physical therapy and speech and language therapy visit	<p>You pay \$40 copay per visit</p>	
<b>Rehabilitation Services</b> Occupational therapy visit	<p>You pay \$40 copay per visit</p>	
<b>Ambulance</b>	<p>You pay \$315 copay per one-way Medicare-covered trip</p>	<p>Prior authorization is required for non-emergency services.</p> <p>Please contact the plan for more information.</p>
<b>Transportation</b>	<p>Not covered</p>	
<b>Foot Care (Podiatry services)</b> <ul style="list-style-type: none"> <li>• Foot exams and treatment</li> </ul> Routine foot care visit	<p>You pay \$50 copay for each Medicare-covered office visit</p> <p>You pay \$50 copay for routine foot care</p>	<p>Diabetic foot exams are covered twice per calendar year.</p> <p>Routine foot care visits are covered up to six visits per calendar year.</p>
<b>Medical Equipment/Supplies</b> Durable medical equipment (e.g., wheelchairs, oxygen)	<p>You pay 20% coinsurance</p>	<p>Prior authorization is required for certain supplies. Contact the health plan for more information.</p>

<b>Premiums and Benefits</b>	<b>Alpine</b>	<b>What you should know</b>
<b>Prosthetics</b> (e.g., braces, artificial limbs)	You pay 20% coinsurance	Prior authorization is required for certain supplies. Contact the health plan for more information.
<b>Diabetes supplies</b>	You pay \$0 copay for supplies  You pay 20% coinsurance for shoes and inserts	Coverage for Medicare-covered diabetic supplies is limited to the Abbott manufactured products of FreeStyle and Precision.  Prior authorization is required for certain supplies. Contact the health plan for more information.
<b>Wellness Programs</b> (e.g., fitness)	Free Silver&Fit fitness center membership	For a list of Silver&Fit™ participating locations, visit their website at <a href="http://www.SilverandFit.com">www.SilverandFit.com</a> or call 1-877-427-4788.
<b>Medicare Part B Drugs</b>	You pay 20% coinsurance for chemotherapy drugs  You pay 20% coinsurance for other Part B drugs	Certain Part B medications require Prior authorization.
<b>Outpatient Surgery</b> , including services provided at hospital outpatient facilities and Ambulatory Surgical Centers	You pay \$395 copay for outpatient hospital services  You pay \$50 copay for outpatient clinic visit  You pay \$295 copay for Ambulatory Surgical Center	Prior authorization is required for some services.  Please contact the plan for more information.

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information can be available in other formats or languages. Please call Customer Service for assistance.

For more information, please call us at the phone number below or visit us at [www.SoundpathHealth.com](http://www.SoundpathHealth.com). Toll-free 1-866-789-7747, TTY users should call 711.

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. local time.

From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. local time.

You can see our plan's provider directory, pharmacy directory and our Evidence of Coverage at our website at [www.SoundpathHealth.com](http://www.SoundpathHealth.com).

This plan DOES NOT include Part D drugs. We cover Part B drugs such as chemotherapy and some drugs administered by your provider.

Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Soundpath Health is licensed as a Health Care Service Contractor in Washington State.