

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](#)

[Multi-language Support](#)

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 15th to December 7th. 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 15th and December 7th. ***If they are signed prior to October 15th they will be returned to you with a new application.*** If they are received after December 7th, 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

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

**Peak + Rx (HMO), Plan 011, Sound + Rx (HMO),
Plan 007, Charter +Rx (HMO), Plan 003**

**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. We offer the Peak + Rx plan to the following counties: Chelan, Douglas, Grant, King, Pierce, Snohomish, Thurston and Whatcom County. We offer the Sound + Rx plan to the following counties: King, Pierce, Snohomish, Thurston and Whatcom County. We offer the Charter + Rx plan to the following counties: Chelan, Douglas, Grant, King, Pierce, Thurston and Whatcom County.

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	Peak + Rx	Sound + Rx	Charter + Rx	What you should know
Monthly Plan Premium	You pay \$0 copay	You pay \$47 copay	You pay \$148 copay	You must continue to pay your Medicare Part B premium.
Deductible	You pay \$0 for medical You pay \$0 for Rx	You pay \$0 for medical You pay \$0 for Rx	You pay \$0 for medical You pay \$0 for Rx	This plan does not have a deductible for medical services. The plan does not have a deductible for Medicare Part D prescription drugs.
Maximum Out-of-Pocket Responsibility <i>(Does not include Part D prescription drugs)</i>	\$6,700 annually	\$5,700 annually	\$3,900 annually	The most you pay for copays, coinsurance and other costs for medical services for the year. Does not include your out-of-pocket costs for non-Medicare covered routine vision exam, supplemental eyewear, hearing aids, preventive dental* and copays/coinsurance for (Part D) prescription drugs. <i>*Not included on all plans.</i>
Inpatient Hospital Coverage	\$595 copay per day, days 1-3; \$0 copay per day, days 4-90; \$0 copay for additional days	\$450 copay per day, days 1-4; \$0 copay per day, days 5-90; \$0 copay for additional days	\$360 copay per day, days 1-5; \$0 copay per day, days 6-90; \$0 copay for additional days	Our plan covers an unlimited number of days for an inpatient hospital stay, subject to member cost-sharing per admission. Prior authorization is required for non-emergent/urgent admissions.
Doctor Visits <ul style="list-style-type: none"> • Primary Care Provider (PCP) • Specialists 	You pay \$20 copay per visit (PCP) You pay \$50 copay per visit (Specialist)	You pay \$15 copay per visit (PCP) You pay \$50 copay per visit (Specialist)	You pay \$10 copay per visit (PCP) You pay \$35 copay per visit (Specialist)	PCP referral is required for specialist visits.

Premiums and Benefits	Peak + Rx	Sound + Rx	Charter + Rx	What you should know
Preventive Care	You pay \$0 copay per visit	You pay \$0 copay per visit	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.
Emergency Care	You pay \$75 copay per visit, waived if admitted within 24 hours for same condition	\$75 copay per visit, waived if admitted within 24 hours for same condition	\$75 copay per visit, waived if admitted within 24 hours for same condition	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. Emergency services are covered anywhere in the U.S. or worldwide and do not require a PCP referral.
Urgently Needed Services	You pay \$50 copay per visit	You pay \$50 copay per visit	You pay \$50 copay per visit	Urgent Care services do not require a PCP referral.
Diagnostic Radiology Service (e.g., MRI)	You pay 20% coinsurance of the cost	You pay 20% coinsurance of the cost	You pay 20% coinsurance of the cost	Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.
Lab Services	You pay \$15 copay per day, per visit	You pay \$15 copay per day, per visit	You pay \$7 copay per day, per visit	
Diagnostic Tests and Procedures	You pay 20% coinsurance of the cost	You pay 20% coinsurance of the cost	You pay 20% coinsurance of the cost	Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.
Outpatient X-rays	You pay \$20 copay per day maximum	You pay \$20 copay per day maximum	You pay \$20 copay per day maximum	

Premiums and Benefits	Peak + Rx	Sound + Rx	Charter + Rx	What you should know
Hearing Services <ul style="list-style-type: none"> • Hearing exam • Hearing aid 	<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 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>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 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>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 purchase of hearing aids through a Hearing Care Solutions provider.</p> <p>You pay \$35 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 \$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>
Hearing Services (Medicare-covered)	<p>You pay \$50 copay for a routine or Medicare-covered diagnostic hearing exam through any other non-Hearing Care Solutions provider.</p>	<p>You pay \$50 copay for a routine or Medicare-covered diagnostic hearing exam through any other non-Hearing Care Solutions provider.</p>	<p>You pay \$35 copay for a routine or Medicare-covered diagnostic hearing exam through any other non-Hearing Care Solutions provider.</p>	<p>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.</p>

Premiums and Benefits	Peak + Rx	Sound + Rx	Charter + Rx	What you should know
Dental Services <i>(Preventive only)</i> <ul style="list-style-type: none"> Oral exam, x-rays, and cleaning 	Not covered	You pay \$20 copay per visit	You pay \$20 copay per visit	Scion Dental provides preventive services for members. Plan members can receive exams, cleanings, and X-rays once every six months. You pay \$20 copay for Scion preventive services.* To find a contracted Scion Dental provider, call them at 1-844-621-4572. *Available on the Charter + Rx and Sound + Rx plans only.
Dental Services <i>(Medicare-covered dental benefits)</i>	You pay \$50 copay per visit	You pay \$50 copay per visit	You pay \$35 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.
Vision Services <i>(Supplemental routine)</i>	You pay \$20 copay for an annual routine eye exam. 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.	You pay \$20 copay for an annual routine eye exam. 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.	You pay \$20 copay for an annual routine eye exam. 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.	Annual routine eye exam provided by Vision Service Providers (VSP). 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%. Additional pairs of glasses or sunglasses are offered at a 20% discount when using a VSP vision provider. Members will also receive a 15% discount on laser surgery. For list of network providers, call 1-800-877-7195 or visit www.VSP.com .

Premiums and Benefits	Peak + Rx	Sound + Rx	Charter + Rx	What you should know
Vision Services <i>(Medicare covered vision benefits)</i>	You pay \$0-\$50 copay per visit for Medicare-covered exam	You pay \$0-\$50 copay per visit for Medicare-covered exam	You pay \$0-\$35 copay per visit for Medicare-covered 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.
Mental Health Services <ul style="list-style-type: none"> Inpatient hospital coverage 	You pay \$595 copay per day, days 1-2 \$0 copay per day, days 3-90 Lifetime reserve days: You pay \$595 copay per day, days 1-2 \$0 copay per day, days 3-60 up to 190 days in a lifetime	You pay \$450 copay per day, days 1-3 \$0 copay per day, days 4-90 Lifetime reserve days: You pay \$450 copay per day, days 1-3 \$0 copay per day, days 4-60 up to 190 days in a lifetime	You pay \$360 copay per day, days 1-4 \$0 copay per day, days 5-90 Lifetime reserve days: You pay \$360 copay per day, days 1-4 \$0 copay per day, days 5-60 up to 190 days in a lifetime	Mental health services require prior authorization through plan vendor, Optum Behavioral Health, for non-emergency or non-urgent admissions. Copay amounts apply at each admission, including lifetime reserve days, (up to Medicare-allowed 190 day lifetime max.)
<ul style="list-style-type: none"> Outpatient individual or group therapy visit for mental health or substance abuse 	You pay \$40 copay per visit	You pay \$40 copay per visit	You pay \$40 copay per visit	Certain services require prior authorization, contact the plan for more information. Members must use providers in the Optum Behavioral Health network.
Skilled Nursing Facility	You pay \$0 copay per day, days 1-20; \$164.50 copay per day, days 21-61; \$0 copay per day, days 62-100 100 days per benefit period; no prior hospital stay required	You pay \$0 copay per day, days 1-20; \$164.50 copay per day, days 21-55; \$0 copay per day, days 56-100 100 days per benefit period; no prior hospital stay required	You pay \$0 copay per day, days 1-20; \$164.50 copay per day, days 21-44; \$0 copay per day, days 45-100 100 days per benefit period; no prior hospital stay required	Our plan covers up to 100 days per benefit period. No prior hospital stay is required. Prior authorization is required for non-emergency admissions.

Premiums and Benefits	Peak + Rx	Sound + Rx	Charter + Rx	What you should know
Rehabilitation Services Occupational therapy visit	You pay \$40 copay per visit	You pay \$40 copay per visit	You pay \$35 copay per visit	
Rehabilitation Services Physical therapy and speech and language therapy visit	You pay \$40 copay per visit	You pay \$40 copay per visit	You pay \$35 copay per visit	
Ambulance	You pay \$315 copay per one-way Medicare-covered trip	You pay \$315 copay per one-way Medicare-covered trip	You pay \$315 copay per one-way Medicare-covered trip	Prior authorization is required for non-emergency services. Please contact the plan for more information.
Transportation	Not covered	Not covered	Not covered	
Foot Care (Podiatry services) <ul style="list-style-type: none"> • Foot exams and treatment • Routine foot care visit 	You pay \$50 copay for each Medicare-covered office visit You pay \$50 copay for routine foot care	You pay \$50 copay for each Medicare-covered office visit You pay \$50 copay for routine foot care	You pay \$35 copay for each Medicare-covered office visit You pay \$35 copay for routine foot care	Diabetic foot exams are covered twice per calendar year. Routine foot care visits are covered up to six visits per calendar year.
Medical Equipment/Supplies Durable medical equipment (e.g., wheelchairs, oxygen)	You pay 20% coinsurance	You pay 20% coinsurance	You pay 20% coinsurance	Prior authorization is required for certain supplies. Contact the health plan for more information.
Prosthetics (e.g., braces, artificial limbs)	You pay 20% coinsurance	You pay 20% coinsurance	You pay 20% coinsurance	Prior authorization is required for certain supplies. Contact the health plan for more information.

Premiums and Benefits	Peak + Rx	Sound + Rx	Charter + Rx	What you should know
Diabetes supplies	<p>You pay \$0 copay for supplies</p> <p>You pay 20% coinsurance for shoes and inserts</p>	<p>You pay \$0 copay for supplies</p> <p>You pay 20% coinsurance for shoes and inserts</p>	<p>You pay \$0 copay for supplies</p> <p>You pay 20% coinsurance for shoes and inserts</p>	<p>Coverage for Medicare-covered diabetic supplies is limited to the Abbott manufactured products of FreeStyle and Precision.</p> <p>Prior authorization is required for certain supplies. Contact the health plan for more information.</p>
Wellness Programs (e.g., fitness)	Free Silver&Fit fitness center membership	Free Silver&Fit fitness center membership	Free Silver&Fit fitness center membership	For a list of Silver&Fit™ participating locations, visit their website at www.SilverandFit.com or call 1-877-427-4788.
Medicare Part B Drugs	<p>You pay 20% coinsurance for chemotherapy drugs</p> <p>You pay 20% coinsurance for other Part B drugs</p>	<p>You pay 20% coinsurance for chemotherapy drugs</p> <p>You pay 20% coinsurance for other Part B drugs</p>	<p>You pay 20% coinsurance for chemotherapy drugs</p> <p>You pay 20% coinsurance for other Part B drugs</p>	Certain Part B medications require Prior authorization.
Outpatient Surgery, including services provided at hospital outpatient facilities and Ambulatory Surgical Centers	<p>You pay 20% coinsurance for outpatient hospital facility</p> <p>You pay \$50 copay for outpatient clinic visit</p> <p>You pay \$395 copay for Ambulatory Surgical Center</p>	<p>You pay \$395 copay for outpatient hospital facility</p> <p>You pay \$50 copay for outpatient clinic visit</p> <p>You pay \$295 copay for Ambulatory Surgical Center</p>	<p>You pay \$290 copay for outpatient hospital facility</p> <p>You pay \$35 copay for outpatient clinic visit</p> <p>You pay \$190 copay for Ambulatory Surgical Center</p>	<p>Prior authorization is required for some services.</p> <p>Please contact the plan for more information.</p>

Part D Outpatient Prescription Drugs

	Retail 31-day supply	Retail 93-day supply	Mail Order 93-day supply*	
Deductible Phase	No Part D prescription drug deductible			
Phase 1: Initial Coverage Limit	\$3,700			Total amount includes what you and the plan pay for prescription drugs.
Tier 1: Preferred Generic	You pay \$4 copay	You pay \$10 copay	You pay \$12 copay	Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
Tier 2: Generic	You pay \$20 copay	You pay \$50 copay	You pay \$60 copay	
Tier 3: Preferred Brand	You pay \$47 copay	You pay \$117.50 copay	You pay \$141 copay	
Tier 4: Non-Preferred Brand	You pay 50% coinsurance	You pay 50% coinsurance	You pay 50% coinsurance	
Tier 5: Specialty Tier	You pay 33% coinsurance	Not Covered*	Not Covered*	
Phase 2: Coverage Gap	\$4,950 total out-of-pocket maximum. <i>You pay 51% of the cost for generic drugs and 40% of the cost for brand name drugs, plus a portion of the dispensing fee.</i>			Total amount you pay out-of-pocket before you are eligible for catastrophic coverage.
Phase 3: Catastrophic Coverage	You pay the greater of \$3.30 copay for generic (including brand drugs treated as generic), \$8.25 copay for all other drugs, or 5% coinsurance			

***Tier 5 retail and mail order drugs are limited to a 31-day supply per fill.**

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.

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.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs), Prior Authorization requirements and any restrictions on our website at www.SoundpathHealth.com. The 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.