

Milliman MACBOX®
Comparison of 5 Plans for a Non Dual Eligible Population
2019 Plans for All Parent Companies in Davis, UT
Displaying 2019 Benefits Only for 2019 Plans

Competitor Plans	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5
Contract - Plan - Segment	H4604 - 003 - 000	H4604 - 011 - 000	H1994 - 001 - 000	H4605 - 002 - 000	H5628 - 001 - 000
Parent Name	UnitedHealth Group, Inc.	UnitedHealth Group, Inc.	Intermountain Health Care, Inc.	Cambia Health Solutions, Inc.	Molina Healthcare, Inc.
Plan Details					
2019 Plan Name	AARP MedicareComplete Plan 1 (HMO)	AARP MedicareComplete Plan 2 (HMO)	SelectHealth Advantage Essential (HMO)	Regence MedAdvantage + Rx Classic (PPO)	Molina Medicare Options Plus (HMO SNP)
2019 Network / Benefit Type	HMO	HMO	HMO	LPPO	HMO
2019 Number of Network Physicians	4,001 - 4,500	4,001 - 4,500	4,501 - 5,000	5,501 - 6,000	3,501 - 4,000
2019 Plan Type	Not SNP	Not SNP	Not SNP	Not SNP	Dual Eligible
2019 SNP Type	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Non-Zero Dollar Cost Share
2019 Part C / Part D Coverage	MA-PD	MA-PD	MA-PD	MA-PD	MA-PD
2019 VBID Indicator	No VBID	No VBID	No VBID	No VBID	No VBID
Star Ratings¹					
2019 Overall Star Rating (Used in 2020 Bids)	4.0	4.0	4.0	3.0	3.5
2019 Medical Star Rating	4.0	4.0	4.5	3.5	3.5
2019 Drug Star Rating	4.0	4.0	4.0	3.5	4.0
2018 Overall Star Rating (Used in 2019 Bids)	4.0	4.0	4.0	3.5	3.5
2018 Medical Star Rating	4.0	4.0	4.0	3.5	3.5
2018 Drug Star Rating	4.5	4.5	4.5	4.0	3.5
2017 Overall Star Rating	4.0	4.0	3.5	4.0	3.5
2017 Medical Star Rating	4.0	4.0	4.5	4.0	3.5
2017 Drug Star Rating	4.5	4.5	3.5	4.5	4.0
2016 Overall Star Rating	4.5	4.5	3.5	4.5	3.5
2016 Medical Star Rating	4.0	4.0	3.5	4.0	3.5
2016 Drug Star Rating	4.5	4.5	3.5	4.5	4.5
2015 Overall Star Rating	3.5	3.5	4.5	3.5	3.5
2015 Medical Star Rating	3.5	3.5	5.0	3.5	3.5
2015 Drug Star Rating	3.5	3.5	3.5	3.5	4.0
Enrollment²					
35.7% MA Penetration					
2018 Enrollment Mapped to 2019 - County	5,671	2,702	1,711	746	606
Total Plan 2018 Enrollment Mapped to 2019 - All Counties	47,584	22,602	18,211	5,491	5,858
September 2018 Enrollment - County	5,671	2,702	1,711	746	606
Total Plan September 2018 Enrollment - All Counties	47,584	22,602	18,211	5,491	5,858
April 2018 Low Income Percentage - All Counties	13%	10%	7%	4%	100%
February 2018 Enrollment - County	5,654	2,517	1,655	749	642
February 2017 Enrollment - County	5,229	1,910	1,579	792	654
February 2016 Enrollment - County	4,709	1,505	1,565	810	649
February 2015 Enrollment - County	4,359	976	1,507	901	683
2018 to 2019 Enrollment - County Increase (Decrease)	17	185	56	(3)	(36)
2017 to 2018 Enrollment - County Increase (Decrease)	425	607	76	(43)	(12)
2016 to 2017 Enrollment - County Increase (Decrease)	520	405	14	(18)	5
2015 to 2016 Enrollment - County Increase (Decrease)	350	529	58	(91)	(34)
Total Plan February 2018 Enrollment - All Counties	47,258	21,172	17,728	5,588	6,451
Total Plan February 2017 Enrollment - All Counties	44,871	16,606	17,225	5,920	6,283
Total Plan February 2016 Enrollment - All Counties	40,102	12,414	17,299	6,294	6,023
Total Plan February 2015 Enrollment - All Counties	37,378	7,839	16,212	7,038	6,204
2018 to 2019 Enrollment - Plan Increase (Decrease)	326	1,430	483	(97)	(593)
2017 to 2018 Enrollment - Plan Increase (Decrease)	2,387	4,566	503	(332)	168
2016 to 2017 Enrollment - Plan Increase (Decrease)	4,769	4,192	(74)	(364)	260
2015 to 2016 Enrollment - Plan Increase (Decrease)	2,724	4,575	1,087	(754)	(181)
Premium (Part C plus Part D)³					
2019 Member Premium	\$32.00	\$0.00	\$0.00	\$69.00	\$38.70
2018 Member Premium	\$33.00	\$0.00	\$0.00	\$76.00	\$40.20
2017 Member Premium	\$29.00	\$0.00	\$0.00	\$93.00	\$32.20
2016 Member Premium	\$29.00	\$0.00	\$0.00	\$91.00	\$39.50
2015 Member Premium	\$29.00	\$0.00	\$0.00	\$85.00	\$39.70

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Contract - Plan - Segment		H4604 - 003 - 000		H4604 - 011 - 000		H1994 - 001 - 000		H4605 - 002 - 000		H5628 - 001 - 000	
Parent Name		UnitedHealth Group, Inc.		UnitedHealth Group, Inc.		Intermountain Health Care, Inc.		Cambia Health Solutions, Inc.		Molina Healthcare, Inc.	
2019 Benefit Cost Sharing Descriptions											
Medicare Covered Part C Benefits		In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible*		\$0	No OON Benefits	\$0	No OON Benefits	\$0	No OON Benefits	\$0	No Deductible	Part B	No OON Benefits
Out-of-Pocket Maximum		\$4,900		\$5,900		\$6,100		\$6,700	\$10,000 Combined with In-Network	\$5,800	
MOOP Benefits		All Benefits		All Benefits		All Benefits		Medicare Covered Benefits	N/A	Medicare Covered Benefits	
Inpatient Services											
1a	Medical / Surgical	\$320/Day for Days 1-5 & \$0/Day for Days 6-90		\$360/Day for Days 1-5 & \$0/Day for Days 6-90		\$320/Day for Days 1-5 & \$0/Day for Days 6-90		\$350/Day for Days 1-4 & \$0/Day for Days 5-90	50% for Days 1-90	Standard Medicare	
	Medical / Surgical Benefit Period	Per Admission or Per Stay		Per Admission or Per Stay		Per Admission or Per Stay		Per Admission or Per Stay	N/A	Original Medicare	
1b	Medical / Surgical Additional Days Coverage	C		C		C		C	N/A	NC	
	Mental Health	\$320/Day for Days 1-5 & \$0/Day for Days 6-90		\$360/Day for Days 1-4 & \$0/Day for Days 5-90		\$285/Day for Days 1-5 & \$0/Day for Days 6-90		\$350/Day for Days 1-4 & \$0/Day for Days 5-90	50% for Days 1-90	Standard Medicare	
	Mental Health Benefit Period	Per Admission or Per Stay		Per Admission or Per Stay		Per Admission or Per Stay		Per Admission or Per Stay	N/A	Original Medicare	
Mental Health Additional Days Coverage		NC		NC		NC		NC	N/A	NC	
2	Skilled Nursing Facility	\$0/Day for Days 1-20 & \$160/Day for Days 21-51 & \$0/Day for Days 52-100		\$0/Day for Days 1-20 & \$160/Day for Days 21-57 & \$0/Day for Days 58-100		\$0/Day for Days 1-20 & \$160/Day for Days 21-75 & \$0/Day for Days 76-100		\$0/Day for Days 1-20 & \$160/Day for Days 21-100	50%/Day for Days 1-100	Standard Medicare	
Skilled Nursing Facility Benefit Period		Original Medicare		Original Medicare		Original Medicare		Original Medicare	N/A	Original Medicare	
3	Cardiac Services										
	Cardiac Rehabilitation Services	\$20		\$20		\$40		\$40	50%	20%	
	Intensive Cardiac Rehabilitation Services	\$20		\$20		\$40		\$40	50%	20%	
	Pulmonary Rehabilitation Services	\$20		\$20		\$30		\$30	50%	20%	
4a	Emergency Room	\$90		\$90		\$90		\$90	Same as In-Network	20%	
4b	Urgent Care	\$30 - \$40		\$30 - \$40		\$50		\$40	Same as In-Network	20%	
5	Partial Hospitalization	\$55		\$55		\$55		\$0	50%	20%	
6	Home Health	\$0		\$0		\$0		\$0	50%	\$0	
Professional Services											
7a	Primary Care Physician	\$0		\$10		\$10		\$10	50%	20%	
7b	Chiropractor	\$20		\$20		\$20		\$20	50%	20%	
7c	Occupational Therapy	\$40		\$40		\$40		\$40	50%	20%	
7d	Specialty Care Physician	\$50		\$50		\$50		\$40	50%	20%	
7e	Mental Health - Individual Services	\$25		\$25		\$40		\$40	50%	20%	
7e	Mental Health - Group Services	\$20		\$20		\$40		\$40	50%	20%	
7f	Podiatry	\$50		\$50		\$50		\$40	50%	20%	
7h	Physician Psychiatrist - Individual Services	\$25		\$25		\$40		\$40	50%	20%	
7h	Physician Psychiatrist - Group Services	\$20		\$20		\$40		\$40	50%	20%	
7i	Therapy - Physical / Speech	\$40		\$40		\$40		\$40	50%	20%	
8a	Laboratory	\$0		\$6		\$0		\$5	50%	20%	
8b	Radiology										
	X-Ray	\$14		\$14		\$20		\$10	50%	20%	
	Tests & Procedures	20%		20%		0% - 20%		\$5	50%	20%	
	Therapeutic Radiology	20%		20%		20%		20%	50%	20%	
	Diagnostic Radiology	20%		20%		\$300		20%	50%	20%	
Outpatient Services											
9a	Surgery	\$300		\$340		20% or \$10 - \$300		\$40 - \$300	50%	20%	
9a	Observation	\$300		\$340		\$300		\$300	50%	20%	
9b	Ambulatory Surgical Center	\$250		\$290		\$300		\$40 - \$225	50%	20%	
9c	Substance Abuse - Individual Services	\$25		\$25		\$40 - \$50		\$40	50%	20%	
9c	Substance Abuse - Group Services	\$20		\$20		\$40 - \$50		\$40	50%	20%	
10a	Ground Ambulance	\$250		\$250		\$225		\$275	\$275	20%	
10a	Air Ambulance	\$250		\$250		\$225		\$275	\$275	20%	
11a	Durable Medical Equipment	20%		20%		20%		20%	50%	20%	
11b	Prosthetics Devices / Medical Supplies										
	Prosthetics Devices	20%		20%		20%		20%	50%	20%	
	Medical Supplies	20%		20%		20%		20%	50%	20%	
11c	Diabetic Coverage										
	Monitoring	\$0		\$0		\$0		\$0	50%	\$0	
	Therapeutic Shoes / Inserts	20%		20%		20%		\$0	50%	\$0	
12	Dialysis	20%		20%		20%		20%	50%	20%	
15	Part B Rx										
	Chemotherapy	20%		20%		20%		20%		20%	
	Other	20%		20%		20%		20%		20%	
16b	Dental	20%		20%		\$50		\$40		\$0	
	Vision										
17a	Exams	\$20		\$20		\$50		\$0		20%	
17b	Hardware	\$0		\$0		\$0		\$0		20%	
18a	Hearing	\$0		\$10		\$50		\$40		20%	

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Contract - Plan - Segment		H4604 - 003 - 000		H4604 - 011 - 000		H1994 - 001 - 000		H4605 - 002 - 000		H5628 - 001 - 000	
Parent Name		UnitedHealth Group, Inc.		UnitedHealth Group, Inc.		Intermountain Health Care, Inc.		Cambia Health Solutions, Inc.		Molina Healthcare, Inc.	
Part D Benefits ^a		Enhanced Alternative		Enhanced Alternative		Enhanced Alternative		Enhanced Alternative		Enhanced Alternative	
Part D Benefit Type		\$200		\$200		\$250		\$250		\$415	
Deductible		\$3,820		\$3,820		\$3,820		\$3,820		\$3,820	
Initial Coverage Limit		T3 / T4 / T5		T3 / T4 / T5		T3 / T4 / T5		T3 / T4 / T5		All Tiers	
Deductible By Tier ^a		PG / G / PB / NB / S		PG / G / PB / NB / S		PG / G / PB / NB / S		PG / G / PB / NB / S		PG / G / PB / NB / S	
Tier Descriptions		NC		NC		NC		NC		NC	
ICL Cost Sharing		\$3 / \$10 / \$45 / \$95 / 29%		\$3 / \$10 / \$45 / \$95 / 29%		\$3 / \$15 / \$45 / \$95 / 28%		\$3 / \$13 / \$40 / 40% / 28%		\$0 / \$0 / \$23 / 45% / 25%	
30 Day Retail Scripts		\$9 / \$30 / \$135 / \$285 / 29%		\$9 / \$30 / \$135 / \$285 / 29%		\$9 / \$45 / \$135 / \$285 / NC		\$6 / \$26 / \$100 / 40% / NC		\$20 / \$40 / \$117.50 / 45% / NC	
90 Day Retail Scripts		NC		NC		NC		NC		NC	
30 Day Mail Scripts		NC		NC		NC		NC		NC	
90 Day Mail Scripts		\$0 / \$0 / \$125 / \$275 / 29%		\$0 / \$0 / \$125 / \$275 / 29%		\$6 / \$30 / \$135 / \$285 / NC		\$6 / \$26 / \$100 / 40% / NC		\$0 / \$0 / \$69 / 45% / NC	
Gap Coverage by Tier ^a		DS		DS		DS		DS		DS	
Gap Cost Sharing		DS		DS		DS		DS		DS	
30 Day Retail Scripts		DS		DS		DS		DS		DS	
90 Day Retail Scripts		DS		DS		DS		DS		DS	
30 Day Mail Scripts		DS		DS		DS		DS		DS	
90 Day Mail Scripts		DS		DS		DS		DS		DS	
Supplemental Drug Coverage		NC		NC		NC		NC		NC	
Enticement Benefits (Covered = C Not Covered = NC)											
16a Preventive Dental ^a											
Cost Sharing		N/A		NC		NC		N/A		50%	
Shared Cost Sharing		N/A		NC		NC		N/A		50%	
X-Rays		\$0		NC		NC		\$0		50%	
Oral Exams		\$0		NC		NC		\$0		50%	
Prophylaxis (Cleaning)		\$0		NC		NC		\$0		50%	
Fluoride Treatment		NC		NC		NC		NC		50%	
Limit		No Limit		NC		NC		No Limit		N/A	
Limit Period		No Limit		NC		NC		No Limit		N/A	
Visit Limit		1		NC		NC		2		N/A	
X-Rays		1		NC		NC		2		N/A	
Oral Exams		1		NC		NC		2		N/A	
Prophylaxis (Cleaning)		1		NC		NC		2		N/A	
Fluoride Treatment		NC		NC		NC		NC		N/A	
Visit Limit Period		Other		NC		NC		Every year		N/A	
X-Rays		Every six months		NC		NC		Every year		N/A	
Oral Exams		Every six months		NC		NC		Every year		N/A	
Prophylaxis (Cleaning)		NC		NC		NC		Every year		N/A	
Fluoride Treatment		NC		NC		NC		NC		N/A	
16b Comprehensive Dental ^a											
Cost Sharing		NC		NC		NC		NC		\$0	
Prosthodontics, Other Oral / Maxillofacial Surgen		NC		NC		NC		NC		\$0	
Non-Routine Services		NC		NC		NC		NC		NC	
Diagnostic Services		NC		NC		NC		NC		NC	
Restorative Services		NC		NC		NC		NC		\$0	
Endodontics		NC		NC		NC		NC		\$0	
Periodontics		NC		NC		NC		NC		NC	
Extractions		NC		NC		NC		NC		\$0	
Limit		NC		NC		NC		NC		N/A	
Limit Period		NC		NC		NC		NC		N/A	
Visit Limit		1		NC		NC		N/A		Every year	
Prosthodontics, Other Oral / Maxillofacial Surgen		NC		NC		NC		NC		1	
Non-Routine Services		NC		NC		NC		NC		1	
Diagnostic Services		NC		NC		NC		NC		NC	
Restorative Services		NC		NC		NC		NC		1	
Endodontics		NC		NC		NC		NC		1	
Periodontics		NC		NC		NC		NC		NC	
Extractions		NC		NC		NC		NC		1	
Visit Limit Period		Other		NC		NC		N/A		Other	
Prosthodontics, Other Oral / Maxillofacial Surgen		NC		NC		NC		NC		Other	
Non-Routine Services		NC		NC		NC		NC		Other	
Diagnostic Services		NC		NC		NC		NC		NC	
Restorative Services		NC		NC		NC		NC		Other	
Endodontics		NC		NC		NC		NC		Other	
Periodontics		NC		NC		NC		NC		NC	
Extractions		NC		NC		NC		NC		Other	
Vision											
17a Exams		\$20		\$20		\$50		\$0		50%	
17b Contacts		\$0		\$0		NC		\$0		0%-50%	
17b Glasses		NC		NC		NC		NC		0%-50%	
17b Lenses		\$0		\$0		NC		\$0		0%-50%	
17b Frames		\$0		\$0		NC		\$0		0%-50%	
17b Hardware Upgrades		NC		NC		NC		NC		0%-50%	
Hardware Limit		\$105 Limit		\$105 Limit		NC Limit		\$100 Limit		\$150 Limit	
Hardware Limit Period		Every two years		Every two years		NC		Every year		Every year	

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Parent Name		UnitedHealth Group, Inc.	UnitedHealth Group, Inc.	Intermountain Health Care, Inc.	Cambia Health Solutions, Inc.	Molina Healthcare, Inc.
Hearing						
18a	Exams	\$0	\$10	NC	NC	\$0
18b	Hearing Aids Fitting	NC	NC	NC	NC	\$0
18b	Hearing Aids - All Types	\$300 - \$2025	\$300 - \$2025	\$649 - \$1949	NC	\$0
18b	Hearing Aids - Inner Ear	NC	NC	NC	NC	NC
18b	Hearing Aids - Outer Ear	NC	NC	NC	NC	NC
18b	Hearing Aids - Over Ear	NC	NC	NC	NC	NC
	Hearing Aid Limit	No Limit	No Limit	No Limit	NC	\$1,000 Limit
	Hearing Aid Period	N/A	N/A	N/A	NC	Every two years
10b	Non-Emergency Medical Transport					
	Cost Sharing	\$0	\$0	NC	NC	\$0
	Number of One-Way Trips	12	12	NC	NC	48
6	Home Health - Non-Medicare Covered	NC	NC	NC	NC	NC
7f	Podiatry - Non-Medicare Covered	\$50	\$50	NC	NC	\$0
7b	Chiropractic - Non-Medicare Covered	NC	NC	NC	NC	50%
7b	Chiropractic - Routine Coverage	NC	NC	NC	\$20	50%
13a	Acupuncture					
	Cost Sharing	NC	NC	NC	NC	\$0
	Annual Visit Limit	NC	NC	NC	NC	20
13b	Over-the-Counter Drug Card					
	OTC Drug Card Limit	\$50 Limit	\$50 Limit	NC	NC	\$100 Limit
	OTC Drug Card Period	Every three months	Every three months	NC	NC	Every three months
	OTC Nicotine Coverage	C	C	NC	NC	C
13c	Meal Benefit	NC	NC	NC	NC	56 Meals / 28 Days Max
	Annual Physical Exams	C	C	C	C	NC
	Barium Exams	\$0	\$0	\$0	\$0	50%
	Digital Rectal Exams	\$0	\$0	\$0	\$0	50%
	EKG Exams	\$0	\$0	\$0	\$0	50%
	Worldwide ER					
	Cost Sharing	\$90	\$90	\$90	\$90	NC
	Limit	No Limit	No Limit	No Limit	No Limit	NC
	Visitor/Travel	C	C	NC	C	NC
14c	Other Supplemental Benefits					
	Health Education	NC	NC	C	NC	C
	Nutritional / Dietary Benefit	NC	NC	C	NC	C
	Smoking and Tobacco Cessation Counseling	NC	NC	NC	NC	NC
	Fitness Benefit	C	C	C	C	C
	Remote Access Technology - Nursing Hotline	C	C	NC	C	C
	Remote Access Technology - Web/Phone	C	C	C	C	C
	Telemonitoring Services	NC	NC	NC	NC	NC
	Enhanced Disease Management	NC	NC	NC	NC	NC
	Bathroom Safety Devices	NC	NC	NC	NC	NC
	Counseling Services	NC	NC	NC	NC	NC
	In-Home Safety Assessment	NC	NC	NC	NC	NC
	Personal Emergency Response System (PERS)	NC	NC	NC	NC	NC
	Medical Nutrition Therapy (MNT)	NC	NC	NC	NC	NC
	Post Discharge In-Home Medication Reconciliation	NC	NC	NC	NC	NC
	Re-Admission Prevention	NC	NC	C	NC	NC
	Wigs for Hair Loss Related to Chemotherapy	NC	NC	NC	NC	NC
	Weight Management Programs	NC	NC	C	NC	NC
	Alternative Therapies	NC	NC	NC	NC	NC
Optional Supplemental Benefits						
Package 1						
	Name	Package 1: Dental Platinum Rider	Package 1: Dental Platinum Rider	Package 1: SelectHealth Dental Comprehensive Benefit	Package 1: Dental and Hearing Option	No Optional Supplemental Benefits Available
	Premium	\$34.00	\$39.00	\$35.00	\$28.00	
	Deductible / Limit	\$100 Deductible / No Limit	\$100 Deductible / No Limit	No Deductible / \$1000 Limit	No Deductible / No Limit	
	Coverage	Preventive Dental; Comprehensive Dental	Preventive Dental; Comprehensive Dental	Preventive Dental; Comprehensive Dental	Comprehensive Dental; Hearing Exams; Hearing Aids	
Package 2						
	Name			Package 2: SelectHealth Dental Comprehensive Plus		
	Premium			Eyewear		
	Deductible / Limit			\$40.00		
	Coverage			No Deductible / \$1200 Limit		
				Preventive Dental; Comprehensive Dental; Eyewear		
Package 3						
	Name					
	Premium					
	Deductible / Limit					
	Coverage					
Package 4						
	Name					
	Premium					
	Deductible / Limit					
	Coverage					
Out-Of-Network Groupings						
Group 1						
	Medicare-Covered Benefits					
	Non-Medicare Covered Benefits					
	Deductible / Limit					
Group 2						
	Medicare-Covered Benefits					
	Non-Medicare Covered Benefits					
	Deductible / Limit					
Group 3						
	Medicare-Covered Benefits					
	Non-Medicare Covered Benefits					
	Deductible / Limit					
Group 4						
	Medicare-Covered Benefits					
	Non-Medicare Covered Benefits					
	Deductible / Limit					