

Exhibit Medicare Advantage Competitive Benefit Options Exhibit Comparison of Top 10 Plans 2015 Plans in Select Counties										
Competitor Plans	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6	Plan #7	Plan #8	Plan #9	Plan #10
Contract - Plan - Segment	H4604 - 003 - 000	H8649 - 003 - 000	H1994 - 001 - 000	H2486 - 003 - 000	H4605 - 002 - 000	H5628 - 001 - 000	H4605 - 004 - 000	H6609 - 128 - 000	H5628 - 006 - 000	H4605 - 001 - 000
Parent Name	UnitedHealth Group, Inc.	Aetna Inc.	Intermountain Health Care, Inc.	Humana Inc.	Cambia Health Solutions, Inc.	Molina Healthcare, Inc.	Cambia Health Solutions, Inc.	Humana Inc.	Molina Healthcare, Inc.	Cambia Health Solutions, Inc.
Plan Details										
Plan Name	AARP MedicareComplete	Altus Advantra (HMO)	SelectHealth Advantage (HMO-POS)	Humana Gold Plus H2486-003 (HMO)	Regence MedAdvantage + Rx Classic (PPO)	Molina Medicare Options Plus (HMO SNP)	Regence MedAdvantage + Rx Enhanced (PPO)	HumanaChoice H6609-128 (PPO)	Healthy Advantage (HMO SNP)	Regence MedAdvantage Basic (PPO)
Network/Benefit Type	HMO	HMO	HMO	HMO	LPPO	HMO	LPPO	LPPO	HMO	LPPO
Number of Network Physicians	2501-3000	4501-5000	1501-2000	1501-2000	5001-5500	5001-5500	5001-5500	2001-2500	3501-4000	5001-5500
Plan Type	Not SNP	Not SNP	Not SNP	Not SNP	Not SNP	Dual Eligible - All Dual	Not SNP	Not SNP	Dual Eligible - All Dual	Not SNP
Part C / Part D Coverage	MA-PD	MA-PD	MA-PD	MA-PD	MA-PD	MA-PD	MA-PD	MA-PD	MA-PD	MA Only
Star Ratings										
2015 Overall Star Plan Rating	3.5	3.5	4.5	4.0	3.5	3.5	3.5	4.5	3.5	3.5
2015 Medical Star Rating	3.5	3.5	5.0	4.0	3.5	3.5	3.5	4.5	3.5	3.5
2015 Drug Star Rating	3.5	3.0	3.5	3.5	3.5	4.0	3.5	3.5	4.0	3.5
2014 Overall Star Plan Rating	4.0	3.5	Low Enrollment	3.5	3.5	3.5	3.5	4.5	3.5	3.5
2013 Overall Star Plan Rating	3.5	3.5	Low Enrollment	4.0	3.5	3.0	3.5	4.5	3.0	3.5
2012 Overall Star Plan Rating	3.5	3.0	Unavailable	3.0	3.5	3.0	3.5	3.5	3.0	3.5
Enrollment^d										
September 2014 Enrollment - Selected Counties	4,256	1,674	1,292	843	826	678	612	0	127	93
Total Plan September 2014 Enrollment - All Counties	37,229	14,819	13,921	5,914	6,412	6,019	4,562	0	2,074	851
2014 Enrollment Mapped to 2015 - Selected Counties	4,256	1,674	1,292	843	826	678	612	0	127	93
Total Plan 2014 Enrollment Mapped to 2015 - All Counties	37,229	14,819	13,921	5,914	6,412	6,019	4,562	2,213	2,074	851
April 2014 Low Income Percentage - All Counties	11%	8%	7%	14%	5%	100%	2%	Unavailable	100%	Unavailable
Premium (Part C plus Part D)^e										
2015 Member Premium	\$29.00	\$0.00	\$0.00	\$0.00	\$85.00	\$39.70	\$223.00	\$47.00	\$39.70	\$73.00
2014 Member Premium	\$29.00	\$0.00	\$0.00	\$0.00	\$87.00	\$39.00	\$188.00	Unavailable	\$39.00	\$73.00
2013 Member Premium	\$0.00	\$0.00	\$0.00	\$0.00	\$69.00	\$42.10	\$168.00	Unavailable	\$42.10	\$32.00
2012 Member Premium	\$0.00	\$0.00	Unavailable	\$0.00	\$93.00	\$40.00	\$163.00	Unavailable	\$40.00	\$48.00
Benefit Cost Sharing Descriptions										
Deductible / Out of Pocket Maximum	\$0/\$4,900	\$0/\$6,700	\$0/\$6,700	\$0/\$6,700	\$0/\$3,400	\$0/\$6,700	\$0/\$2,500	\$0/\$6,700	\$0/\$6,700	\$0/\$3,400
Inpatient Services										
Medical / Surgical	\$295/Day for Days 1-5 & \$0/Day for Days 6-90	\$279/Day for Days 1-6 & \$0/Day for Days 7-90	\$280/Day for Days 1-6 & \$0/Day for Days 7-90	\$325/Day for Days 1-5 & \$0/Day for Days 6-60 & \$100/Day for Days 61-90	\$400/Day for Days 1-4 & \$0/Day for Days 5-90	Standard Medicare	\$300/Day for Days 1-6 & \$0/Day for Days 7-90	\$325/Day for Days 1-5 & \$0/Day for Days 6-60 & \$100/Day for Days 61-90	Standard Medicare	\$400/Day for Days 1-4 & \$0/Day for Days 5-90
Mental Health	\$295/Day for Days 1-5 & \$0/Day for Days 6-90	\$300/Day for Days 1-5 & \$0/Day for Days 6-90	\$250/Day for Days 1-6 & \$0/Day for Days 7-90	\$305/Day for Days 1-5 & \$0/Day for Days 6-90	\$400/Day for Days 1-4 & \$0/Day for Days 5-90	Standard Medicare	\$300/Day for Days 1-6 & \$0/Day for Days 7-90	\$305/Day for Days 1-5 & \$0/Day for Days 6-90	Standard Medicare	\$400/Day for Days 1-4 & \$0/Day for Days 5-90
Skilled Nursing Facility	\$0/Day for Days 1-20 & \$155/Day for Days 21-52 & \$0/Day for Days 53-100	\$0/Day for Days 1-20 & \$155/Day for Days 21-100	\$0/Day for Days 1-20 & \$125/Day for Days 21-100	\$0/Day for Days 1-20 & \$155/Day for Days 21-100	\$40/Day for Days 1-100	Standard Medicare	\$40/Day for Days 1-100	\$0/Day for Days 1-20 & \$155/Day for Days 21-100	Standard Medicare	\$40/Day for Days 1-100
Outpatient Surgery (Ambulatory Surgical Center)	\$290 copay	\$290 copay	\$300 copay	\$275 copay	\$0-\$200 copay	Standard Medicare	\$0-\$100 copay	\$275 copay	Standard Medicare	\$0-\$200 copay
Emergency Room	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay	Standard Medicare	\$65 copay	\$65 copay	Standard Medicare	\$65 copay
Ambulance	\$250 copay	\$380 copay	\$200 copay	\$275 copay	\$250 copay	Standard Medicare	\$250 copay	\$250 copay	Standard Medicare	\$250 copay
Primary Care Physician	\$5 copay	\$10 copay	\$5 copay	\$0 copay	\$15 copay	Standard Medicare	\$10 copay	\$15 copay	Standard Medicare	\$15 copay
Specialty Care Physician	\$40 copay	\$50 copay	\$40 copay	\$45 copay	\$45 copay	Standard Medicare	\$30 copay	\$45 copay	Standard Medicare	\$45 copay
Laboratory	\$13 copay	\$0-\$25 copay	\$5 copay	\$0-\$100 copay	\$0 copay	Standard Medicare	\$0 copay	\$0-\$75 copay	Standard Medicare	\$0 copay
Radiology										
X-Ray	\$16 copay	\$20-\$50 copay	\$15 copay	\$0-\$50 copay	\$0 copay	Standard Medicare	\$0 copay	\$15-\$100 copay	Standard Medicare	\$0 copay
Tests & Procedures	20% coinsurance	\$0-\$25 copay	20% coinsurance	\$0-\$50 copay	\$0 copay	Standard Medicare	\$0 copay	\$0-\$100 copay	Standard Medicare	\$0 copay
Therapeutic Radiology	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Standard Medicare	10% coinsurance	20% coinsurance	Standard Medicare	20% coinsurance
Diagnostic Radiology	20% coinsurance	\$250 copay	\$300 copay	\$225-\$325 copay	20% coinsurance	Standard Medicare	20% coinsurance	25% coinsurance	Standard Medicare	20% coinsurance
Part D Benefits^f										
Deductible / Initial Coverage Limit	\$150/\$2960	\$0/\$2960	\$0/\$2960	\$320/\$2960	\$200/\$2960	\$320/\$2960	\$0/\$2960	\$320/\$2960	\$320/\$2960	NC
30 Day Retail Scripts	\$2/\$8/\$45/\$95/33%	\$5/\$28/\$45/\$50/33%	\$3/\$10/\$45/\$95/33%	\$3/\$7/\$45/\$95/25%	\$10/\$15/\$45/\$95/28%	Defined Standard	\$5/\$12/\$45/\$95/33%	\$4/\$8/\$45/\$95/25%	Defined Standard	NC
90 Day Mail Scripts	\$4/\$16/\$125/\$275/33%	\$10/\$84/\$135/\$50/NC	\$9/\$30/\$135/\$285/NC	\$0/\$0/\$125/\$275/NC	\$20/\$30/\$112.50/\$237.50/NC	Defined Standard	\$10/\$24/\$112.50/\$237.50/NC	\$0/\$0/\$125/\$275/NC	Defined Standard	NC
30 Day Non-Preferred Pharmacy Retail Scripts	Not Applicable	\$10/\$33/\$45/\$50/33%	Not Applicable	Not Applicable	Not Applicable	Defined Standard	Not Applicable	Not Applicable	Defined Standard	NC
Tier Descriptions	PG/NG/PB/NB/S	PG/NG/PB/NB/S	PG/NG/PB/NB/S	PG/NG/PB/NB/S	PG/NG/PB/NB/S	Defined Standard	PG/NG/PB/NB/S	PG/NG/PB/NB/S	Defined Standard	NC
Gap Coverage by Tier ^g	None / None / None / None / None	None / None / None / None / None	None / None / None / None / None	Some / Some / Some / Some / Some	None / None / None / None / None	Defined Standard	None / None / None / None / None	None / None / None / None / None	Defined Standard	NC
Supplemental Drug Coverage	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
Enticement Benefits (Covered = C Not Covered = NC)										
Preventive Dental ^h										
Cost Sharing	\$0 copay	NC	NC	NC	50% coinsurance	\$10 copay	50% coinsurance	NC	\$10 copay	50% coinsurance
Limit / year ⁱ	No Limit - preventive	NC	NC	NC	\$500 / year - preventive	\$1000 / year - preventive	\$500 / year - preventive	NC	\$1000 / year - preventive	\$500 / year - preventive
Vision										
Exams	\$40 copay	\$10 copay	NC	\$0 copay	\$35 copay	\$0 copay	\$25 copay	NC	\$0 copay	\$35 copay
Hardware	\$0 copay	\$0 copay	NC	\$0 copay	\$0 copay	\$0 copay	\$0 copay	NC	\$0 copay	\$0 copay
Hardware Limit ^j	\$52.5 Limit Per Year	\$100 Limit Per Year	NC	\$200 Limit Per Year	\$100 Limit Per Year	\$125 Limit Per Year	\$200 Limit Per Year	NC	\$100 Limit Per Year	\$100 Limit Per Year
Non ER Transport	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
Hearing										
Exams	\$5 copay	\$10 copay	NC	\$0 copay	NC	\$0 copay	NC	NC	\$0 copay	NC
Hearing Aids	\$380 copay	NC	NC	\$0 copay	NC	NC	\$0 copay	NC	NC	NC
No Limit	NC	NC	NC	\$500 Limit Per Year	NC	NC	\$500 Limit Per Year	NC	NC	NC
Hearino Aid Limit ^k	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
Non Medicare-Covered Podiatry	\$40 copay	NC	NC	NC	NC	\$0 copay	NC	NC	\$0 copay	NC
Over-the-Counter Drug Card	NC	NC	NC	C	NC	C	C	C	C	NC

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2018 Plans in Select Counties

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Additional Priced Benefits in MACVAT										
Urgent Care	\$30-\$40 copay	\$45 copay	\$40 copay	\$0-\$45 copay	\$30 copay	Standard Medicare	\$30 copay	\$15-\$45 copay	Standard Medicare	\$30 copay
Home Health	\$0 copay	\$0 copay	\$0 copay	\$0 copay	10% coinsurance	Standard Medicare	\$0 copay	\$0 copay	Standard Medicare	10% coinsurance
Chiropractic	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$15 copay	Standard Medicare	\$10 copay	\$20 copay	Standard Medicare	\$15 copay
Part B Rx	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Standard Medicare	10% coinsurance	20% coinsurance	Standard Medicare	20% coinsurance
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	Standard Medicare	10% coinsurance	20% coinsurance	Standard Medicare	20% coinsurance
Outpatient Services										
Mental Health	\$30-\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	Standard Medicare	\$30 copay	\$40 copay	Standard Medicare	\$40 copay
Substance Abuse Therapy - PT/ST	\$30-\$40 copay \$40 copay	\$40 copay \$40 copay	\$40-\$50 copay \$40 copay	\$50 copay \$25-\$40 copay	\$45 copay \$40 copay	Standard Medicare Standard Medicare	\$30 copay \$30 copay	\$100 copay \$30-\$40 copay	Standard Medicare Standard Medicare	\$45 copay \$40 copay
Diabetic Coverage										
Monitoring	\$0 copay	0%-20% coinsurance	\$0 copay	0%-20% coinsurance	\$0 copay	Standard Medicare	\$0 copay	0%-20% coinsurance	Standard Medicare	\$0 copay
Self-Management Training	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Standard Medicare	\$0 copay	\$0 copay	Standard Medicare	\$0 copay
Therapeutic Shoes/Inserts	20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay	\$0 copay	Standard Medicare	\$0 copay	\$0 copay	Standard Medicare	\$0 copay
Mandatory Supplemental Benefits										
Acupuncture	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
Additional Benefits Not Priced in MACVAT										
Optional Supplemental Benefits										
Package 1 Premium	No Optional Supplemental Benefits Available	No Optional Supplemental Benefits Available	Package 1: SelectHealth Dental Comprehensive Benefit \$35	Package 1: MyOption Platinum Dental \$30.50	Package 1: Restorative and Other Dental Services \$23	No Optional Supplemental Benefits Available	Package 1: Restorative and Other Dental Services \$23	Package 1: MyOption Vision \$15.30	No Optional Supplemental Benefits Available	Package 1: Restorative and Other Dental Services \$23
Deductible / Limit			No Deductible / \$1000 Limit	No Deductible / \$2000 Limit	No Deductible / \$1000 Limit		No Deductible / \$1000 Limit	No Deductible / No Limit		No Deductible / \$1000 Limit
Coverage			Preventive Dental Comprehensive Dental Package 2: SelectHealth Dental Comprehensive Plus Eyewear	Preventive Dental Comprehensive Dental	Comprehensive Dental		Comprehensive Dental	Eye Exams Eyewear Package 2: MyOption Plus		Comprehensive Dental
Package 2 Premium			\$40					\$22.20		
Deductible / Limit			No Deductible / \$1200 Limit					\$50 Deductible / Limit on Some Services		
Coverage			Preventive Dental Comprehensive Dental Eyewear					Preventive Dental Comprehensive Dental Eye Exams Eyewear Package 3: MyOption Platinum Dental		
Package 3 Premium								\$30.50		
Deductible / Limit								No Deductible / \$2000 Limit		
Coverage								Preventive Dental Comprehensive Dental		
Package 4 Premium										
Deductible / Limit										
Coverage										

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Counties Covered by Plan ¹										
Count of Plan Service Area Counties in User Selection	1	1	1	1	1	1	1	1	1	1
	Davis, UT	Davis, UT	Davis, UT	Davis, UT	Davis, UT	Davis, UT	Davis, UT	Davis, UT	Davis, UT	Davis, UT