

Medicare Advantage



MEDICAL BENEFITS	Hypothetical Sample Plan I	Hypothetical Sample Plan II	Hypothetical Sample Plan III
Premium In addition to the monthly plan premium, members must also continue to pay their Medicare Part B premium.	\$30	\$75	\$130
Out-of-Pocket Maximum The maximum amount a member will pay out-of-pocket in a calendar year before the plan covers all remaining charges for that year. The out-of-pocket maximum usually does not include plan premium and Part D prescription plan copayments and deductibles.	\$3,000	\$4,800	\$6,700
Doctor/Hospital Choice Most plans have a network of doctors/ hospitals that must be used to receive full benefits other than in emergency situations.	In network only	In network only	In and out-of-network (out-of-network may cost more)
Hospital Stay Most plans either require a daily copayment for a set number of days or a deductible per hospital stay.	Days 1-3: \$300/day Days 4-90: \$0/day	Days 1-3: \$250/day	Days 1-10: \$350/day
Skilled Nursing Facility Most plans require a daily copayment to be met. The number of days are usually limited.	Days 1-100: \$75/day	Days 1-20: \$40/day Days 21-57: \$100/day	Days 1-10: \$350/day
Office Visit (Primary/Specialty) Plans require members to pay a copayment, usually at time of appointment.	\$20/50	\$10/25	\$15/35
Annual Well Exam All Medicare Advantage plans now include an Annual Wellness Exam. Be sure to receive this important benefit from your assigned Primary Care Provider.	\$0	\$0	\$0
Annual Routine Vision Many plans now include an annual eye exam.	\$0	\$0 routine, \$0-20 diagnostic	\$0-20 diagnostic (routine not covered)
Chiropractic Services Routine care not covered. Must be medically necessary.	In-network only \$20 copay	In-network only \$20 copay	50% of covered services
Outpatient Rehab Some plans require a fixed dollar copayment while other plans require the member to pay a percentage of charges.	\$40 copay	\$20 copay	20% of covered services

Medicare Advantage (continued)



MEDICAL BENEFITS	Hypothetical Sample Plan I	Hypothetical Sample Plan II	Hypothetical Sample Plan III
Outpatient Surgery Some plans require a fixed dollar copayment while other plans require the member to pay a percentage of charges.	\$250 copay	\$300 copay	20% of covered services
Ambulance Services Usually there is a copayment for ambulance transport services.	\$200 copay	\$1200 copay	\$125 copay
Emergency Care Usually there is a copayment when receiving care in a hospital Emergency Room. In the most cases, the Emergency Room copayment is waived if a hospital admission takes place.	\$80 copay	\$80 copay	\$80 copay
Durable Medical Equipment Includes wheelchairs, oxygen, etc. Usually there is coinsurance.	20% of Medicare allowable	10% of Medicare allowable	20% of Medicare allowable
Diagnostic Tests, Lab, X-ray & Radiation Some plans require a fixed dollar copayment while others require the member to pay a percentage of charges.	Varies by service	Varies by service	Varies by service
Prescription Drugs Does the Medicare Advantage plan include a Part D Prescription Drug plan? If so, does the drug plan's formulary include all of your current prescription medications?	No deductible	\$310 deductible	\$300 deductible
Alternative Medicine Usually not covered.	Not covered	Not covered	Not covered
Preventive Services These services vary by plan. They are not required to be covered.			
Dental	Not covered	Routine cleaning 1 annual exam	Not covered
Fitness	Silver Sneakers	YMCA membership included	Not covered
Hearing	Routine exam covered	\$20 diagnostic \$0 routine exam	Not covered
Vision	Medicare covered services only	\$0 routine \$0-20 diagnostic	Medicare covered services only