

Summary of Benefit Example

This is an example short description of plan benefits.

Plan Costs

Your Cost	
Monthly plan premium	\$0

Medical Benefits

Your Cost	
Doctor's office visit	Primary Care Provider: \$15 copay Specialist: \$35 copay (referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$270 copay per day: for days 1-7 \$0 copay per day: for days 8 and beyond
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-42 \$0 copay per day: days 43-100
Outpatient surgery	\$260 copay
Diabetes monitoring supplies	\$0 copay
Home health care	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	20% coinsurance
Diagnostic tests and procedures (non-radiological)	20% coinsurance
Lab services	\$10 copay
Outpatient x-rays	\$15 copay
Ambulance	\$250 copay
Emergency care	\$80 copay (worldwide)
Urgently needed services	\$50 copay (\$75 copay for worldwide coverage)
Annual out-of-pocket maximum*	\$3,400

*The most you may pay in a year for medical care covered by the plan.

Benefits and Services Beyond Original Medicare

Your Cost	
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$25 copay; 1 every year
Vision - eyewear	\$0 copay every 2 years; up to \$75 for standard lenses/frames or \$100 for contacts
Hearing - routine exam	\$15 copay; 1 per year
Hearing aids	\$400 Per Ear Every 2 Years
Fitness program through Silver Sneakers	\$0 Basic membership in a fitness program at a network location.
Fitness	

Your Cost	
Over-the-Counter Essentials	\$35 credit per quarter to use on approved health products that can be ordered online or by mail.
24 Hour Nurse Hot Line	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

Prescription Drugs

Your Cost		
	Standard Retail (30-day)	Preferred Mail Order (90-day)
Annual prescription deductible	\$0	
Initial coverage stage		
Tier 1: Preferred Generic Drugs	\$5 copay	\$0 copay
Tier 2: Generic Drugs	\$15 copay	\$10 copay
Tier 3: Preferred Brand Drugs	\$50 copay	\$135 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$290 copay
Tier 5: Specialty Tier Drugs	30% coinsurance	30% coinsurance
Coverage gap stage	After your total drug costs reach \$3,750, you will pay no more than 44% coinsurance for generic drugs or 35% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,000, you will pay the greater of \$3.35 copay for generic (Including brand drugs treated as generic), \$8.35 copay for all other drugs, or 5% coinsurance	