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	<b>Current Medicare Advantage Options</b>	<b>Design Option - Aetna</b>
	<b><u>PPO-2 \$10/\$25/\$40 Rx (90-day 3x)</u></b>	<b><u>Plan 1</u></b>
Deductible	\$0	\$0
OOP Max	\$1,250	\$1,250
Out of Area	Yes	Yes
Out of Network	Yes	Yes
Primary Care	\$15 copay	\$10 copay
Specialist	\$15 copay	\$10 copay
Chiropractor	\$15 copay	\$10 copay
Podiatrist	\$15 copay	\$10 copay
Allergy tests/injections	Site of Care	\$10 copay
Wellness	SilverFit (\$150 Gym) plus Blue 365 Discounts	SilverSneakers (\$150 Gym) Plus Resources
Preventive	\$0 copay	\$0 copay
Hearing Aids	TruHearing \$499/\$799 Copay Advanced/Premium	\$2,350 allowance every 12 months
Vision Exam	\$15 copay	\$10 copay (\$0 copay Diabetic Exam)
Eyewear	\$100 per year Allowance	\$100 per year Reimbursement
Hospital	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)
In-Patient Dr.	\$0 copay	\$0 copay
Anesthesia	\$0 copay	\$0 copay
In-Patient Substance	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)
In-Patient Mental Health	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)
Skilled Nursing Facility	\$196 copay days 21-100 (limit 100 days)	\$196 copay days 21-100 (limit 100 days)
Emergency Room	\$65 copay	\$50 copay
Urgent Care	\$15 copay	\$10 copay
Ambulance	\$65 copay	\$35 copay
Outpatient Surgery	\$50 copay	\$50 copay
Abulatory Surgicenter	\$50 copay	\$50 copay
Observation Stay	\$50 copay	\$50 copay
Office Surgery	Site of Care	Site of care
Lab Services	\$0 copay	\$0 copay
X-Rays	\$15 copay	\$10 copay
MRI/MRA/CT/PET	\$15 copay	\$10 copay
Chemotherapy Office Visit	\$15 copay	\$10 copay
Outpatient Mental Health	20%	\$15 copay
Partial hospitalization	20%	\$15 copay
Outpatient Substance	20%	\$15 copay
PT/OT/ST	\$15 copay	\$10 copay
Cardiac Rehabilitation	\$0 copay	\$0 copay
Telehealth	\$15 copay	Site of care
Acupuncture	50% (limit 20 visits lower back plus 10)	0.5
Part B Drugs	20%	0.2
Diabetic Education	\$0 copay	\$0 copay
Diabetic Supplies	Meter/strips: \$5 copay per 30-days	\$0 copay
Durable Medical Equipment	20%	0.2
Prosthetic Devices	20%	0.2
Home care	\$0 copay	\$0 copay
Hospice	Original Medicare	Original Medicare
Kidney Dialysis	\$0 copay	\$0 copay
<b>Additional Benefits</b>		
Medicare Covered Dental		\$10 copay
Non-Emergency Transportation		24 1-way trip up to 60 miles each
Blood		\$0 copay
Post-Inpatient Meals		14 meals
Prescription Drug Rider	\$10 / \$25 / \$40 (90-day 3x)	\$9 or \$10 / \$25 / \$40 (90-day 3x)
Best Provision Current Designs		
Potential Design Issues		