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| | |  Insurance Risk Management Consulting |
| BOCES I Final | | |
| Plan Number | | |
| Plan Type | Current MVP | Aetna |
| Plan Name | Preferred Gold HMO-POS w/Part D | Plan 5 |
| Deductible | \$0 | \$0 |
| OOP Max | \$4,000 | \$1,250 |
| Out of Area | 30% up to \$5,000 max | Yes |
| Out of Network | 30% up to \$5,000 max | Yes |
| Primary Care | \$15 copay | \$10 copay |
| Specialist | \$30 copay | \$10 copay |
| Chiropractor | \$20 copay | \$10 copay |
| Podiatrist | \$30 copay | \$10 copay |
| Allergy tests/injections | \$15 copay Primary, \$30 copay Specialist | \$10 copay |
| Wellness | SilverSneakers at no charge | SilverSneakers (\$150 Gym) Plus Resources |
| Preventive | \$0 copay | \$0 copay |
| Hearing Aids | TruHearing Advanced \$699 / TruHearing Premium \$999 copay per year , 2 per year or \$600 allowance per ear, 2 per year through catalog | \$2,350 allowance every 12 months |
| Vision Exam | \$30 copay | \$10 copay (\$0 copay Diabetic Exam) |
| Eyewear | \$100 every 2 years Reimbursement | \$100 per year Reimbursement |
| Hospital | \$250 copay, \$750 max per year (190 days per lifetime) | \$100 per admission (limit 2 copays) |
| In-Patient Dr. | \$0 copay | \$0 copay |
| Anesthesia | \$0 copay | \$0 copay |
| In-Patient Substance | \$250 copay, \$750 max per year (190 days per lifetime) | \$100 per admission (limit 2 copays) |
| In-Patient Mental Health | \$250 copay, \$750 max per year (190 days per lifetime) | \$100 per admission (limit 2 copays) |
| Skilled Nursing Facility | \$196 copay days 21 - 100 | \$196 copay days 21-100 (limit 100 days) |
| Emergency Room | \$95 copay | \$50 copay |
| Urgent Care | \$30 copay | \$10 copay |
| Ambulance | \$100 copay | \$35 copay |
| Outpatient Surgery | \$60 copay | \$50 copay |
| Abulatory Surgicenter | \$30 copay | \$50 copay |
| Observation Stay | \$60 copay | \$50 copay |
| Office Surgery | \$30 copay | Site of care |
| Lab Services | \$10 copay | \$0 copay |
| X-Rays | \$30 copay | \$10 copay |
| MRI/MRA/CT/PET | \$100 copay | \$10 copay |
| Chemotherapy Office Visit | \$30 copay | \$10 copay |
| Outpatient Mental Health | \$60 copay | \$15 copay |
| Partial hospitalization | \$60 copay | \$15 copay |
| Outpatient Substance | \$60 copay | \$15 copay |
| PT/OT/ST | \$30 copay | \$10 copay |
| Cardiac Rehabilitation | \$0 copay | \$0 copay |
| Telehealth | \$0 copay through Gia | Site of care |
| Acupuncture | 50% | 50% |
| Part B Drugs | 20% | 20% |
| Diabetic Education | \$0 copay | \$0 copay |
| Diabetic Supplies | \$0 copay | \$0 copay |
| Durable Medical Equipment | 20% | 20% |
| Prosthetic Devices | 20% | 20% |
| Home care | \$0 copay | \$0 copay |
| Hospice | Original Medicare | Original Medicare |
| Kidney Dialysis | \$0 copay | \$0 copay |
| Additional Benefits | | |
| Medicare Covered Dental | Not covered | \$10 copay |
| Non-Emergency Transportation | Not covered | 24 1-way trip up to 60 miles each |
| Blood | \$0 copay | \$0 copay |
| Post-Inpatient Meals | | 14 meals |
| Prescription Drug Rider | \$0 or \$10 / \$35 / \$50 (90-day 2x) | 20% / 25% / 25% |