

2020 MEDICAL

MEDICAL BENEFITS ... AT A GLANCE

	HUMANA MEDICARE ADVANTAGE	BCBS PPO		CIGNA CHOICE FUND	
	In-Network ¹ (must have Medicare A & B)	In-Network (Blue Network P)	Out-of-Network ⁴	In-Network (Open Access Plus)	Out-of-Network ⁴
Health Reimbursement Account (Metro funded) ²	N/A	N/A	N/A	\$1,100/single; \$2,200/family ²	
Your Share of the Deductible	\$0	\$0	\$200/single; \$600/family	\$450/single; \$900/family	
Coinsurance Maximum	N/A	\$1,000/single \$2,000/family	\$5,000/single \$10,000/family	\$700/single \$1,400/family	\$4,550/single \$9,100/family
Annual Out-of-Pocket Maximum (deductible & coinsurance)	\$1,000/individual	\$1,000/single \$2,000/family	\$5,000/single \$10,000/family	\$1,150/single \$2,300/family	\$5,000/single \$10,000/family
Medical Services					
After deductible, plan pays... (unless otherwise noted)					
Well Care/Preventive Care					
- Age 7 and older	100% (including pap smears, mammograms, pelvic exams, prostate exams, bone mass measurement)	100% up to \$750, then 80% ⁵	60% ⁵	100%	70%
- Under age 7	N/A	80%	60%	100%	70%
Office Visits					
- Primary Care Physician ³	100% after \$10 copay	80% after \$20 copay	60% after \$20 copay	90%	70%
- Specialist	100% after \$10 copay	80% after \$30 copay	60% after \$30 copay	90%	70%
In-office Procedures (surgery, consultation, allergy injections)	100% after \$10 copay	80% after office visit copay	60% after office visit copay	90%	70%
Maternity					
- Prenatal Care	Covered as any other inpatient service	You pay \$20 copay for initial visit	You pay \$20 copay for initial visit	90%	70%
- Delivery	100%	80%	60%	90%	70%
Hospital	100% (unlimited days)	80%	60%	90%	70%
Emergency Room	100% after \$50 copay; worldwide coverage (copay waived if admitted within 72 hours)	80% after \$100 copay (copay waived if admitted)	60% after \$100 copay (copay waived if admitted)	90%	90%
Mental Health/Substance Abuse					
- Outpatient	100% after \$10 copay	80% after \$20 copay	60% after \$20 copay	90%	70%
- Inpatient (pre-authorization required)	100% (190-day lifetime maximum in psychiatric hospital)	80%	60%	90%	70%
Routine Hearing Exam	100% after \$10 copay	Covered if performed during preventive care physical exam			
Hearing Aid Benefit	\$200 allowance every 2 years	Not covered			
Routine Vision Exam	100% after \$10 copay	Covered if performed during preventive care physical exam			
Diabetic Vision Exam	100%	80%	60%	90%	70%
Eyewear	\$100 allowance per year	80% after cataract surgery	60% after cataract surgery	90% after cataract	70% after cataract
Dental care	\$100 allowance per year	Not covered			
Prescription Drugs					
You pay...					
1-month supply				After deductible:	
- Generic	\$10 copay	\$10 copay		10% of discounted cost	
- Brand	\$20 copay	\$30 copay		30% of discounted cost	
3-month supply (maintenance drugs)	2x above copays at Humana mail order pharmacy or 3x above copays at other participating retail pharmacies; see page 5	2 times above copays through certain retail pharmacies and mail order; see page 5		Same as above through certain retail pharmacies and mail order; see page 5	

¹ Out-of-network care is covered at the same level as in-network care as long as provider accepts Medicare and agrees to bill Humana.

² Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account (HRA) Fund and are immediately responsible for your share of the deductible.

³ Primary Care Physicians include pediatricians, family and general practitioners, internists and OB/GYNs. Specialists include physicians highly trained in specific areas such as cardiology, dermatology, neurology, podiatry, oncology and specialized OB/GYNs.

⁴ If you use an out-of-network provider and charges exceed the Maximum Allowable Charge (MAC), you will be responsible for the difference. In-network providers have agreed not to exceed MAC.

⁵ Screening colonoscopies, mammograms, PSA tests and PAP exams are covered at 80% after office visit copay (in-network) and 60% after office visit copay (out-of-network), but are not included in the \$750 well-care benefit limit.