

MEDICAL

MEDICARE ADVANTAGE BENEFITS ... AT A GLANCE

	In-Network
Annual Deductible	\$0
Annual Out-of-Pocket Maximum	\$1,000/individual

Medical Services

Well Care/Preventive Care	You pay \$0 (includes Pap smears, mammograms, pelvic exams, prostate exams, bone mass exams)
Office Visits	
» Primary Care Physician	\$10 copay
» Specialist	\$10 copay
» In-office Procedures (surgery, consultation, allergy injections)	\$10 copay
Hospital (inpatient)	You pay \$0 (unlimited days)
Hospital (outpatient)	You pay \$0 or \$10 copay, depending on service
Ambulatory Surgery Center	You pay \$0
Outpatient Diagnostic	You pay \$0 or \$10 copay, depending on service
Ambulance	\$100 copay (rules apply)
Emergency Room	\$50 copay (copay waived if admitted within 72 hours)
Mental Health/Substance Abuse	
» Outpatient	\$10 copay
» Inpatient (preauthorization required)	You pay \$0 (190-day lifetime maximum in psychiatric hospital)
Rehabilitation (physical, occupational, speech)	\$10 copay
Skilled Nursing Facility	You pay \$0 (rules apply)
Home Health Care	You pay \$0
Routine Hearing Exam	\$10 copay
Hearing Aid Benefit	\$200 allowance every 2 years
Routine Vision Exam	\$10 copay
Diabetic Vision Exam	You pay \$0
Eyewear	\$100 allowance per year
Dental Care	\$100 allowance per year

Prescription Drugs

1-month Supply	
» Generic	\$10 copay
» Brand name	\$20 copay
3-month supply (maintenance drugs)	
» At Humana's mail order pharmacy	You pay 2 times the above copays
» At in-network retail pharmacies	You pay 3 times the above copays