



Now Serving Maricopa
County, Arizona

2024 Benefits at A Glance.

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or shared with Medicare beneficiaries.

Plan Costs	Horizon (HMO)		Grand Give Back (HMO)		Valor Give Back (HMO-POS)	
	In-Network		In-Network		In-Network	Out-of-Network
Monthly Premium	\$43.20		\$0		\$0	
MOOP	\$3,350		\$4,550		\$5,500	\$9,000 Combined
Part B Give Back	N/A		\$80		\$85	
Medical Deductible	N/A		N/A		N/A	
INPATIENT CARE						
Inpatient Hospital	\$150; Days 1-6		\$225; Days 1-6		Medicare Defined	
Inpatient Mental	\$150; Days 1-6		\$225; Days 1-6		Medicare Defined	
Skilled Nursing Facility	\$0; Days 1-20 \$203; Days 21-100		\$0; Days 1-20 \$203; Days 21-100		Medicare Defined	
OUTPATIENT CARE						
Primary Care Visit	\$0		\$0		\$0	
Specialist Visit	\$0		\$0		\$0	\$25
Chiropractor Visit	\$20		\$20		\$20	50% coinsurance
Podiatry Visit	\$15		\$20		20% coinsurance	50% coinsurance
Outpatient Mental Health	\$15		\$20		20% coinsurance	50% coinsurance
Outpatient Substance Abuse	\$20		\$25		20% coinsurance	50% coinsurance
Ambulatory Surgery Visit	\$100		\$140		20% coinsurance	50% coinsurance
Outpatient Hospital	\$150 for observation \$175 for all other services		\$185 for observation \$225 for all other services		20% coinsurance	50% coinsurance
Ambulance (Ground/Air)	\$255		\$270		20% coinsurance	50% coinsurance
ER	\$135		\$120		20% coinsurance	
Worldwide ER Care	\$135		\$120		20% coinsurance	
Urgent Care	\$0		\$25		20% coinsurance	
Home Health	\$0		\$0		\$0	50% coinsurance
OUTPATIENT MEDICAL SERVICES AND SUPPLIES						
Durable Medical Equipment	20% Coinsurance		20% Coinsurance		20% coinsurance	50% coinsurance
Diabetic Supplies	0-20% Coinsurance		0-20% Coinsurance		20% coinsurance	50% coinsurance
Diagnostic Lab	\$0		\$0		20% coinsurance	50% coinsurance
Diagnostic Procedures	\$0 at office \$60 at free standing lab facility		\$0 at office \$60 at free standing lab facility		20% coinsurance	50% coinsurance
Medicare-covered Diagnostic Radiological services	\$75 Ultrasound \$170 all others		\$115 Ultrasound \$225 all others		20% coinsurance	50% coinsurance
Medicare Covered X-Ray	\$0		\$0		20% coinsurance	50% coinsurance
Diagnostic Colonoscopy	\$0		\$0		20% coinsurance	50% coinsurance
Therapeutic Radiology	20% Coinsurance		20% Coinsurance		20% coinsurance	50% coinsurance
PREVENTATIVE SERVICES						
Preventive Services	\$0		\$0		\$0	50% Coinsurance
PART D						
Deductible	\$0 for all tiers			\$185 for tiers 3-5		N/A
		Retail (30d 100d)	Mail (30d 100d)	Retail (30d 100d)	Mail (30d 100d)	
Tier 1	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0		
Tier 2	\$5 \$15	\$5 \$5	\$5 \$15	\$5 \$5		
Tier 3	\$45 \$135	\$45 \$45	\$45 \$135	\$45 \$45		
Tier 4	\$100 \$300	\$100 \$300	\$100 \$300	\$100 \$300		
Tier 5	33% N/A	33% N/A	30% N/A	30% N/A		
Insulin	\$35 \$105	\$35 \$35	\$35 \$105	\$35 \$35		
EXTRA BENEFITS						
Dental	\$4,500 annual allowance		\$4,000 annual allowance		\$2,500 annual allowance	
Vision	\$0 Routine Vision Exam \$15 Medicare Covered Exam \$200 Eyewear Allowance Annually		\$0 Routine Vision Exam \$10 Medicare Covered Exam \$200 Eyewear Allowance Annually		\$0 Routine Vision Exam (INN only) 20% coinsurance (INN) 50% coinsurance (OON) Medicare Covered Exam \$200 Eyewear Allowance Annually	
Hearing	\$0 Routine Hearing Exam \$15 Medicare Covered Exam \$595/\$895 Copay Per Ear Annually		\$0 Routine Hearing Exam \$20 Medicare Covered Exam \$595/\$895 Copay Per Ear Annually		\$0 Routine Hearing Exam (INN only) 20% coinsurance (INN) 50% coinsurance (OON) Medicare Covered Exam \$595 or \$895 Copay Per Ear Annually (INN)	
OTC	\$110 Quarterly; Does not carry over		\$65 Quarterly; Does not carry over		\$75 Quarterly; Does not carry over	
Healthy Grocery*	\$50 Quarterly which can combine with OTC allowance; Does not carry over		\$50 Quarterly which can combine with OTC allowance; Does not carry over		\$50 Quarterly which can combine with OTC allowance; Does not carry over	
Transportation	Unlimited transportation to and from the pharmacy and medical appointments at no additional cost.					
In-Home Support	Up to 60 hours annually for assistance with household chores, technical assistance, and general companionship. Virtual companionship is also available.					
Fitness	Access to national and boutique fitness facilities, on-demand classes, social activities, brain training, and at-home fitness kits.					
PERS*	Fully covered monthly subscription. (In-home, Mobile LTE, and LTE Smartwatch options)					

*Members must qualify to receive this benefit. Not all members will qualify.