



2024 Benefits at

Now Serving the Following Massachusetts Counties:

Suffolk Worcester Middlesex Bristol* Norfolk* Plymouth*

A Glance.

For agent use only. Not to be distributed or shared with Medicare beneficiaries.

*New counties for 2024

Confidential – Do not distribute. Pending CMS approval, benefits are subject to change.

Plan Costs	Foreve		ForeverMo	ore (HMO)	Freedo	m (PPO)	Give Bac	ck (PPO)
		etwork	In-Net		In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Premium		\$0	\$2			50	\$	
MOOP	\$5,800		\$4,5	500	\$6,000	\$9,000	\$6,500 \$10,000	
Part B Give Back	,5,000 N/A		N/		N/A		\$80	
Medical Deductible	N/A N/A		N/		N/A N/A		N/A	
INPATIENT CARE		.,,	,			,	,	~
Inpatient Hospital	\$350.	Days 1-5	\$200; D	avs 1-5	\$370; Days 1-5	40% coinsurance	\$430; Days 1-4	40% coinsurance
		Days 1-5	\$200, D \$200, D		\$370, Days 1-5	40% coinsurance	\$430, Days 1-4	40% coinsurance
Inpatient Mental		ays 1-20	\$200, D \$0, Day	<u>·</u>	\$0, Days 1-20		\$0, Days 1-20	30% coinsurance
Skilled Nursing		ays 21-100	\$0, Day \$203, Day		\$0, Days 1-20 \$203, Days 21-100	30% coinsurance	\$0, Days 1-20 \$203, Days 21-100	30% consurance
Facility	1,		,, .,				1,	
OUTPATIENT CARE	ćo		<u> </u>					
Primary Care Visit	\$0		\$0 \$0			50	\$0	
Specialist Visit		\$0			\$0	\$20	\$0	\$20
Chiropractor Visit		515	\$1		\$15	30% coinsurance	\$15	30% coinsurance
Podiatry Visit		35	\$2		\$35	30% coinsurance	\$35	30% coinsurance
Outpatient Mental		visits up to 15	\$0 for office v		\$0 for office visits	\$50 copay for	\$0 for office visits	\$50 copay for
Health		nutes ndividual/group	minu \$25 fo		up to 15 minutes \$25 for each	Mental Health Specialty Services	up to 15 minutes \$40 for each	Mental Health
		ipy visit	individual/gr		individual/group	30% coinsurance	individual/group	Specialty Services
			vis		therapy visit	for Psychiatric	therapy visit	30% coinsurance
						Services		for Psychiatric Services
Outpatient Substance	c	20	\$1	5	\$25	\$50	\$25	\$50
Abuse			١Ç	-	725	7.50	425	ÇU
Ambulatory Surgery	¢	225	\$2	00	\$250	30% coinsurance	\$250	30% coinsurance
Outpatient Hospital		325	\$2		\$350	40% coinsurance	\$350	40% coinsurance
Ambulance	\$300		\$2	50	Ş:	300	\$300	
Ground/Air								
Emergency Care	-	100	\$1			100	\$1	
Worldwide ER Care	\$100		\$120		\$100		\$100	
Urgently Needed Care		elated services	\$0 for PCP rel			lated services	\$0 for PCP related services	
Home Health	\$25 for all other \$0		\$25 for all other \$0		\$25 for	all other 30% coinsurance	\$25 for all other \$0 30% coinsurance	
			اد	0	ŞU	50% comsulance	ŞU	50% comsulance
OUTPATIENT MEDICAL	I			<u></u>	2001	2004	2001	2004
DME		.0%	20		20%	30% coinsurance	20%	30% coinsurance
Diabetic Supplies		d manufacturers all others	\$0 for pr manufa		\$0 for preferred manufacturers	30% coinsurance	\$0 for preferred manufacturers	30% coinsurance
	20% 101	anothers	20% for a		20% for all others		20% for all others	
Diagnostic Lab	\$0 at	t office	\$0 at office		\$0 at office	30% coinsurance	\$0 at office	30% coinsurance
	\$10 at free standing lab facility		\$10 at free standing lab					
					\$10 at free		\$10 at free standing	
			faci	•	standing lab			
Diagnostic	¢0 at	t offico		lity	standing lab facility	20% coincurance	\$10 at free standing lab facility	20% coincuranco
Diagnostic		t office nding lab facility	\$0 at (lity	standing lab	30% coinsurance	\$10 at free standing lab facility \$0 at office	30% coinsurance
Diagnostic Procedures		t office nding lab facility		lity office standing lab	standing lab facility \$0 at office \$30 at free	30% coinsurance	\$10 at free standing lab facility	30% coinsurance
			\$0 at \$ \$10 at free s	lity office standing lab	standing lab facility \$0 at office	30% coinsurance	\$10 at free standing lab facility \$0 at office \$40 at free standing	30% coinsurance
	\$10 at free sta		\$0 at \$ \$10 at free s	lity office standing lab lity	standing lab facility \$0 at office \$30 at free standing lab	30% coinsurance	\$10 at free standing lab facility \$0 at office \$40 at free standing	30% coinsurance
Procedures	\$10 at free sta \$125 for	nding lab facility	\$0 at (\$10 at free s faci	lity office tanding lab lity Itrasound	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound		\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility	
Procedures Diagnostic Radiology	\$10 at free sta \$125 for \$300 fo	nding lab facility ultrasound r all others	\$0 at (\$10 at free s faci \$100 for u \$200 for	lity office itanding lab lity Itrasound all others	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others	30% coinsurance	 \$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others 	30% coinsurance
Procedures Diagnostic Radiology X-Ray	\$10 at free sta \$125 for \$300 fo	nding lab facility ultrasound r all others	\$0 at (\$10 at free s faci \$100 for u \$200 for \$	lity office standing lab lity Itrasound all others	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15	30% coinsurance 30% coinsurance	 \$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 	30% coinsurance 30% coinsurance
Procedures Diagnostic Radiology X-Ray Diagnostic	\$10 at free sta \$125 for \$300 fo	nding lab facility ultrasound r all others	\$0 at (\$10 at free s faci \$100 for u \$200 for	lity office standing lab lity Itrasound all others	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others	30% coinsurance 30% coinsurance 30% coinsurance	 \$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others 	30% coinsurance 30% coinsurance 30% coinsurance
Procedures Diagnostic Radiology X-Ray	\$10 at free sta \$125 for \$300 fo	nding lab facility ultrasound r all others	\$0 at (\$10 at free s faci \$100 for u \$200 for \$	lity office standing lab lity Itrasound all others	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15	30% coinsurance 30% coinsurance	 \$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 	30% coinsurance 30% coinsurance
Procedures Diagnostic Radiology X-Ray Diagnostic	\$10 at free sta \$125 for \$300 fo	nding lab facility ultrasound r all others	\$0 at (\$10 at free s faci \$100 for u \$200 for \$	lity office standing lab lity Itrasound all others	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15	30% coinsurance 30% coinsurance 30% coinsurance when performed at	 \$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 	30% coinsurance 30% coinsurance 30% coinsurance when performed at
Procedures Diagnostic Radiology X-Ray Diagnostic	\$10 at free sta \$125 for \$300 fo	nding lab facility ultrasound r all others	\$0 at (\$10 at free s faci \$100 for u \$200 for \$	lity office standing lab lity Itrasound all others	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at	 \$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at
Procedures Diagnostic Radiology X-Ray Diagnostic	\$10 at free sta \$125 for \$300 fo	nding lab facility ultrasound r all others	\$0 at (\$10 at free s faci \$100 for u \$200 for \$	lity office standing lab lity Itrasound all others	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient	 \$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy	\$10 at free sta \$125 for \$300 fo	nding lab facility ultrasound r all others \$10 \$0	\$0 at (\$10 at free s faci \$100 for u \$200 for \$ \$	lity office standing lab lity Itrasound all others 5 0	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at	 \$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic	\$10 at free sta \$125 for \$300 fo	nding lab facility ultrasound r all others	\$0 at (\$10 at free s faci \$100 for u \$200 for \$	lity office standing lab lity Itrasound all others 5 0	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital.	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital.
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology	\$10 at free sta \$125 for \$300 fo \$	nding lab facility ultrasound r all others \$10 \$0	\$0 at (\$10 at free s faci \$100 for u \$200 for \$ \$	lity office standing lab lity Itrasound all others 5 0	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital.	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital.
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE	\$10 at free sta \$125 for \$300 fo \$ \$ \$	nding lab facility ultrasound r all others \$10 \$0 \$60	\$0 at (\$10 at free s faci \$100 for u \$200 for \$ \$ \$	lity office standing lab lity ltrasound all others 5 0	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0 \$60	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0 20% coinsurance	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE Preventative Services	\$10 at free sta \$125 for \$300 fo \$ \$ \$	nding lab facility ultrasound r all others \$10 \$0	\$0 at (\$10 at free s faci \$100 for u \$200 for \$ \$	lity office standing lab lity ltrasound all others 5 0	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital.	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital.
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE Preventative Services PART D	\$10 at free sta \$125 for \$300 fo \$ \$ \$	nding lab facility ultrasound r all others \$10 \$0 \$60 \$0	\$0 at (\$10 at free s faci \$100 for u \$200 for \$ \$ \$ \$ \$ \$	lity office standing lab lity ltrasound all others 5 0 5 0	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0 \$60 \$60	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0 20% coinsurance \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE Preventative Services	\$10 at free sta \$125 for \$300 fo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nding lab facility ultrasound r all others \$10 \$0 \$60 \$0 \$0 tiers 3-5)	\$0 at (\$10 at free s faci \$100 for u \$200 for \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	lity office standing lab lity ltrasound all others 5 0 0 50 0 50 0 50 0 50 0 50 0 50 0 5	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0 \$60 \$60	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0 20% coinsurance \$0 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE Preventative Services PART D	\$10 at free sta \$125 for \$300 fo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nding lab facility ultrasound r all others \$10 \$0 \$60 \$60 \$0 \$0 titers 3-5) Mail	\$0 at (\$10 at free s faci \$100 for u \$200 for \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	lity office standing lab lity ltrasound all others 5 0 0 50 50 50 50 50 50 50 50 50 50 50	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0 \$60 \$60 \$185 (t Retail	30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0 20% coinsurance \$0 \$0 X	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance ers 3-5) Mail
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE Preventative Services PART D Deductible	\$10 at free sta \$125 for \$300 fo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nding lab facility ultrasound r all others \$10 \$0 \$60 \$60 \$60 \$0 tiers 3-5) Mail (30d 100d)	\$0 at (\$10 at free s faci \$100 for u \$200 for \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	lity office standing lab lity ltrasound all others 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 1 1 1 1	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0 \$60 \$60 \$185 (t Retail (30d 100d)	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance iers 3-5) Mail (30d 100d)	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0 \$0 20% coinsurance \$0 \$300 (ti Retail (30d 100d)	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance ers 3-5) Mail (30d 100d)
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE Preventative Services PART D	\$10 at free sta \$125 for \$300 fo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nding lab facility ultrasound r all others \$10 \$0 \$0 \$60 \$0 \$60 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 at (\$10 at free s faci \$100 for u \$200 for \$200 for \$	lity office standing lab lity ltrasound all others 5 0 5 0 5 0 5 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 1 1 1 1	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0 \$60 \$60 \$185 (t Retail (30d 100d) \$0 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance iers 3-5) Mail (30d 100d) \$0 \$0	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0 \$0 20% coinsurance \$0 \$0 Xetail (30d 100d) \$0 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance as 3-5) Mail (30d 100d) \$0 \$0
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE Preventative Services PART D Deductible	\$10 at free sta \$125 for \$300 fo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nding lab facility ultrasound r all others \$10 \$0 \$0 \$60 \$60 \$60 \$60 \$60 \$60 \$60 \$60	\$0 at (\$10 at free s faci \$100 for u \$200 for \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	lity office standing lab lity ltrasound all others 5 0 0 50 0 60 60 60 60 60 60 60 60 60 60 60 60	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0 \$60 \$60 \$185 (t Retail (30d 100d) \$0 \$0 \$5 15	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance iers 3-5) Mail (30d 100d) \$0 \$0	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$0 \$0 20% coinsurance 20% coinsurance \$0 \$0 \$0 \$0 \$0 \$300 (ti Retail (30d 100d) \$0 \$0 \$5 \$15	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance solution (30d lood) \$0 \$0 \$5 \$5
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE Preventative Services PART D Deductible Tier 1	\$10 at free sta \$125 for \$300 fo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nding lab facility ultrasound r all others \$10 \$0 \$0 \$60 \$0 \$60 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 at (\$10 at free s faci \$100 for u \$200 for \$200 for \$	lity office standing lab lity ltrasound all others 5 0 5 0 5 0 5 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 1 1 1 1	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0 \$60 \$60 \$185 (t Retail (30d 100d) \$0 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance iers 3-5) Mail (30d 100d) \$0 \$0	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0 \$0 20% coinsurance \$0 \$0 Xetail (30d 100d) \$0 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance as 3-5) Mail (30d 100d) \$0 \$0
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE Preventative Services PART D Deductible Tier 1 Tier 2	\$10 at free sta \$125 for \$300 fo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nding lab facility ultrasound r all others \$10 \$0 \$0 \$60 \$60 \$60 \$60 \$60 \$60 \$60 \$60	\$0 at (\$10 at free s faci \$100 for u \$200 for \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	lity office standing lab lity ltrasound all others 5 0 0 50 0 60 60 60 60 60 60 60 60 60 60 60 60	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0 \$60 \$60 \$185 (t Retail (30d 100d) \$0 \$0 \$5 15	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance iers 3-5) Mail (30d 100d) \$0 \$0	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$0 \$0 20% coinsurance 20% coinsurance \$0 \$0 \$0 \$0 \$0 \$300 (ti Retail (30d 100d) \$0 \$0 \$5 \$15	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance solution (30d lood) \$0 \$0 \$5 \$5
Procedures Diagnostic Radiology X-Ray Diagnostic Colonoscopy Therapeutic Radiology PREVENTATIVE SERVICE Preventative Services PART D Deductible Tier 1 Tier 2 Tier 3	\$10 at free sta \$125 for \$300 fo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nding lab facility ultrasound r all others 510 \$0 \$0 \$60 \$0 \$60 \$60 \$60 \$60 \$60 \$60 \$	\$0 at (\$10 at free s faci \$100 for u \$200 for \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	lity office standing lab lity ltrasound all others 5 0 5 0 60 60 60 60 60 60 60 60 60	standing lab facility \$0 at office \$30 at free standing lab facility \$150 for ultrasound \$300 for all others \$15 \$0 \$60 \$60 \$185 (t Retail (30d 100d) \$0 \$0 \$5 15 \$47 \$141	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance iers 3-5) Mail (30d 100d) \$0 \$0 \$5 \$5 \$47 \$47	\$10 at free standing lab facility \$0 at office \$40 at free standing lab facility \$150 for ultrasound \$350 for all others \$20 \$0 \$0 20% coinsurance \$0 20% coinsurance \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	30% coinsurance 30% coinsurance 30% coinsurance when performed at ASC. 40% coinsurance when performed at an Outpatient Hospital. 30% coinsurance 30% coinsurance 30% coinsurance 30% coinsurance 30% coinsurance 30% coinsurance

	5070 JIV/A	3070 N/A	30/0110/2	30/0[N/A	30/0110/A	30/0110/A	20/0110/4	20/0110/2	
Insulin	\$35 \$105	\$35 \$35	\$35 \$105	\$35 \$35	\$35 \$105	\$35 \$35	\$35 \$105	\$35 \$35	
EXTRA BENEFITS									
Dental	\$4,000 ann	\$4,000 annual allowance		\$4,500 annual allowance		\$4,000 annual allowance		\$3,500 annual allowance	
Vision	\$0 Routine Vision Exam \$15 Medicare Covered Exam \$200 Eyewear Allowance Annually		\$0 Routine Vision Exam \$15 Medicare Covered Exam \$200 Eyewear Allowance Annually		\$0 Routine Vision Exam \$15 Medicare Covered Exam \$200 Eyewear Allowance Annually		\$0 Routine Vision Exam \$45 Medicare Covered Exam \$200 Eyewear Allowance Annually		
Hearing	Medicare Co	aring Exam \$15 overed Exam er Ear Annually	Exam \$595,	earing Exam are Covered /\$895 Per Ear ually	\$0 Routine Hearing Exam \$15 Medicare Covered Exam \$595/\$895 Per Ear Annually		\$0 Routine Hearing Exam \$45 Medicare Covered Exam \$595/\$895 Per Ear Annually		
ОТС	\$60 C	uarterly	\$50 Qı	arterly	\$50 Qu	uarterly	\$30 Qu	arterly	

Healthy Grocery*	\$60 Quarterly which can combine with OTC allowance	\$70 Quarterly which can combine with OTC	\$60 Quarterly which can combine with OTC allowance	N/A		
		allowance		IV/ A		
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.