

Medicare Eligible Benefit Comparison Chart

Benefits & Coverage	Medicare HMO	Medicare PPO	
		In Network	Out-of-Network
	Referrals Required Under Most Plans	No Referrals Needed	
ANNUAL DEDUCTIBLE	None	Annual Medicare Part B deductible	Two times (2X) the annual Medicare Part B deductible
OUT-OF-POCKET MAXIMUM (per calendar year)			
When the out-of-pocket maximum is reached, the plan pays at 100% until the end of the benefit period.	\$2,500	\$2,500 per person (includes the deductible)	
PHYSICIAN SERVICES			
Primary Care Physician (PCP) office visit	\$20 copayment per visit	\$20 copayment per visit (after deductible)	80% plan payment; member pays 20% after deductible
Specialist visit	\$30 copayment per visit	\$30 copayment per visit (after deductible)	80% plan payment; member pays 20% after deductible
Allergy tests & treatment	\$30 copayment per visit (if visiting a specialist)	\$30 copayment per visit (after deductible)	80% plan payment; member pays 20% after deductible
Podiatry services	\$30 copayment per visit	\$30 copayment (after deductible)	80% plan payment; member pays 20% after deductible
PREVENTIVE CARE			
Adult routine physical exam and preventive care (every 12 months)	Covered 100%	Covered 100%	80% plan payment; member pays 20% after deductible
Immunizations -- flu vaccine, pneumonia vaccine, Hepatitis B NOTE: Zostavax (shingles vaccine covered according to Medicare guidelines) is covered under your Prescription Drug Plan with a copay	Covered 100%	Covered 100%	Covered 100%
Routine GYN visit (cervical and vaginal cancer screenings) -- One routine GYN visit and pap smear every 24 months (some plans may cover it annually)	Covered 100%	Covered 100%	80% plan payment; member pays 20% after deductible
Annual routine mammogram (for women age 40 and over)	Covered 100%	Covered 100%	80% plan payment; member pays 20% after deductible
Bone mass measurement (for people at risk for osteoporosis) -- every 24 months	Covered 100%	Covered 100%	80% plan payment; member pays 20% after deductible
Colorectal cancer screening (age 50 or older or at high risk for colorectal cancer)	Covered 100%	Covered 100%	80% plan payment; member pays 20% after deductible
Prostate cancer screening (for men age 50 or older, every 12 months)	Covered 100%	Covered 100%	80% plan payment; member pays 20% after deductible
Additional Medicare Preventive Services*	Covered 100%	Covered 100%	80% plan payment; member pays 20% after deductible

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DIAGNOSTIC PROCEDURES			
Medically necessary x-rays	Covered 100%	Covered 100% (after deductible)	80% plan payment; member pays 20% after deductible
Laboratory services	Covered 100%	Covered 100%	80% plan payment; member pays 20% after deductible
HOSPITAL CARE			
Semiprivate room (private if medically necessary)			
Hospital visits by your physician			
Regular nursing services			
Drugs and medications			
Laboratory and radiology services			
Necessary medical supplies and appliances			
Rehabilitation services			
Outpatient hospital expenses (includes surgery)	Covered 100%	Covered 100% (after deductible)	80% plan payment; member pays 20% after deductible
MENTAL HEALTH CARE			
Inpatient mental health in a Medicare-participating psychiatric hospital	Covered 100% (unlimited lifetime days); some plans may have a 190-day limit	Covered 100%; unlimited lifetime days (after deductible)	80% plan payment; member pays 20% after deductible
Outpatient mental health care	\$20 copayment for each Medicare covered individual or group therapy visit	\$20 copayment for each Medicare covered individual or group therapy visit (after deductible)	80% plan payment; member pays 20% after deductible
Inpatient substance abuse	Covered 100%; no limit to the number of days covered each benefit period	Covered 100%; no limit to the number of days covered each benefit period (after deductible)	80% plan payment; member pays 20% after deductible
Outpatient substance abuse	Covered 100% for each Medicare covered individual or group visit	Covered 100% for Medicare covered individual Medicare covered individual or group visit (after deductible)	80% plan payment; member pays 20% after deductible
SKILLED NURSING FACILITY (SNF) CARE			
Medicare Certified Nursing Home	Covered 100% (100 days per benefit period; authorization may be required)	Covered 100% (100 days per benefit period; authorization may be required) (after deductible)	80% plan payment; member pays 20% after deductible
EMERGENCY SERVICES & URGENTLY NEEDED CARE			
Urgently needed services (out of the service area)	\$50 copayment per visit (waived if admitted as an inpatient)	\$50 copayment per visit (waived if admitted as an inpatient)	\$50 copayment per visit (waived if admitted as an inpatient)
Emergency services (in or out of the service area)	\$100 copayment per visit (waived if admitted as an inpatient)	\$100 copayment per visit (waived if admitted as an inpatient)	\$100 copayment per visit (waived if admitted as an inpatient)
Ambulance services	Covered 100% for Medicare covered ambulance benefits	Covered 100% for Medicare covered ambulance benefits	\$100 copayment per trip

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OUTPATIENT THERAPIES			
Physical, occupational, cardiac, speech (medical/not developmental), pulmonary	\$20 copayment per visit	\$20 copayment per visit (after deductible)	80% plan payment; member pays 20% after deductible
Medicare covered chiropractic services	\$20 copayment for Medicare covered visit	\$20 copayment for each Medicare covered visit (after deductible)	80% plan payment; member pays 20% after deductible
OTHER PROVIDER SERVICES			
Outpatient complex radiology; outpatient radiation; chemotherapy	Covered 100%	Covered 100% (after deductible)	80% plan payment; member pays 20% after deductible
Outpatient dialysis	Covered 100%	Covered 100%	Covered 100% after deductible
Home Health Care	Covered 100% (authorization may be required)	Covered 100% (after deductible)	80% plan payment; member pays 20% after deductible
Hospice	Covered by Medicare at a Medicare certified Hospice Program	Covered by Medicare at a Medicare certified Hospice Program	
DURABLE MEDICAL EQUIPMENT (DME)/ PROSTHETIC DEVICES			
DME includes wheelchairs, oxygen, etc. Prosthetic devices include braces, artificial limbs and eyes, etc.	Covered 100% (authorization may be required)	Covered 100% (after deductible)	80% plan payment; member pays 20% after deductible
DIABETIC SUPPLIES & DIABETES SELF-MONITORING TRAINING			
Includes test strips, lancets, insulin pumps and glucometers	Covered 100%	Covered 100%	80% plan payment; member pays 20% after deductible
Health & Wellness Education Programs	Included	Included	Not covered
FITNESS BENEFIT	Included, check with the MHMO for more information	Included; check with the MPPO for more information	Not covered
PRESCRIPTION DRUGS			
Medicare Part B Drugs	Covered under the MHMO Covered under the REHP	Covered under the MPPO	
Medicare Part D Drugs	Prescription Drug Plan	Covered under the REHP Prescription Drug Plan	

* Additional Medicare preventive services include: Ultrasound screening for abdominal aortic aneurysm, cardiovascular disease screening, diabetes screening tests, diabetes self-management training, medical nutrition therapy, glaucoma screening, smoking and tobacco use cessation counseling, HIV screening, screening and behavioral counseling interventions in primary care to reduce alcohol misuse, screening for depression, high intensity behavioral counseling to prevent sexually transmitted infections (STIs), intensive behavioral therapy for cardiovascular disease, intensive behavioral therapy for obesity and annual wellness visit.

Benefits that are covered in full must be in accordance with Medicare guidelines.

This Benefit Option Summary Comparison is for illustrative purposes only. It is not all inclusive nor definitive. The actual benefits are set forth in the REHP benefits contracts.