

MEDICARE ADVANTAGE CO-PAY REVIEW WORKSHEET

HMO-POS In Network Co-Pays

Out of Network Co-Pay 30%

Max Out of Pocket \$6,700

\$0 Basic HMO-POS MAPD CIGNA-HealthSpring	\$ Basic Plan + <i>Partial</i> Coverage	\$ Basic Plan + <i>Complete</i> Coverage
Ambulance \$100 – 20% out of network	Ambulance \$0 + (\$150)	Ambulance \$0 + (\$150)
Chiropractic \$20		
Diabetic Supplies \$0		
Diagnostic Test \$0-\$200		
Lab & Radiology \$0		
X-Ray \$25		
Doctor Visit \$8		
Specialist \$45		
DME 20%		
Emergency Care \$75		
Foot Care \$45		
Hearing Service \$8-\$45		
Home Health Care \$0		
<i>*Mental Health Days 1 - 5 \$275</i>	<i>*Mental Health Days 1 - 5 \$0</i>	<i>*Mental Health Days 1 - 5 \$0</i>
<i>Days 6 – 90 \$0</i>	<i>Days 6 - 90 \$0</i>	<i>Days 6 - 90 \$0</i>
Out Patient Rehabilitation \$0		
Occupational/Physical Therapy \$30		
Substance Abuse Therapy \$40		
Out Patient Surgery \$250		
Prosthetic Devices 20%		
Renal Dialysis \$30		
Urgent Care \$65		
Vision – Limited \$0-\$45		
Preventative Care \$0		
Hospice Care \$0		
<i>*In Patient Hospital Days 1 - 7 \$275</i>	<i>*In Patient Hospital Days 1-7 \$175</i>	<i>*In Patient Hospital Days 1-7 \$0</i>
<i>*Days 8 – 90 \$0</i>	<i>*Days 8 – 90 \$0</i>	<i>*Days 8 - 90 \$0</i>
<i>*Skilled Nursing Days 1 – 20 \$0</i>	<i>*Skilled Nursing Days 1 - 20 \$0</i>	<i>*Skilled Nursing Days 1 – 20 \$0</i>
<i>*Days 21 – 100 \$160</i>	<i>*Days 21 - 100 \$160</i>	<i>*Days 21 - 100 \$0</i>
Prescription Drugs Tier 1: \$7	Tier 2: \$15	Tier 3: \$45
	Tier 4: 37%	Tier 5: 33%

*Note: (Hospital Indemnity Insurance provided by Medico)