

MEDICARE ADVANTAGE CO-PAY REVIEW WORKSHEET

Listed below are the co-pays most frequently used

Basic \$0 HMO-POS / HMO / PPO	\$	Partial Plan Coverage	\$	Complete Plan Coverage
PCP Visit	\$			
Specialist	\$			
Urgent Care	\$			
Emergency Room	\$			
Ambulance	\$	Ambulance	\$	Ambulance
In Patient Hospital	\$	Days 1 - 7	\$	Days 1 - 7
Skilled Nursing	\$	Days 0 - 20	\$	Days 0 - 20
	\$	Days 21-100	\$	Days 21-100
Home Health Care Not Included		Home Health Care Not Included		Hours of Home Health Care Included
				Added prescription reimbursement
Dental	\$	\$10 per Generic - \$25 per Brand Name Up to \$300 per yr Plan A - \$600 per yr Plan B & C		
Vision & Glasses	\$			
Hearing Services	\$			

Prescription:	Tier 1 \$	Tier 2 \$	Tier 3 \$	Tier 4 \$	Tier 5 \$
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****Note: (Hospital Indemnity Insurance provided by Medico or GTL)**