



MBC HMO LG 3 - 25% 1x Rx



Benefits	Medicare Blue Choice	Aetna Plan 5
Rates**	\$24.66/Month (2023 rate)	\$ 9.10/Month (2024)
Deductible	\$0	\$0
OOP (Out of Pocket) Max Medical	\$3,400	\$1,250
Out of Area	No	Yes
Out of Network	Yes	Yes
Primary Care	\$15 copay	\$10 copay
Specialist	\$15 copay	\$10 copay
Chiropractor	\$15 copay	\$10 copay
Podiatrist	\$15 copay	\$10 copay
Allergy tests/injections	Site of Care	\$10 copay
Wellness	SilverFit (\$150 Gym) plus Blue 365 Discounts	SilverSneakers Plus Resources (\$150 Gym reimbursement)
Preventive	\$0 copay	\$0 copay
Hearing Aids	TruHearing \$499/\$799 Copay Advanced/Premium	\$2,350 allowance Calendar year
Vision Exam	\$15 copay	\$10 copay (\$0 copay Diabetic Exam)
Eyewear	\$100 per year Allowance	\$100 per year Reimbursement

Hospital	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)
In-Patient Dr.	\$0 copay	\$0 copay
Anesthesia	\$0 copay	\$0 copay
In-Patient Substance	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)
In-Patient Mental Health	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)
Skilled Nursing Facility	\$196 copay days 21-100 (limit 100 days)	\$196 copay days 21-100 (limit 100 days)
Emergency Room	\$65 copay	\$50 copay
Urgent Care	\$15 copay	\$10 copay
Ambulance	\$65 copay	\$35 copay
Outpatient Surgery	\$50 copay	\$50 copay
Abulatory Surgicenter	\$50 copay	\$50 copay
Observation Stay	\$50 copay	\$50 copay
Office Surgery	Site of Care	Site of care
Lab Services	\$0 copay	\$0 copay
X-Rays	\$15 copay	\$10 copay
MRI/MRA/CT/PET	\$15 copay	\$10 copay
Chemotherapy Office Visit	\$15 copay	\$10 copay
Outpatient Mental Health	20%	\$15 copay
Partial hospitalization	20%	\$15 copay
Outpatient Substance	20%	\$15 copay
PT/OT/ST	\$15 copay	\$10 copay

Cardiac Rehabilitation	\$0 copay	\$0 copay
Telehealth	\$15 copay	Site of care
Acupuncture	50% (limit 20 visits lower back plus 10)	50%
Part B Drugs	20%	20%
Diabetic Education	\$0 copay	\$0 copay
Diabetic Supplies	Meter/strips: \$5 copay per 30-days	\$0 copay
Durable Medical Equipment	20%	20%
Prosthetic Devices	20%	20%
Home care	\$0 copay	\$0 copay
Hospice	Original Medicare	Original Medicare
Kidney Dialysis	\$0 copay	\$0 copay
Additional Benefits		
Non-Emergency Transportation		24 1-way trip up to 60 miles each
Post-Inpatient Meals		14 meals
Prescription Drug Rider	25%	20% / 25% / 25%

** Rate shown is based on a 90/10 Split. Your cost may vary based on the contract you retired with