



Benefits	MVP	Aetna Plan 5
Rates**	\$31.62/Month (2023)	\$9.10/Month (2024)
Deductible	\$0	\$0
OOP (Out of Pocket) Max Medical	\$4,000	\$1,250
Out of Area	No Deductible Member pays 30%. \$5000 max annual benefit	Yes
Out of Network	Yes	Yes
Primary Care	\$10 copay	\$10 copay
Specialist	\$15 copay	\$10 copay
Chiropractor	\$15 copay	\$10 copay
Podiatrist		\$10 copay
Allergy tests/injections	\$10 Primary care; \$15 Specialist	\$10 copay
Wellness	SilverSneakers (Free Participating Gym)	SilverSneakers Plus Resources (\$150 Gym reimbursement)
Preventive	\$0 copay	\$0 copay
Hearing Aids	TruHearing Advanced \$699/TruHearing Premium \$999 copay per ear, 2 per year or \$600 allowance per ear, 2 per year through TruHearing catalog	\$2,350 allowance Calendar year

Vision Exam		\$10 copay (\$0 copay Diabetic Exam)
Eyewear	\$100 allowance every 2 years	\$100 per year Reimbursement
Hospital	\$0 copay	\$100 per admission (limit 2 copays)
In-Patient Dr.	\$0 copay	\$0 copay
Anesthesia	\$0 copay	\$0 copay
In-Patient Substance	\$0 copay (190 day lifetime limit)	\$100 per admission (limit 2 copays)
In-Patient Mental Health	\$0 copay (190 day lifetime limit)	\$100 per admission (limit 2 copays)
Skilled Nursing Facility	\$0 copay days 1-100 (limit 100)	\$196 copay days 21-100 (limit 100 days)
Emergency Room	\$65 copay	\$50 copay
Urgent Care	\$15 copay	\$10 copay
Ambulance	\$75 (per use)	\$35 copay
Outpatient Surgery	\$0 copay	\$50 copay
Abulatory Surgicenter	\$0 copay	\$50 copay
Observation Stay	\$0 copay	\$50 copay
Office Surgery	\$0 copay	Site of care
Lab Services	\$0 copay	\$0 copay
X-Rays	\$15 copay	\$10 copay
MRI/MRA/CT/PET	\$30 copay	\$10 copay
Chemotherapy Office Visit	\$15 copay	\$10 copay
Outpatient Mental Health	\$0 copay	\$15 copay
Partial hospitalization	\$15 copay	\$15 copay

Outpatient Substance	\$0 copay	\$15 copay
PT/OT/ST	\$15 copay	\$10 copay
Cardiac Rehabilitation	\$0 copay	\$0 copay
Telehealth	\$0 copay 24-Hour Nurse Line	Site of care
Acupuncture	50% (limit 10 visits)	50%
Part B Drugs	\$15 copay	20%
Diabetic Education	\$0 copay	\$0 copay
Diabetic Supplies	\$0 copay	\$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	\$0 / \$10 / \$35 / 50% (90-day 2x)	20% / 25% / 25%

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