

PEBB Medicare Benefit Comparison

Benefit	Premiera Supplement Plan F	LUMP Classic COR	Kaiser WA Original Medicare (COR)	Kaiser WA Medicare Advantage	Kaiser NW Senior Advantage
<b>Preventive Care</b>	During the first 12 months of having Part B, one-time "Welcome to Medicare Preventive Visit" is covered 100%; does cover colorectal screening every 10 years; mammogram and pap smear every 24 months; pap smear, prostate exam once every 12 months.	100% of preventive services in the plan guidelines (physical, labs, mammograms, vaccinations, etc.), and 85% of other services that are medically necessary but outside the plan's preventive guidelines for the individual based on age/sex/frequency	100% NSD	100% NSD	Services that are provided without coinsurance, copayment or deductible include: Abdominal aortic aneurysm screening, annual routine physical exam, annual wellness visit, bone mass measurement, breast cancer screening, cardiovascular disease risk reduction visit, cardiovascular disease testing, cervical and vaginal cancer screening, colorectal cancer screening, depression screening, diabetes screening, HIV screening, Immunizations (pneumonia vaccine, flu shot, hepatitis B and other vaccines if you are at risk and they meet Medicare Part B coverage rules), medical nutrition therapy, obesity screening and therapy to promote sustained weight loss, prostate cancer screening exams, screening and counseling to reduce alcohol misuse, screening for sexually transmitted infections (STIs) and counseling to prevent STIs, smoking and tobacco use cessation (counseling to stop smoking or tobacco use), glaucoma screening (for people who are at high risk), "Welcome to Medicare" preventive visit. Health and wellness education programs are provided at varying costs depending on the class or session, but you will not pay more than \$120 per visit. Newsletters and our nursing hotline are provided at no charge.
<b>Hospital</b>	1st 60 days: Part A ded \$1316 (2017), then 100%; Day 61 -90: \$329 day copay; Day 91 -150: \$658 copay; Beyond LT reserve: \$0 Medicare benefit Plan F pays ded + copays + add'l 365 days if nec. Beyond the additional 365 days Plan F pays nothing.	Subject to the \$250 CY ded, \$600 per confinement.	\$150 copay per day, 5 day max per admit.	\$200 copay per day, 5 day max per admit.	\$500 per admission.
<b>O.P. hosp, physicians care, PT, SpT</b>	80% after Part B \$183 ded + Plan F pays Part B ded + 20% coinsurance. \$183 Deductible (2017).	85% after the \$250 CY deductible.	After deductible, \$15 copay primary care/\$30 copay specialty care 60 visit max. Separate 60 visit max for neurodevelopmental therapy.	\$20 copay primary care/\$20 copay specialty care.	\$50 per visit for outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers. Outpatient rehabilitation services covered at \$30 per visit, \$30 per day at a comprehensive outpatient rehabilitation facility. \$50 (Waived if admitted) per Emergency Department visit. \$50 per outpatient surgery visit or outpatient procedure. No charge for lab tests. No charge for diagnostic tests such as electrocardiograms. \$50 per outpatient surgery visit or outpatient procedure. \$30 per day in partial hospitalization program for mental health care if a doctor certifies that inpatient treatment would be required without it. No charge per visit, per department for X-rays and ultrasounds. No charge per radiation therapy. No charge per visit, per department for specialty scans, such as MRI, CT, PET scans. No charge for splints and casts. No charge for take home dressings and supplies. No charge for preventive services that are covered at no cost under Original Medicare. \$0 cost share for certain drugs and biologics that you can't give yourself.
<b>Skilled Nursing Facility</b>	100 Days; You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital Days 1-20: \$0 for each benefit period. Days 21-100: Plan F pays \$164.50 coinsurance per day of each benefit period. Days 101 and beyond: Plan F pays nothing.	150 days; \$200 day copay/\$600 per confinement.	150 days; \$150 copay per day, 5 day max per admit.	100 days; \$0 copay per day,	\$0 for up to 100 days per benefit period of skilled inpatient services in a skilled nursing facility in accord with Medicare guidelines (a prior hospital stay is not required).
<b>Home Health</b>	Medicare approved services covered 100%.	100% of approved care.	100% NSD.	100% NSD.	No charge for home health agency care, home-based palliative care, and home infusion therapy.
<b>Care outside the U.S.</b>	Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. You pay first \$250 each calendar year plus 20% and amounts over the \$50,000 lifetime maximum. Plan F pays 80% to a lifetime maximum benefit of \$50,000.	Medically necessary treatment covered at 80% of allowed charges.	Medically necessary urgent and emergent care only subject to plan benefits.	Medically necessary urgent and emergent care only subject to plan benefits.	\$50 (Waived if admitted) per emergency department visit and \$50 for ambulance services for urgent care (worldwide) when you travel if you need medical attention right away for an unforeseen illness or injury and you reasonably believed that your health would seriously deteriorate if you delayed treatment until you returned to our service area.

Benefit	Premiera Supplement Plan F	UMP Classic COB	Kaiser WA Original Medicare (COB)	Kaiser WA Medicare Advantage	Kaiser NW Senior Advantage
<b>Alternative Medicine (naturopathy, acupuncture, massage therapy)</b>	Chiropractic care covered only manipulation of the spine if medically necessary and when provided by a chiropractor or other approved provider.	Broad coverage for naturopathy - same as physicians within scope of practice; up to 16 massage therapy treatments per year; 16 visits per year for acupuncture treatment.	After deductible, \$15 copay primary care. Acupuncture - 12 visits pcy Naturopathy - 3 visits per medical dx pcy Massage - covered under rehab	\$20 copay primary care. Acupuncture - 8 visits pcy Naturopathy - 3 visits per medical dx pcy Massage - 10 visits per medical dx pcy	\$20 per chiropractic visit.
<b>Durable Medical Equipment</b>	Plan F picks up 20% after Medicare including Part B deductible of \$183 (2017).	85% of approved charges.	20% coinsurance, \$100 max per lifetime for wigs/hairpieces.	20% coinsurance.	No charge for each item when provided within the service area. No charge for certain items such as home ventilators and home IV
<b>Behavioral Health In-Patient</b>	190 day lifetime limit in a psychiatric hospital. Plan pays Part A deductible and coinsurance. Plan pays Part B deductible and coinsurance for partial hospitalization. PEBB Plan F pays 20% of the Medicare allowed amount for out patient behavioral health visits. Patients must pay the 30% balance after Medicare.	IP: Preauth req'd, no day limit, 100% after \$200/copay per day to \$600; OP: 85% of allowed fee, subject to \$250 CY ded.	150 days; \$150 copay per day, 5 day max per admit.	\$200 copay per day, 5 day max per admit.	\$500 per admission for up to 190-days per lifetime for inpatient stays in a Medicare-certified psychiatric hospital. The number of covered lifetime hospitalization days is reduced by the number of inpatient days for mental health treatment previously covered by Medicare in a psychiatric hospital (this limit does not apply to mental health stays in a psychiatric unit of a general hospital). \$250 per admission for mental health and substance abuse residential treatment program. There is no limit to the number of medically necessary days in our residential treatment program to treat mental health conditions and substance abuse when prescribed by a network provider.
<b>Mental Health Out-Patient</b>	Plan F supplement pays deductible of \$183 (2017), plus 20% of balance. Parity phase in: 2010-11: CMS pays 55%; 2012: 60%; 2013: 65%; 2014: 80%.	85% after \$250 CY deductible. Parity phase in: 2010-11: CMS pays 55%; 2012: 60%; 2013: 65%; 2014: 80%	After deductible, \$15 copay primary care/\$30 copay specialty care. Parity phase in: 2010-11: CMS pays 55%; 2012: 60%; 2013: 65%; 2014: 80%.	\$20 copay. Parity phase in: 2010-11: CMS pays 55%; 2012: 60%; 2013: 65%; 2014: 80%.	\$30 per individual therapy visit. \$15 per group therapy visit. \$30 per day for outpatient intensive treatment. Parity phase in: 2010-11: CMS pays 55%; 2012: 60%; 2013: 65%; 2014: 80%.
<b>Vision hardware</b>	No routine vision coverage; pays 1 pair glasses/contacts following cataract surgery.	\$150 for hardware in a 2 year period.	To age 19: No charge for 1 set of frames & lenses pcy; Contacts covered at 50%. Age 19+: \$150 every 24 months.	\$150 every 24 months.	Balance after \$150 allowance every 24 months for prescription eyewear (glasses and contact lenses). No charge for eyewear in accord with Medicare guidelines for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens and corrective lenses/frames (and replacements) needed after a cataract removal without a lens implant.
<b>Vision exam</b>	No routine exam coverage	100% of annual routine eye exam	1 routine eye exam every 12 months After deductible, \$15 copay primary care/\$30 copay specialty care	1 routine eye exam every 12 months \$20 copay	\$30 per visit for outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. \$30 for routine eye exams (eye refraction exams) to determine the need for vision correction and to provide a prescription for eyeglass lenses and visual field tests.
<b>Lab &amp; x-ray services</b>	Limitations: Does not cover some routine screening tests like cholesterol screening. See notes on preventive services above. Medicare pays 100% tests for diagnostic services.	85%, subject to \$250 CY deductible except covered preventive lab/x-ray services at 100% not subject to deductible.	After Deductible, 100%.	100%	No charge for X-rays, ultrasounds, special diagnostic tests (such as electrocardiograms and Holter monitoring), laboratory tests and special imaging procedures (MRI, CT and PET scans).
<b>Hospice care</b>	Plan pays Medicare copayment/coinsurance. Must meet Medicare's requirements, including a doctor's certification of terminal illness.	100% coverage up to \$5000 LTMax.	100%, NSD Respite care: 5 consecutive days per 3 month period.	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not our plan.	No charge
<b>Biofeedback</b>	No coverage.	Mental health related: covered within m-h benefit limits; for physical condition, 85%, subject to \$250 CY deductible.	Covered under plan benefits if medical criteria is met.	Covered under plan benefits if medical criteria is met.	Covered under plan benefits if medical criteria is met.
<b>Hearing Care</b>	No coverage for routine hearing exams or hearing aids; Plan pays deductible of \$183 (2017), and remaining 20% for diagnostic, medically necessary exams covered.	100% of routine hearing exam; aids, repairs with \$800 max each 36 months.	Routine hearing exams: After deductible, \$15 copay primary care/\$30 copay specialty care. Hearing hardware: 100% NSD; \$800 max per 36 months.	Routine hearing exams: \$20 copay primary care. Hearing hardware: 100% NSD; \$800 max per 36 months.	\$30 per office visit for routine hearing exams and diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. No charge for evaluation and fitting for hearing aids. Balance after \$800 allowance is applied for each hearing aid per ear every three years.

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Benefit	Premiera Supplement Plan F	UMP Classic COB	Kaiser WA Original Medicare (COB)	Kaiser WA Medicare Advantage	Kaiser NW Senior Advantage
<b>Substance Use Disorder</b>	Plan pays deductible \$183 (2017) and remaining 20%.	In-Patient: \$200 day copay/\$600 per confinement; OP: 85%.	Inpatient: \$150 copay per day, 5 day max per admit Outpatient: After deductible, \$15 copay primary care/\$30 copay specialty care.	Inpatient: \$200 copay per day, 5 day max per admit. Outpatient: \$0 copay.	\$30 per intensive outpatient individual therapy visit. \$15 per intensive outpatient group therapy visit. \$30 per day fro substance abuse day treatment.
<b>Out of pocket annual limit</b>	No limit.	\$2500 CY out of pocket limit on covered medical services; \$2000 out of pocket limit on Rx.	\$2000 individual/\$4,000 family.	\$2500 individual.	\$1,500 annual out of pocket limit.

<p><b>Prescription Drugs</b></p>	<p>None</p>	<p>Plan includes retail, specialty and mail order pharmacy services. Retail pharmacy benefits available worldwide for drugs that are FDA approved drugs in the USA. Deductible: \$100/\$300; out of pocket limit per person: \$2000; copays: 5%/10%/30%/50%. UMP: Retail pharmacy benefits available worldwide for drugs that are FDA approved drugs in the USA. Tiers: Value Tier: Certain generic drugs to treat chronic conditions, No deductible, all network pharmacies, Tier 1: Select Generic Drugs, No deductible, all network pharmacies Tier 2: Preferred Drugs, Deductible applies, Tier 3: Nonpreferred Drugs, Deductible applies.</p>	<p>Retail per 30-day supply: VBID: \$5 Preferred generic: \$20 Preferred brand: \$40 after Non-preferred generic &amp; brand: 50% to \$250 max after RX deductible Mail Order per 90-day supply: VBID: \$10 Preferred generic: \$40 Preferred brand: \$80 Non-preferred generic &amp; brand: 50% to \$750</p>	<p>Retail per 30-day supply: Preferred generic: \$20 Preferred brand: \$40 Non-preferred generic &amp; brand: 50% to \$250 max Mail Order per 90-day supply: Preferred generic: \$40 Preferred brand: \$80 Non-preferred generic &amp; brand: 50% to \$750 max</p>	<p>\$20 generic/\$40 brand, for up to a 30-day supply, per prescription. \$0 for insulin. When you use mail-delivery, you get up to a 90-day supply of maintenance drugs for two copayments. No charge for Medicare Part B prescription drugs; these drugs are covered under Part B of Original Medicare.</p>
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