



## Section 5: Plans and Premiums With Medicare

Please review this section for the features and premiums of the plans for enrollees with Medicare. If you have family members on your account without Medicare, also review Section 3 (Page 12) for features and premiums of the plan options for non-Medicare enrollees. Be aware, coverage features under the same plan could differ based on Medicare status. Premiums also differ.

Prescription Drug Plan Features With Medicare	Express Scripts Medicare Part D Plan	
<p><b>Annual Brand-Name Deductible per Enrollee</b> (Generic drug costs and non-preferred pharmacy fees do not apply to the deductible.)</p>	<p>\$250 for covered brand-name drugs, including specialty</p>	
<p><b>Standard Network Retail/Nursing Home Pharmacy Copayments/Coinsurance per 31-day Supply</b> (If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)</p>	<p><b>Preferred Pharmacies</b>  <b>Generic:</b> Enrollee pays \$10  <b>Covered brand-name:</b> Enrollee pays \$30 after deductible is met  <b>Specialty:</b> Enrollee pays 13% up to a maximum of \$550 per fill (after deductible is met if applicable)</p>	<p><b>Non-Preferred Pharmacies</b>            Enrollee pays the copayment/coinsurance charged at a preferred pharmacy, plus a \$10 fee per fill</p>
<p><b>Maximum Day Supply</b></p>	<p><b>Retail:</b> Up to 90*  <b>Home delivery:</b> 90 days            *Prior to acceptance in Express Scripts Medicare Part D plan, maximum retail supply is 31 days</p>	
<p><b>Home Delivery Copayments/Coinsurance</b> (If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)</p>	<p><b>Low-Cost Generic Drug Program medications:</b> Enrollee pays \$9  <b>Generic:</b> Enrollee pays \$25  <b>Covered brand-name:</b> Enrollee pays \$75 after deductible is met  <b>Specialty:</b> Enrollee pays 13% up to a maximum of \$550 per fill (after deductible is met if applicable)</p>	
<p><b>Enrollee's Maximum Annual Expense</b> (Non-preferred pharmacy fees do not apply to the maximum annual expense.)</p>	<p>If an enrollee pays a total of <b>\$5,100</b> out of pocket in copayments/coinsurance/deductible for generic, covered brand-name and specialty medications, that enrollee pays nothing for covered medications for the remainder of the year.</p>	

# WITH MEDICARE

You may be eligible for these plans if you are enrolled in Medicare.

	Aetna Medicare Plan <sup>1</sup> (Medicare Advantage PPO)		Medical Mutual Basic (Indemnity or PPO)	
	In-Network (PPO) or Extended Service Area (ESA PPO)	Out-of-Network (PPO)	In-Network and Indemnity <sup>2,4</sup>	Out-of-Network <sup>2,4</sup>
<b>PLAN FEATURES</b>				
<b>Enrollee Eligibility</b>	Available in any location in the United States		Available in any location	
<b>Annual Deductible per Enrollee<sup>3</sup></b>	\$150	\$500	\$2,500	\$5,000
<b>Out-of-Pocket Maximum<sup>3</sup></b> <small>(Excludes prescription drug costs. Amounts included are noted for each plan.)</small>	\$1,500 per enrollee (includes deductible, copayments and coinsurance)	\$2,500 per enrollee (includes deductible, copayments and coinsurance)	\$6,500 per enrollee (includes deductible, coinsurance and primary care physician copayments)	\$13,000 per enrollee (includes deductible and coinsurance)
<b>Lifetime Benefits Maximum per Enrollee</b>	Unlimited		Unlimited	
<b>Health Provider Access</b>	Use network provider (PPO); use any provider that accepts Medicare and the Aetna plan (ESA PPO)	Use any provider that accepts Medicare	Use network provider (PPO); use any covered provider (indemnity)	Use any covered provider
<b>PHYSICIAN, HOSPITAL, SKILLED NURSING AND HOME HEALTH CARE</b>				
<b>Primary Care Physician Office Visit</b>	Enrollee pays \$15 (no deductible)	Enrollee pays \$40 after deductible	Enrollee pays \$20 per visit for first two visits per year (no deductible); 20% thereafter (after deductible)	
<b>Specialist Physician Office Visit</b>	Enrollee pays \$25 (no deductible)	Enrollee pays \$55 after deductible	Enrollee pays 20%	
<b>Urgent Care</b>	Enrollee pays \$40 (no deductible)		Enrollee pays \$40	
<b>Hospital Services (Inpatient and Outpatient)</b>	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20% <sup>5</sup>	Enrollee pays 50% <sup>5</sup>
<b>Hospital Charges for Outpatient Surgery and Preadmission Testing</b>	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20%	
<b>Emergency Room Care</b>	Enrollee pays \$75 (no deductible); waived if admitted		Enrollee pays \$150; waived if admitted	
<b>Skilled Nursing Facility</b> <small>(Benefit period varies by plan administrator.)</small>	Enrollee pays 0% after deductible; no day limit	Enrollee pays 8% after deductible; no day limit	Enrollee pays 20% (90 days per benefit period); after 90 days, enrollee pays 100%	Enrollee pays 50% (90 days per benefit period); after 90 days, enrollee pays 100%
<b>Inpatient Mental Health</b>	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20%; no limit on days	Enrollee pays 50%; no limit on days
<b>Home Health Care</b>	Enrollee pays 0% after deductible; no visit limit	Enrollee pays 8% after deductible; no visit limit	Enrollee pays 20%; no visit limit	

<sup>1</sup>If providers do not accept Medicare assignment or charge in excess of Medicare payments, the enrollee is responsible for the excess charges.

<sup>2</sup>Indemnity and out-of-network payments are based on allowed/noncontracting provider amounts for medically necessary services as established by the plan administrator. If nonparticipating providers or providers that do not accept Medicare assignment charge in excess of these amounts, the enrollee is responsible for the excess charges.

<sup>3</sup>Annual deductible must be met before plan begins making payments, unless otherwise noted. In-network and out-of-network accumulations are separate, except for the Aetna Medicare Plan.

<sup>4</sup>Benefits are payable after Medicare payments.

<sup>5</sup>Enrollees with Medicare Part B-only must use in-network providers for hospital services to receive maximum claims payment.

AultCare PPO		Paramount Elite HMO (Medicare Advantage)
In-Network <sup>3,4</sup>	Out-of-Network <sup>2,4</sup>	
Available in select northeastern Ohio area ZIP codes		Available in select northwestern Ohio and southern Michigan area ZIP codes
\$150	\$500	\$150
\$1,500 per enrollee (includes deductible, copayments and coinsurance)	\$2,500 per enrollee (includes deductible, copayments and coinsurance)	\$1,500 per enrollee (includes deductible, copayments and coinsurance)
Unlimited		Unlimited
Use network provider	Use any covered provider	Use HMO network provider
Enrollee pays \$15 (no deductible)	Enrollee pays \$40 (no deductible)	Enrollee pays \$15
Enrollee pays \$25 (no deductible)	Enrollee pays \$55 (no deductible)	Enrollee pays \$25
Enrollee pays \$40 (no deductible)		Enrollee pays \$40
Enrollee pays 4% <sup>5</sup>	Enrollee pays 8% <sup>5</sup>	Enrollee pays 4%
Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 4%
Enrollee pays \$75 (no deductible); waived if admitted		Enrollee pays \$75; waived if admitted
Enrollee pays 0% (100 days per illness); after 100 days, enrollee pays 100%	Enrollee pays 8% (100 days per illness); after 100 days, enrollee pays 100%	Enrollee pays 0% for up to 100 days per benefit period; after 100 days, enrollee pays 100%
Enrollee pays 4%; no limit on days	Enrollee pays 8%; no limit on days	Enrollee pays 4%; no limit on days
Enrollee pays 0% (no deductible); no visit limit	Enrollee pays 8% after deductible; no visit limit	Enrollee pays 0%; no visit limit

# WITH MEDICARE

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	In-Network (PPO) or Extended Service Area (ESA PPO)	Out-of-Network (PPO)	In-Network and Indemnity <sup>2,3</sup>	Out-of-Network <sup>2,3</sup>
<b>PREVENTIVE SERVICES</b>				
Services such as a routine physical exam, bone density screening, mammogram, routine prostatic specific antigen (PSA), colorectal cancer screening, Pap smear and immunizations/inoculations may be covered. Contact the plan administrator for details.	Enrollee pays 0% (no deductible); some limitations may apply		Enrollee pays 0% (no deductible); limit one per calendar year (colorectal cancer screening limit one per 24 months if high risk or one per 10 years if not high risk)	
<b>OUTPATIENT SERVICES</b>				
<b>Diagnostic X-ray and Lab Testing</b>	Enrollee pays 4% for diagnostic X-ray after deductible; 0% for lab testing (no deductible)	Enrollee pays 8% for diagnostic X-ray after deductible; 0% for lab testing after deductible	Enrollee pays 20%	
<b>Outpatient Mental Health</b>	Enrollee pays \$25 (no deductible); no visit limit	Enrollee pays \$55 after deductible; no visit limit	Enrollee pays 20%; no visit limit	
<b>ADDITIONAL SERVICES</b>				
<b>Dental Care</b>	No coverage		No coverage	
<b>Vision Care</b>	Enrollee pays 0% for annual eye exam; eyewear discounts available at participating providers		No coverage	

<sup>1</sup>If providers do not accept Medicare assignment or charge in excess of Medicare payments, the enrollee is responsible for the excess charges.

<sup>2</sup>Indemnity and out-of-network payments are based on allowed/noncontracting provider amounts for medically necessary services as established by the plan administrator. If nonparticipating providers or providers that do not accept Medicare assignment charge in excess of these amounts, the enrollee is responsible for the excess charges.

<sup>3</sup>Benefits are payable after Medicare payments.

AultCare PPO		Paramount Elite HMO (Medicare Advantage)
In-Network <sup>3</sup>	Out-of-Network <sup>2,3</sup>	
Enrollee pays 0% (no deductible); limited designated services; frequency/age/gender limitations apply		Enrollee pays 0%; limited designated services; frequency/age/gender limitations apply
Enrollee pays 4% for diagnostic X-ray after deductible; 0% for lab testing (no deductible)	Enrollee pays 8% for diagnostic X-ray after deductible; 0% for lab testing (no deductible)	Enrollee pays 4% after deductible
Enrollee pays 4%; no visit limit	Enrollee pays 8%; no visit limit	Enrollee pays \$20; no visit limit
Enrollee pays \$25 for annual Medicare-approved dental exam	Enrollee pays \$55 for annual Medicare-approved dental exam	No coverage
Enrollee pays \$25 for annual Medicare-approved eye exam	Enrollee pays \$55 for annual Medicare-approved eye exam	Enrollee pays \$25 for annual eye exam at participating providers