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	
Annual Brand-Name Deductible per Enrollee (Generic drug costs and non-preferred pharmacy fees are not subject to nor applied to the deductible.)	$275 for covered brand-name drugs, including brand-name specialty drugs	
Standard Network Retail/Nursing Home Pharmacy Copayments/Coinsurance per 31-day Supply (If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)	**Preferred Pharmacies** **Generic:** Enrollee pays $10 **Preferred brand-name:** Enrollee pays $30 (after deductible) **Non-preferred brand-name:** Enrollee pays $75 (after deductible) **Specialty:** Enrollee pays the lesser of 8% of the cost **or** $450 for supply of 1–31 days, $900 for supply of 32–60 days and $1,350 for supply of 61–90 days (after deductible); may use any specialty pharmacy (non-preferred pharmacy fees do not apply)	**Non-Preferred Pharmacies** Enrollee pays the copayment/coinsurance charged at a preferred pharmacy, plus a $10 fee per fill
Maximum Day Supply	**Retail:** Up to 90 days* **Home delivery:** 90 days *Prior to acceptance in Express Scripts Medicare Part D plan, maximum retail supply is 31 days	
Home Delivery Copayments/Coinsurance (If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)	**Low-Cost Generic Drug Program medications:** Enrollee pays $9 **Generic:** Enrollee pays $25 **Preferred brand-name:** Enrollee pays $75 (after deductible) **Non-preferred brand-name:** Enrollee pays $187.50 (after deductible) **Specialty:** Enrollee pays the lesser of 8% of the cost **or** $450 for supply of 1–31 days, $900 for supply of 32–60 days and $1,350 for supply of 61–90 days (after deductible)	
Enrollee's Maximum Annual Expense (Non-preferred pharmacy fees do not apply to the maximum annual expense.)	If an enrollee pays a total of **$4,000** out of pocket in copayments/coinsurance/deductible for covered medications, that enrollee pays nothing for covered medications for the remainder of the year.	

Plan Features for 2023

WITH MEDICARE

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

	Aetna Medicare Plan[1] (Medicare Advantage PPO)		**Medical Mutual Basic** (Indemnity or PPO)		**AultCare PrimeTime Health Plan** (Medicare Advantage HMO-POS)		**Paramount Elite** (Medicare Advantage HMO)
	In-Network (PPO) or Extended Service Area (ESA PPO)	**Out-of-Network (PPO)**	**In-Network and Indemnity**[2,4]	**Out-of-Network**[2,4]	**In-Network**[3]	**Out-of-Network**	
PLAN FEATURES							
Enrollee Eligibility	Available in any U.S. location		Available in any U.S. location		Available in select northeastern Ohio area ZIP codes		Available in select northwestern Ohio and southern Michigan area ZIP codes
Annual Deductible per Enrollee[3]	$150	$500	$2,500	$5,000	$150	$500	$150
Out-of-Pocket Maximum[3] (Excludes prescription drug costs. Amounts included are noted for each plan.)	$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)	$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)
Lifetime Benefits Maximum per Enrollee	Unlimited		Unlimited		Unlimited		Unlimited
Health Provider Access	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	Use network provider	Use any covered provider	Use HMO network provider
PHYSICIAN, HOSPITAL, SKILLED NURSING AND HOME HEALTH CARE							
Primary Care Physician Office Visit (Includes in-person, phone and video visits.)	Enrollee pays $15 (no deductible)	Enrollee pays $40 after deductible	Enrollee pays $20 (no deductible)		Enrollee pays $15 (no deductible)	Enrollee pays $40 (no deductible)	Enrollee pays $15 (no deductible)
Specialist Physician Office Visit (Includes in-person, phone and video visits.)	Enrollee pays $25 (no deductible)	Enrollee pays $55 after deductible	Enrollee pays 20%		Enrollee pays $25 (no deductible)	Enrollee pays $55 (no deductible)	Enrollee pays $25 (no deductible)
Urgent Care	Enrollee pays $40 (no deductible)		Enrollee pays $40, then 20% after deductible		Enrollee pays $40 (no deductible)		Enrollee pays $40 (no deductible)
Hospital Services (Inpatient/Outpatient)	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20%[5]	Enrollee pays 50%[5]	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 4%
Hospital Charges for Outpatient Surgery/Preadmission Testing	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20%		Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 4%
Emergency Room Care	Enrollee pays $75 (no deductible); copayment waived if admitted		Enrollee pays $150, then 20% after deductible; copayment waived if admitted		Enrollee pays $75 (no deductible); copayment waived if admitted		Enrollee pays $75 (no deductible); copayment waived if admitted
Skilled Nursing Facility (Benefit period varies by plan.)	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%	Enrollee pays 0%, no deductible (100 days per benefit period); after 100 days, enrollee pays 100%	Enrollee pays 8% after deductible (100 days per benefit period); after 100 days, enrollee pays 100%	Enrollee pays 0% for up to 100 days per benefit period; after 100 days, enrollee pays 100%
Inpatient Mental Health	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20%; no limit on days	Enrollee pays 50%; no limit on days	Enrollee pays 4%; no limit on days	Enrollee pays 8%; no limit on days	Enrollee pays 4%; no limit on days
Home Health Care	Enrollee pays 0% after deductible; no visit limit	Enrollee pays 8% after deductible; no visit limit	Enrollee pays 20%; no visit limit		Enrollee pays 0% after deductible; no visit limit	Enrollee pays 8% after deductible; no visit limit	Enrollee pays 0%; no visit limit

[1] If providers do not accept Medicare assignment or charge in excess of Medicare payments, the enrollee is responsible for the excess charges.

[2] For services deemed medically necessary by the plan administrator, indemnity and out-of-network payments are based on allowed amounts determined by the prevailing geographical area fee schedule. If nonparticipating providers charge in excess of these amounts, the enrollee may be responsible for the excess charges.

[3] 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 and AultCare PrimeTime Health Plan.

[4] Benefits are payable after Medicare payments.

[5] Enrollees with Medicare Part B-only must use in-network providers for hospital services to receive maximum claims payment.

Plan Features for 2023

WITH MEDICARE

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

	Aetna Medicare Plan[1] (Medicare Advantage PPO)		Medical Mutual Basic (Indemnity or PPO)		AultCare PrimeTime Health Plan (Medicare Advantage HMO-POS)		Paramount Elite (Medicare Advantage HMO)
	In-Network (PPO) or Extended Service Area (ESA PPO)	Out-of-Network (PPO)	In-Network and Indemnity[2,3]	Out-of-Network[2,3]	In-Network[3]	Out-of-Network[2,3]	
PREVENTIVE SERVICES (If you are treated or monitored for an existing medical condition during the visit when you receive the preventive service, any applicable copayment/coinsurance/deductible will apply for care received for the existing medical condition.)							
Limited designated services such as routine physical, bone density screening, mammogram, colorectal screening, Pap smear and immunizations/ inoculations; frequency/age/gender limitations apply based on U.S. Preventive Services Task Force recommendations. Contact the plan for details.	Enrollee pays 0% (no deductible)		Enrollee pays 0% (no deductible)		Enrollee pays 0% (no deductible)		Enrollee pays 0% (no deductible)
OUTPATIENT SERVICES							
Diagnostic X-ray/Lab Testing	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%		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
Outpatient Mental Health (Includes in-person, phone and video visits.)	Enrollee pays $25 (no deductible); no visit limit	Enrollee pays $55 after deductible; no visit limit	Enrollee pays 20%; no visit limit		Enrollee pays $25; no visit limit	Enrollee pays $55; no visit limit	Enrollee pays $20; no visit limit
ADDITIONAL SERVICES (Some plans may also offer hearing discounts and discounts on natural products and services. Contact the plan for details.)							
Dental Care	No coverage		No coverage		No coverage		No coverage
Vision Care	Enrollee pays 0% for annual routine eye exam; eyewear discounts available at participating providers		No coverage		Enrollee pays 0% for annual routine eye exam		Enrollee pays 0% for annual routine eye exam
Fitness/Weight Management	SilverSneakers membership; discounts on weight management services		Discount membership to Curves and gyms in the GlobalFit network; discounts on weight management services		Silver&Fit Exercise & Healthy Aging Program includes free access to a participating fitness center or select YMCA		SilverSneakers membership
Telemedicine (Virtual provider visits; provider varies by plan.)	Enrollee pays $0 for Teladoc visit (no deductible)	Teladoc visit covered at same level as in-network primary care physician or specialist physician office visit	Cleveland Clinic's Express Care Online visit covered at same level as in-network primary care physician or specialist physician office visit		Teladoc visit covered at same level as in-network primary care physician or specialist physician office visit		ProMedica OnDemand visit covered at same level as primary care physician or specialist physician office visit
Non-Emergency Transportation (Transportation for non-emergency medical appointments.)	Enrollee pays 0%; trip and mileage allowances may apply		No coverage		No coverage		No coverage

[1]If providers do not accept Medicare assignment or charge in excess of Medicare payments, the enrollee is responsible for the excess charges.

[2]For services deemed medically necessary by the plan administrator, indemnity and out-of-network payments are based on allowed amounts determined by the prevailing geographical area fee schedule. If nonparticipating providers charge in excess of these amounts, the enrollee may be responsible for the excess charges.

[3]Benefits are payable after Medicare payments.