

**Appendix A - Page 4
Medicare HMO Plan**

Plan Design Feature	Member Cost Sharing:
Annual Out of Pocket Maximum	None
Annual Medical Deductible	None
Routine Exams	\$10 Copay
PCP Visit (Including OB-Gyn)	\$10 Copay
Specialist Visit	\$10 Copay
Mental / Behavior Health Visit	\$10 Copay
Urgent Care Visit	\$10 Copay
Short Therapy (Physical / Occupational Therapy) and Cardiac Rehab	\$10 Copay
Chiropractic Care	Covered in full
Diagnostic Lab and X-Ray	Covered in full
Imaging (CT, PET, MRIs)	Covered in full
Emergency Room (waived if admitted)	\$50 Copay
Day Surgery	Covered in full
Ambulance Transportation	\$40 Copay
Inpatient Care	Covered in full
Durable Medical Equipment and Prosthetic Devices	Covered in full
PDP	
RX - Retail	Tier 1 \$10 copay Tier 2 \$30 copay Tier 3 \$65 copay no pharmacy deductible
RX - Mail Order	Tier 1 \$25 copay Tier 2 \$75 copay Tier 3 \$165 copay no pharmacy deductible
Hearing Aid Coverage	Hearing aid coverage, limited to \$2,000 for one hearing aid per hearing-impaired ear every 36 months
Fitness Reimbursement	\$150 per subscriber per year
Weight Watchers Reimbursement	\$150 per subscriber per year