

Provision	Elderplan
Premium	\$40
Annual Deductible	None
Ann. Retiree Out of Pocket Max*	\$7,500
PCP Visit	\$0
Specialist Visit	\$35
Diagnostic Tests (X-rays, lab, radiology, etc)	\$0-\$20 (20% for other radiological services such as CT, PET, MRI)
Mental Health/Substance Use disorder	\$25 individual \$5 group visit MH 20% outpatient substance abuse
Urgent Care Center	\$35 office visit/\$10 for telehealth visits
Preventive Services	\$0 copay
Rehab. Services	\$10 cardiac/pulm \$35 for PT and SP
Durable Medical Equipment	20%
Private Duty Nursing	Not covered
Hearing Exam (routine)	\$0
Eye Exam (routine)	\$0
Inpatient Stay	Deductible \$0 Days 1-5 \$390 co-payment per day Days 6 and beyond \$0 co-payment
Hospital Stay Coinsurance*	\$0
Skilled Nursing Facility	\$0 days 1-20 \$184 days 21-100
Home Health Care	\$0 Medicare covered services
Hospital Outpatient Services	20%
Outpatient Surgery	20%
Ambulance Services	\$215
Emergency Care	\$90 (worldwide ER/Urgent care \$65 copay Max benefit is \$50,000)
Meal Delivery	Not covered
Fitness/Mobility Programs	\$0
Transportation	8 one way trips per quarter
Fitness Tracker Device	Not covered
Hearing Aids	Up to \$500 (every three years)
Eyewear	\$150 (each year)
Voluntary Incentive Gift Card	Not covered
OTC (Over the Counter Card) + *Grocery + *Meals Used for health related items. *For eligible members (certain chronic conditions) this benefit will cover certain grocery items and home delivered meals as part of the quarterly allowance	\$55 every quarter
Comprehensive Dental	Limited coverage
Acupuncture	\$0 copay for up to 20 visits per year

***all benefits disclosed are still pending final approval from CMS***