■ Medicare Plan Coverage

2018 Medicare Plan Covera	age	
	Aetna Medicare Plan (PPO)	
	In Network	Out of Network
Annual Out-of-Pocket Maximum This amount is the most you will bay in a calendar year. Once you reach the maximum, your medical blan pays 100%. What you pay in co-pays and coinsurance counts coward your out-of-pocket maximum.	\$3,000 per person	\$6,700 per person
Deductible	None	None
Primary Care Office Visit	\$20 co-pay	20% coinsurance
Specialist Office Visit	\$40 co-pay	20% coinsurance
Outpatient Diagnostic X-ray	\$25 co-pay	20% coinsurance
Outpatient Diagnostic Lab	100% coverage	20% coinsurance
Jrgent Care	\$40 co-pay	\$40 co-pay
Emergency Room (co-pay waived if admitted)	\$100 co-pay	\$100 co-pay
Ambulance	20% coinsurance	20% coinsurance
npatient Hospital	\$150 co-pay per day 1-5, then 100% coverage	20% coinsurance
Outpatient Surgery/ Procedures	15% coinsurance, up to \$200 max.	20% coinsurance
Skilled Nursing Facility (100-day max.)	Co-pay: \$0 per day 1-10, \$25 per day 11-20, \$50 per day 21-100	
Home Health Care	100% coverage	100% coverage
Hospice	Covered by Medicare	Covered by Medicare
Outpatient Short-Term Rehabilitation	\$20 co-pay	20% coinsurance
	\$15 co-pay limited to	20% coinsurance
Chiropractic	Medicare-covered services	limited to Medicare- covered services

Use of out-of-network providers will increase your out-of-pocket costs.

Prescription drug co-pays are listed on page 31.

PrimeTime Health Plan	Paramount Elite Medicare Advantage
\$3,000 per person	\$3,000 per person
None	None
\$20 co-pay	\$20 co-pay
\$40 co-pay	\$40 co-pay
100% coverage	100% coverage
100% coverage	100% coverage
\$40 co-pay	\$40 co-pay
\$100 co-pay	\$100 co-pay
\$75 co-pay	100% coverage
\$150 co-pay per day 1-5, then 100% coverage	\$150 co-pay per day 1-5, then 100% coverage
\$200 co-pay	15% coinsurance, up to \$200 max.
\$0 per day 1-15, \$20 per day 16-30, \$0 per day 31- 100	Co-pay: \$0 per day 1-20, \$95 per day 21-100
100% coverage	100% coverage
Covered by Medicare	Covered by Medicare
\$5 co-pay (Cardiac rehab covered at 100%)	\$20 co-pay (\$10 co-pay for cardiac/ pulmonary rehab)
\$15 co-pay limited to Medicare-covered services	\$20 co-pay limited to Medicare-covered services
20% coinsurance	20% coinsurance

In the event of a conflict between this information and the plan documents, the plan documents prevail.