

# 2019 Medical Plans

POST-65 GROUP COVERAGE UNDERWRITTEN BY AETNA



## CHOOSE ONE MEDICARE ADVANTAGE PLAN

	Medicare Advantage PPO Premium Plan	Medicare Advantage PPO Plus Plan	Medicare Advantage PPO Standard Plan
Plan Deductible	\$0*	\$0*	\$0*
Medicare Deductible	\$0	\$0	\$0
Primary Care	\$15 copay *	15% coinsurance (in-network) 25% coinsurance (out-of-network)	\$15 copay (in-network) 30% coinsurance (out-of-network)
Specialist	\$15 copay*	15% coinsurance (in-network) 25% coinsurance (out-of-network)	\$40 copay (in-network) 30% coinsurance (out-of-network)
Hospital	Covered 100%	\$500 per admission. No day limit. (in-network) 25% per admission. No day limit. (out-of-network)	\$200 per day (1-7). No day limit. (in-network) 30% per admission. No day limit. (out-of-network)
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Out-of-Pocket Limit	\$2,000*	\$2,750 (in-network) \$5,500 (out-of-network)	\$6,700 (in-network) \$10,000 (out-of-network)



Call 1-855-212-5666 for personalized counseling. | Call the Emeriti Service Center at 1-866-363-7484 to enroll.

For more information and to calculate your insurance premium rates, visit [EmeritiHealth.org](http://EmeritiHealth.org).

\*In- and out-of-network

# 2019 Rx and Dental Plans

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## CHOOSE ONE PRESCRIPTION DRUG PLAN

Rx Premium Plan	Rx Plus Plan	Rx Standard Plan
Open 2 Plus Formulary	Open 2 Plus Formulary	GRP B2 Formulary
Deductible: \$100	Deductible: \$200	Deductible: \$415
Initial Coverage Limit: 15% generic, 25% preferred brand, 40% non-preferred brand	Initial Coverage Limit: 15% generic, 25% preferred brand, 50% non-preferred brand	Initial Coverage Limit: 15% generic, 25% preferred brand
Coverage Gap: 15% generic, 25% brand	Coverage Gap:* 15% copay for Tier 1 generic drugs, 25% brand	Coverage Gap:* 37% generic, 25% brand
Catastrophic Coverage: 100% coverage, you pay nothing	Catastrophic Coverage: 95% coverage, you pay 5%	Catastrophic Coverage: 95% coverage, you pay 5%

*\*The Medicare Coverage Gap Discount Program will continue to provide manufacturer discounts on brand name drugs to Part D beneficiaries who reach the Coverage Gap and are not already receiving "Extra Help." A 70% discount on the negotiated price of preferred and non-preferred brand drugs (excluding the dispensing fee) will be available from manufacturers that have agreed to provide the discount.*

## CONSIDER ADDING DENTAL COVERAGE

Preventive Service	100% coverage
Annual Deductible (basic and major services)	\$100
Basic Services Coverage (fillings, standard crowns, extractions)	50%
Major Services Coverage (root canal therapy, surgical removals, dentures)	50%
Annual Benefit Maximum	\$1,500

*\*Subject to 12 month waiting period with no proof of prior continuing coverage. NOTE: Dental is not available on a stand alone basis. If you dis-enroll from the dental plan, you will not be able to re-enroll again.*