

## 2011 Rochester Business Alliance Medicare Plan Comparison

Service	Preferred Gold with Drugs	Preferred Gold with Drugs No Donut Hole	Preferred Gold Anywhere In-Network	Preferred Gold Anywhere Out-of-Network
Quarterly Premiums	\$389.28	\$549.72	\$569.67	\$569.67
Referrals	Required	Required	Required	Required
Office Visits	\$15 PCP/\$30 Specialist	\$15 PCP/\$30 Specialist	\$10 PCP/\$15 Specialist	\$25 PCP/\$25 Specialist
GYN Routine Exams	\$15 PCP/\$30 Specialist	\$15 PCP/\$30 Specialist	\$10 PCP/\$15 Specialist	\$25 PCP/\$25 Specialist
Mammograms	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Adult Physicals	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay
X-rays	\$30 Copay	\$30 Copay	\$15 Copay	\$25 Copay
Laboratory	\$0 Copay	\$0 Copay	\$0 Copay	20% Copay
Hospital Inpatient	\$250 per stay- \$750 max/yr.	\$250 per stay- \$750 max/yr.	\$0 Copay	20% Copay
<u>Mental Health</u>				
Inpatient: 30 Days	\$250 per stay- \$750 max/yr.	\$250 per stay- \$750 max/yr.	\$0 Copay	20% Copay
Outpatient: 20 Visits	\$30 Copay	\$30 Copay	\$15 Copay	\$25 Copay
Outpatient Surgery	\$0 Copay	\$0 Copay	\$0 Copay	20% Copay
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Routine Eye Exams	\$30 Copay	\$30 Copay	\$15 Copay	\$25 Copay
Eye Wear	\$100/yr. Allowance + 20% Disc. 20% Copay After Cataract Surgery	\$100/yr. Allowance + 20% Disc. 20% Copay After Cataract Surgery	\$100/yr. Allowance + 20% Disc. 20% Copay After Cataract Surgery	\$100/yr. Allowance + 20% Disc. 20% Copay After Cataract Surgery
Hearing Exam	\$30 Copay	\$30 Copay	\$15 Copay	\$25 Copay
Hearing Aids	Not Covered	Not Covered	\$600 allowance/3 years	\$600 allowance/3 years
Chiropractic-Medical	\$20 Copay	\$20 Copay	\$15 Copay	\$20 Copay
Durable Med. Equip	20% Copay	20% Copay	20% Copay	20% Copay
External Prosthetics	20% Copay	20% Copay	20% Copay	20% Copay
Diabetic Supplies/Insulin	\$10 Copay/30 Days	\$10 Copay/30 Days	20% Copay	20% Copay
<u>Prescription Drugs</u>				
Copays/30 Days	Tier 1: \$8 Tier 2: \$35 Tier 3: \$90 Tiers 4 & 5: 33% (specialty/limited rx) Donut Hole Max \$2,840 TrOOP Max \$4,550	Tier 1: \$8 Tier 2: \$35 Tier 3: \$90 Tiers 4 & 5: 33% (specialty/limited rx) TrOOP Max \$4,550	Tier 1: \$8 Tier 2: \$35 Tier 3: \$90 Tiers 4 & 5: 33% (specialty/limited rx) \$8 Generic in Donut Hole Donut Hole Max \$2,840 TrOOP Max \$4,550	Tier 1: \$8 Tier 2: \$35 Tier 3: \$90 Tiers 4 & 5: 33% (specialty/limited rx) \$8 Generic in Donut Hole Donut Hole Max \$2,840 TrOOP Max \$4,550
Ambulance	\$50 Copay Per Use	\$50 Copay Per Use	\$35 Copay Per Use	\$35 Copay Per Use
Out of Area Coverage	Worldwide for Urgent/Emergent	Worldwide for Urgent/Emergent	Worldwide for Urgent/Emergent	Worldwide for Urgent/Emergent
Travel Benefit	30% Copay for Routine Services \$5,000/yr. Max	30% Copay for Routine Services \$5,000/yr. Max		
Deductible	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Extra Benefits	Silver Sneakers Free Gym Membership	Silver Sneakers Free Gym Membership	Silver Sneakers Free Gym Membership	Not Applicable

Preferred Gold w/o Drugs

\$201.72