

MEDICARE¹

MA PPO Medicare Advantage PPO

TCN Traditional Care Network

HMO Health Maintenance Organization

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Monthly Contribution	\$0 Single \$0 Family	\$17 Single ² \$34 Family ²	\$0 Single \$0 Family
Deductible (Amount you pay annually before the plan begins to pay a portion of the costs)	\$245 / Person	\$400 Single \$675 Family	\$400 Single ³ \$675 Family ³
Coinsurance (Amount you pay after your deductible is met)	10%	10%	N/A
Out-of-Pocket Max (Total amount you pay annually before the plan covers 100% of covered costs)	\$630 / Person	\$800 Single \$1,475 Family	N/A
Primary Care Physician (PCP) Office Visit	\$20 Copay	Covered by Medicare at 80%, after Part B deductible is met; Member pays remaining 20%	\$25 Copay
Specialist Office Visit	\$25 Copay	Covered by Medicare at 80%, after Part B deductible is met; Member pays remaining 20%	\$35 Copay ³
Urgent Care (Including Retail Health Clinics)	\$25 Copay	\$50 Copay	\$25 Copay
Emergency Room (Waived if admitted)	\$50 Copay	\$125 Copay	\$50 Copay

1. Reflects in-network costs 2. Protected population: single or family \$17 3. Does not apply to protected population (Refer to plan materials for actual costs)