

# MEDICARE<sup>1</sup>

## MA PPO Medicare Advantage PPO

## TCN Traditional Care Network

## HMO Health Maintenance Organization

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

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)