

Comparison Chart for Senior Plans

2019 Benefit	Coordinated Plan	Retiree National Choice Plan	UCare Medicare Group
Extended Absence or Point of Service	Worldwide coverage	Worldwide coverage for emergencies.	Worldwide coverage for emergencies. May be outside service area for up to 6 months.
Inpatient Admissions General Hospitalization	\$200 deductible + 20% of the first \$3000 (\$600) = \$800 per patient per calendar year	\$100 copay per admission then 100% coverage	\$100 copay per admission, then 100% coverage.
Emergency Services	After Medicare B annual deductible, 100% coverage	\$50 copay or 100% ER visit if admission results	\$50 copay, waived if admitted
Out of Pocket Maximum	\$800 inpatient, Medicare B deductible and 20% on hearing aids	\$3,400	\$3,400
Preventative care	100% Coverage (no deductible)	100% Coverage	100% Coverage
Eye & Hearing Exam	100% (no deductible) for one routine exam per year	100% coverage	100% Coverage
Physicians Service	Medicare B deductible, then 100%	\$15 copay, then 100% coverage	\$15 copay, then 100% coverage
Inpatient Hospitalization	\$200 deductible plus 20% of \$3,000 (600) which is \$800 per patient per year.	\$100 copay per admission then 100% coverage.	\$100 copay per admission, then 100% coverage.
Hospital Outpatient and Surgery Center	After Medicare B annual deductible, 100% coverage	100% Coverage	100% Coverage
Outpatient Mental Health	After Medicare B annual deductible, 100% coverage	\$10 copay or \$5 copay for group then 100% Coverage	\$15 copay per visit, then 100% coverage
Outpatient Chemical Dependency	After Medicare B annual deductible, 100% coverage	\$10 copay, then 100% coverage	\$15 copay per visit, then 100% coverage
Chiropractic	After Medicare B annual deductible, 100% coverage	\$15 copay, then 100% coverage, subject to Medicare guidelines	100% Coverage for Medicare approved services at UCare Medicare Group Chiropractor.
Physical Therapy	After Medicare B annual deductible, 100% coverage	\$15 copay, then 100% coverage	100% coverage outpatient setting, after \$15 copay per visit
Occupational Therapy	After Medicare B annual deductible, 100% coverage	\$15 copay, then 100% coverage	100% coverage outpatient setting, after \$15 copay per visit
Speech Therapy	After Medicare B annual deductible, 100% coverage	\$15 copay, then 100% coverage	100% Coverage outpatient setting after \$15 copay per visit
Home Health –skilled care meeting Medicare approved guidelines	After Medicare B annual deductible, 100% coverage	100% Coverage	100% Coverage
30-day Prescriptions	Copay coverage thru gap	Copay coverage thru gap	Copay coverage thru gap
	\$10 Generic	\$10 Generic	\$10 Generic
	\$30 Preferred Brand	\$30 Brand Formulary	\$30 Preferred Brand Name
	\$50 Brand Name	\$50 Non Preferred Brand	\$50 Brand Name
	\$50 for Specialty drugs	\$50 for Specialty drugs	\$50 for Specialty drugs
	25% for supplementary drugs	n/a	Supplemental Rx Covered
Mail Order Available	Yes	Yes	Yes
Prosthetics	100% after the annual Medicare B deductible	90% coverage	100% coverage
Durable Medical Equipment	100% after the annual Medicare B deductible (foot orthotics 80%)	90% including test strips and syringes for diabetics	80% and 100% for Part B diabetic supplies
Hearing Aid	80% for hearing aids and accessories every 3-yrs any vendor	80% for hearing aids and accessories every 3-yrs any vendor	\$500 reimbursement every 36-months at any vendor
Eye Glasses	eyewear discounts available	Up to 35% discount on eyewear (100% per cataract surgery)	\$150 allowance toward eyewear per year