Medicare Advantage Plan Benefits at a Glance

This is a partial list of the benefits available for discussion and should not be construed as a complete list of benefits.

Benefits	2018 Value Group – 803 Washoe County
Beneficiary Eligibility for Membership	Reside in Nevada, Part A&B, No ESRD
Monthly Plan Premium	See Plan Administrator
Maximum Out-of-Pocket	$2,500 per year
Out of network benefits	Not covered
PCP Office Visits	$10 per visit
Specialist Office Visits	$25 per visit
Inpatient Hospital	$175 / 3 days (* per period)
Skilled Nursing	$20 day 1-20 / $100 day (21-34)
Home Health Care	$0 per visit
Emergency Room Care	$75 per visit
Urgently Need Care	$10 / $20 per visit
Ambulance Services	$150 per trip
Diagnostic and X-Ray	$20 / $40 / $60 per visit
Routine Lab Services	$0 per visit
Same Day Surgery	$175 per visit
Preventive Services	No copayment
Diabetic Supplies	10 % per supply
Durable Medical Equipment	10 % per item
Chiropractic Services	$10 per visit
Outpatient Rehabilitation Services	$10 per visit
Vision (Routine Coverage)	$25 per exam - $150 allowance
Fitness Club Access	$20 Max Monthly Reimbursement
Rx–Coverage in the Gap	Gap coverage for Generic drugs(Tiers 1, 2, 3, and 4)
Rx–Deductible	No Deductible
Rx–Preferred Generic (1)	$2 (30-day supply)
Rx–Non-Preferred Generic (2)	$8 (30-day supply)
Rx–Preferred Brand (3)	$45 (30-day supply) $112.50 (90-day)
Rx–Non-Preferred Brand (4)	$95 (30-day supply) $237.50 (90-day)
Rx–Specialty (5)	33% coins (30-day supply)
Rx–90-day supply	2.5 times 30-day supply at retail (2 times 30-day supply at mail order)
Over-the-Counter Drugs	$10 max monthly reimbursement –Select List
Hearing Exam	$45 per exam (limit 1 per year)
Hearing Aid Coverage	2 TruHearing Flyte model hearing aids per year; $699 or $999 copay per aid

**Service Period - There are no additional copayments for Inpatient Hospital-Acute Services when readmitted to a contracted facility during a "service" period or within 30 days of last discharge. A "service" period starts the day you go into a hospital and ends when you go for 30 days without hospital care. If you go into the hospital after one "service" period has ended, a new "service" period begins. You must pay the inpatient hospital copayments for each "service" period. There is no limit to the number of "service" periods you can have in one year.*