

Covered Service	MS4 Medicare Supplement Plan with Medicare A and B	Classic Blue Plan with Medicare A and B
Covered Individuals	Individual - Retiree Only/Spouse Only	Individual, or Family (Spouse/DP, eligible Children)
Annual Out-of-Pocket Maximum	N/A	\$200 Individual/\$400 Family medical \$2,000 per person/\$6,000 maximum Rx
Annual Maximum Benefits	Yes on some services; see below.	No.
Lifetime Maximum Benefits	Yes on some services; see below.	No.
Deductibles	Medicare Part A: \$1,408.00/ Medicare Part B: \$198.00 (Deductibles are covered in full by the Medicare Supplement Plan)	Medicare Part A: \$1,408.00/Medicare Part B: \$198.00 (Classic Blue Deductible: \$100.00 Individual/ \$200.00 Family, services run through Medicare Deductibles and then apply to Classic Blue Deductibles until met.)
Inpatient Hospital	\$0.00 - max 90 days/year, then standard Medicare 60-day "Lifetime Reserve" , then additional 365 days lifetime allotment under Medicare Supplement Plan.	\$0.00 - Unlimited
Inpatient Hospital - Mental Health	\$0.00 - max 90 days/year, then standard Medicare 60-day "Lifetime Reserve" (190 Day Lifetime Maximum)	\$0.00 - Unlimited
Inpatient Skilled Nursing Facility	\$0.00 - max 100 days/year	\$0.00 - Unlimited
Inpatient Physical Rehabilitation	\$0.00 - max 90 days/year, then standard Medicare 60-day "Lifetime Reserve" , then additional 365 days lifetime allotment under Medicare Supplement Plan.	\$0.00 - Up to 60 days/year, unlimited lifetime max. Additional days up to 90 total days fall under Medicare Part A rate of \$341.00/day. "Lifetime Reserve" days up to 60 additional days per lifetime at \$682.00/day.)
Inpatient Chemical Dependency/Abuse Rehab	\$0.00 - max 90 days/year, then standard Medicare 60-day "Lifetime Reserve" , then additional 365 days lifetime allotment under Medicare Supplement Plan.	\$0.00 - Unlimited
Hospice	\$0.00 - unlimited as long as provider certifies the member as terminally ill.	\$0.00 - unlimited as long as provider certifies the member as terminally ill.
Ambulance (Air or Ground)	\$0.00	\$0.00
ER Visit	\$0.00	\$0.00
Urgent Care - Facility	\$0.00	\$0.00
Urgent Care - Physician Office	\$0.00	\$0.00

Moving from Classic Blue to the MS4 Medicare Supplement Plan

Outpatient Primary Care Doctor	\$0.00	20% Co-insurance after Classic Blue deductible is met, then \$0.00 after OOP max is hit.
Outpatient Specialist	\$0.00	20% Co-insurance after Classic Blue deductible is met, then \$0.00 after OOP max is hit.
Outpatient Mental Health	\$0.00	\$0.00
Outpatient Chemical Dependency	\$0.00	\$0.00
Outpatient Diagnostic Imaging (X-ray, CAT, MRI)	\$0.00	\$0.00
Outpatient Diagnostic Lab/Pathology	\$0.00	\$0.00
Outpatient Rehabilitation (Physical, Speech, Occupational, Pulmonary, Cardiac, etc.)	\$0.00	\$0.00
Treatment of Diabetes	\$0.00 (Insulin covered under Rx plan)	20% Co-insurance after Classic Blue deductible is met, then \$0.00 after OOP max is hit.
Radiation Therapy	\$0.00	\$0.00
Chemotherapy	\$0.00	\$0.00
Dialysis	\$0.00	\$0.00
Durable Medical Equipment (DME)	\$0.00	20% Co-insurance after Classic Blue deductible is met, then \$0.00 after OOP max is hit.
Eye Exams - Diagnostic	\$0.00	20% Co-insurance after Classic Blue deductible is met, then \$0.00 after OOP max is hit.
Routine Vision Exams	Not Covered	Not Covered
Eyewear	Not Covered	Not Covered
Hearing Evaluations - Diagnostic	\$0.00	20% Co-insurance after Classic Blue deductible is met, then \$0.00 after OOP max is hit.
Routine Hearing Evaluations	Not Covered	Not Covered
Hearing Aids	Not Covered	Not Covered
Allergy Testing and Treatment	Not Covered	20% Co-insurance after Classic Blue deductible is met, then \$0.00 after OOP max is hit.
Chiropractic Care	\$0.00	20% Co-insurance after Classic Blue deductible is met, then \$0.00 after OOP max is hit.
Acupuncture	Not Covered	Not Covered
Orthotics	\$0.00	20% Co-insurance after Classic Blue deductible is met, then \$0.00 after OOP max is hit.

Rx Co-pays	\$15.00/\$30.00/\$45.00 or \$30.00/\$60.00/\$90.00 (90 Day Mail Order)	\$5.00/\$20.00/\$35.00 or \$10.00/\$40.00/\$70.00 (90 Day Mail Order)
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