

Covered Service	MS4 Medicare Supplement Plan with Medicare A and B	PPO 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	\$1,000 per person/\$3,000 maximum medical (In-Network)/\$2,000 per person/\$6,000 maximum Rx (In-Network)
Annual Maximum Benefits	Yes on some services; see below.	Yes on some services; see below.
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 (PPO Deductible: \$0.00, services just run through PPO Plan until Medicare Deductibles are met.)
Inpatient Hospital	\$0.00 - max 90 days/year, then standard Medicare <b>60-day "Lifetime Reserve"</b> , then additional <b>365 days lifetime allotment</b> under Medicare Supplement Plan.	\$0.00 - Unlimited
Inpatient Hospital - Mental Health	\$0.00 - max 90 days/year, then standard Medicare <b>60-day "Lifetime Reserve" (190 Day Lifetime Maximum)</b>	\$0.00 - Unlimited
Inpatient Skilled Nursing Facility	\$0.00 - max 100 days/year	\$0.00 - max 120 days/year (inpatient and outpatient)
Inpatient Physical Rehabilitation	\$0.00 - max 90 days/year, then standard Medicare <b>60-day "Lifetime Reserve"</b> , then additional <b>365 days lifetime allotment</b> 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 <b>60-day "Lifetime Reserve"</b> , then additional <b>365 days lifetime allotment</b> 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	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
ER Visit	\$0.00	The lesser of 20% Medicare Co-insurance/\$35.00 PPO Co-pay (Co-pay waived if admitted)

**Moving from the PPO Plan to the MS4 Medicare Supplement Plan**

<b>Urgent Care - Facility</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$25.00 PPO Co-pay
<b>Urgent Care - Physician Office</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Outpatient Primary Care Doctor</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Outpatient Specialist</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Outpatient Mental Health</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Outpatient Chemical Dependency</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Outpatient Diagnostic Imaging (X-ray, CAT, MRI)</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Outpatient Diagnostic Lab/Pathology</b>	\$0.00	\$0.00
<b>Outpatient Rehabilitation (Physical, Speech, Occupational, Pulmonary, Cardiac, etc.)</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Treatment of Diabetes</b>	\$0.00 (Insulin covered under Rx plan)	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Radiation Therapy</b>	\$0.00	\$0.00
<b>Chemotherapy</b>	\$0.00	\$0.00
<b>Dialysis</b>	\$0.00	\$0.00
<b>Durable Medical Equipment (DME)</b>	\$0.00	20% Co-insurance
<b>Eye Exams - Diagnostic</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Routine Vision Exams</b>	Not Covered	\$10.00 PPO Co-pay
<b>Eyewear</b>	Not Covered	\$60.00 Allowance
<b>Hearing Evaluations - Diagnostic</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Routing Hearing Evaluations</b>	Not Covered	Not Covered
<b>Hearing Aids</b>	Not Covered	Not Covered
<b>Allergy Testing and Treatment</b>	Not Covered	\$10.00 PPO Co-pay
<b>Chiropractic Care</b>	\$0.00	The lesser of 20% Medicare Co-insurance/\$10.00 PPO Co-pay
<b>Acupuncture</b>	Not Covered	50% Co-insurance
<b>Orthotics</b>	\$0.00	20% Co-insurance

**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)