

## Medicare Advantage Plans in Berks County 2017



<b>Provider Network:</b> <i>Reading</i>	<b>AARP MedicareComplete HMO</b>
<b>Premiums/month</b>	\$16
<b>Max Out of Pocket, In-Network</b>	\$6,700
<b>Primary Care Dr. Visits</b>	\$15
<b>Specialist Office Visit</b>	\$45
<b>Urgent Care</b>	\$30-40
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$345 per day (Days 1-5)
<b>Out-patient Surgery</b>	20% coinsurance
<b>Ambulance</b>	\$225
<b>Emergency Care</b>	\$75
<b>Skilled Nursing</b>	\$160 per day (Days 21-62)
<b>Lab Services (independent/facility)</b>	\$10
<b>X-Rays</b>	\$14
<b>High Tech Imaging</b>	20% coinsurance
<b>Diabetic Supplies</b>	\$0
<b>Durable Medical Equipment</b>	20%
<b>PT/OT/Cardiac Rehab</b>	\$40/40/45
<b>Prescription Drugs</b>	Yes (\$230 deductible for brand drugs)
<b>Preferred Pharmacies: NA</b>	
<b>Routine Dental</b>	not covered
<b>Hearing Services</b> <i>Routine exam &amp; fitting, \$330- 380 copay for each hearing aid</i>	\$15
<b>Routine Vision</b> <i>annual eye exam</i>	\$20
<b>Fitness</b>	Silver Sneakers

<b>Provider Network: Reading &amp; PSU/St. Joseph</b>	<b>Advantra SilverPlus HMO</b>	<b>Aetna Medicare Standard HMO</b>
<b>Premiums/month</b>	\$61	\$49
<b>Max Out of Pocket, In Network</b>	\$6,700	\$6,700
<b>Primary Care Dr. Visits</b>	\$10	\$10
<b>Specialist Office Visit</b>	\$45	\$35
<b>Urgent Care</b>	\$50	\$50
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$175 per day (Days 1-5)	\$195 per day (Days 1-9)
<b>Out-patient Surgery Surgi- Center/Hospital</b>	\$320/\$370	\$285
<b>Ambulance</b>	\$290	\$300
<b>Emergency Care</b>	\$75	\$75
<b>Skilled Nursing</b>	\$164.50 per day (Days 21-100)	\$164.50 per day (Days 21-100)
<b>Lab Services (independent/facility)</b>	\$15	\$35
<b>X-Rays</b>	\$30	\$35
<b>High Tech Imaging</b>	\$265	\$285
<b>Diabetic Supplies</b>	\$0 - 20%	0-20%
<b>Durable Medical Equipment</b>	20%	20%
<b>PT/OT/Cardiac Rehab</b>	\$35	\$35
<b>Prescription Drugs</b>	Yes	Yes (\$100 deductible)
<b>Preferred Pharmacies</b>	Kmart, Sams, Walgreens, Wal-Mart, Weis	
<b>Routine Dental</b>	Not covered	\$500 for preventive dental (2) exams & cleanings per yr)
<b>Hearing Services <i>Routine exam</i></b>	\$0	Free exam \$300 total per year for aids
<b>Routine Vision <i>1 annual eye exam</i></b>	Free Exam, \$125 towards frames & Lenses each year.	Free Exam, \$125 towards frames & Lenses each year.
<b>Fitness</b>	Silver & Fit	Silver & Fit

<b>Provider Network: Reading &amp; PSU/St. Joseph</b>	<b>Advantra SilverPlus PPO</b>	<b>AdvantraOne PPO <i>Plan pays \$60 towards Part B</i></b>	<b>Advantra Silver PPO</b>
<b>Premiums/month</b>	\$84	\$23	\$0
<b>Max Out of Pocket, In Network</b>	\$6,700	\$6,700	\$6,700
<b>Primary Care Dr. Visits</b>	\$5	\$35	\$10
<b>Specialist Office Visit</b>	\$35	\$50	\$40
<b>Urgent Care</b>	\$50	\$60	\$50
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$425 per hospital stay	\$540 per day (Days 1-3)	\$195 per day (Days 1-9)
<b>Out-patient Surgery Surgi- Center/Hospital</b>	\$275/325	20%	\$350/380
<b>Ambulance</b>	\$225	\$300	\$275
<b>Emergency Care</b>	\$75	\$75	\$75
<b>Skilled Nursing</b>	\$164.50 per day (Days 21-100)	\$164.50 per day (Days 21-100)	\$164.50 per day (Days 21-100)
<b>Lab Services (independent/facility)</b>	\$5-10	\$40	\$15-20
<b>X-Rays</b>	\$30	\$60	\$35
<b>High Tech Imaging</b>	\$325	20%	\$275
<b>Diabetic Supplies</b>	\$0 - 20%	\$0 - 20%	\$0 - 20%
<b>Durable Medical Equipment</b>	20%	20%	20%
<b>PT/OT/Cardiac Rehab</b>	\$35	\$40	\$40
<b>Prescription Drugs</b>	Yes	Yes (\$400 deductible)	Yes
<b>Preferred Pharmacies</b>			
<b>Routine Dental <i>Can use any provider &amp; get reimbursed</i></b>	\$150 towards preventive dental (1) dental exams & cleanings; (1) x-ray	Not Covered	Not Covered
<b>Hearing Services <i>Routine exam</i></b>	\$0	\$0	\$0
<b>Routine Vision <i>1 annual eye exam</i></b>	\$125 towards eyewear every year	\$0	\$0
<b>Fitness</b>	Silver & Fit	Silver & Fit	Silver & Fit

<b>Provider Network: Reading &amp; PSU/St. Joseph</b>	<b>Aetna Medicare Gold PPO</b>	<b>Aetna Medicare Premier Plan PPO</b>
<b>Premiums/month</b>	\$159	\$119
<b>Max Out of Pocket, In Network</b>	\$4,500	\$6,700
<b>Primary Care Dr. Visits</b>	\$0	\$10
<b>Specialist Office Visit</b>	\$25	\$40
<b>Urgent Care</b>	\$50	\$50
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$300 per hospital stay	\$195 per day (Days 1-8)
<b>Out-patient Surgery Surgi- Center/Hospital</b>	\$195	\$275
<b>Ambulance</b>	\$175	\$300
<b>Emergency Care</b>	\$75	\$75
<b>Skilled Nursing</b>	\$164.50 per day (Days 21-100)	\$164.50 per day (Days 21-100)
<b>Lab Services (independent/facility)</b>	\$0	\$0-25
<b>X-Rays</b>	\$15	\$30
<b>High Tech Imaging</b>	\$175	\$240
<b>Diabetic Supplies</b>	0-20%	0-20%
<b>Durable Medical Equipment</b>	20%	20%
<b>PT/OT/Cardiac Rehab</b>	\$15	\$35
<b>Prescription Drugs</b>	Yes	Yes
<b>Preferred Pharmacies</b>	Kmart, Sams, Walgreens, Wal-Mart, Weis	
<b>Routine Dental</b> <i>Can use any provider &amp; get reimbursed</i>	\$150 towards preventive dental (1) dental exams & cleanings; (1) x-ray	(2) annual exams & cleanings
<b>Hearing Services</b> <i>Routine exam</i>	Free exam \$500 total per year for aids	Free exam \$300 total per year for aids
<b>Routine Vision</b> <i>1 annual eye exam</i>	\$150 towards eyewear every year	\$125 towards eyewear every year
<b>Fitness</b>	Silver & Fit	Silver & Fit

<b>Provider Network: Reading &amp; PSU/St. Joseph</b>	<b>BlueJourney Premier HMO</b>	<b>BlueJourney Value HMO</b>	<b>BlueJourney Essential HMO</b>
<b>Premiums/month</b>	\$150	\$50	\$0
<b>Max Out of Pocket, In-Network</b>	\$3,400	\$3,400	\$6,700
<b>Primary Care Dr. Visits</b>	\$10	\$10	\$5
<b>Specialist Office Visit</b>	\$20	\$25	\$30
<b>Urgent Care</b>	\$30	\$35	\$40
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$65 per day (Days 1-5)	\$100 per day (Days 1-5)	\$170 per day (Days 1-8)
<b>Out-patient Surgery</b>	\$200	\$300	\$350
<b>Ambulance</b>	\$100	\$150	\$200
<b>Emergency Care</b>	\$75	\$75	\$75
<b>Skilled Nursing</b>	\$20/day (Days 6-20); \$160 per day (Days 21-100)	\$20/day (Days 6-20); \$164 per day (Days 21-100)	\$164 per day (Days 21-100)
<b>Lab Services (independent/facility)</b>	\$0 copay/ \$40 copay	\$0 copay/ \$40 copay	\$0 copay/ \$40 copay
<b>X-Rays</b>	\$25	\$25	\$50
<b>Diagnostic Radiology</b>	\$75	\$100	\$250
<b>Diabetic Supplies</b>	\$0	\$0	\$0
<b>Durable Medical Equipment</b>	20%	20%	20%
<b>PT/OT/Cardiac Rehab</b>	\$20	\$25	\$30
<b>Prescription Drugs</b>	Yes	Yes	Yes
<b>Preferred Pharmacies:</b>	CVS, Giant, Sams, M. Shop, Wal-Mart, Weis		
<b>Routine Dental</b> <i>1 annual exam, cleaning and bitewin xrays (2)</i>	\$10	\$10	\$10
<b>Hearing Services</b> <i>Routine exam &amp; fitting, \$800 for hearing aids every 3 yrs</i>	\$20 co-pay each for exam & fitting	\$20 co-pay each for exam & fitting	\$20 co-pay each for exam & fitting
<b>Routine Vision</b> <i>1 annual eye exam</i>	\$20	\$20	Not Covered
<b>Fitness</b>	Silver & Fit	Silver & Fit	Silver & Fit
<b>Over The Counter Items</b>	Not covered	Not covered	\$25 per month

<b>Provider Network: Reading &amp; PSU/St. Joseph</b>	<b>BlueJourney Prime PPO</b>	<b>BlueJourney Classic PPO</b>
<b>Premiums/month</b>	\$175	\$55
<b>Max Out of Pocket, In-Network</b>	\$6,700	\$6,700
<b>Primary Care Dr. Visits</b>	\$10	\$10
<b>Specialist Office Visit</b>	\$25	\$35
<b>Urgent Care</b>	\$35	\$45
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$100 per day (Days 1-7)	\$200 per day (Days 1-7)
<b>Out-patient Surgery surgi center/hospital</b>	\$100/300	\$200/300
<b>Ambulance</b>	\$100	\$200
<b>Emergency Care</b>	\$75	\$75
<b>Skilled Nursing</b>	\$150 per day (Days 21-100)	\$164 per day (Days 21-100)
<b>Lab Services (independent/facility)</b>	\$0 copay/ \$40 copay	\$0 copay/ \$40 copay
<b>X-Rays</b>	\$20	\$25
<b>Diagnostic Radiology</b>	\$100	\$150
<b>Diabetic Supplies</b>	\$0	\$0
<b>Durable Medical Equipment</b>	20%	20%
<b>PT/OT/Cardiac Rehab</b>	\$25	\$35
<b>Prescription Drugs</b>	Yes	Yes
<b>Preferred Pharmacies:</b>	CVS, Giant, Sams, M. Shop, Wal-Mart, Weis	
<b>Routine Dental</b> <i>1 annual exam, cleaning and bitewin xrays (2)</i>	\$10	\$10
<b>Hearing Services</b> <i>Routine exam &amp; fitting, \$800 for hearing aids every 3 yrs</i>	\$20 co-pay each for exam & fitting	\$20 co-pay each for exam & fitting
<b>Routine Vision</b> <i>1 annual eye exam; \$40 towards frames or contacts; \$48 for lenses every 2 yrs</i>	\$20	\$20
<b>Fitness</b>	Silver & Fit	Silver & Fit
<b>Televisit (Doctor by Live Video)</b>	\$5	\$8
<b>Over The Counter Items</b>	Not covered	\$15 per month

<b>Provider Network: PSU/St. Joseph</b>	<b>Community Blue Medicare HMO</b>
<b>Premiums/month</b>	\$16
<b>Max Out of Pocket, In- Network</b>	\$6,700
<b>Primary Care Dr. Visits</b>	\$5
<b>Specialist Office Visit</b>	\$50
<b>Urgent Care</b>	\$30-40
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$215 per day (Days 1-7)
<b>Out-patient Surgery</b>	\$300
<b>Ambulance</b>	\$325
<b>Emergency Care</b>	\$75
<b>Skilled Nursing</b>	\$164.50 per day (Days 21-62)
<b>Lab Services (independent/facility)</b>	\$0-25
<b>X-Rays</b>	\$50
<b>High Tech Imaging</b>	\$250
<b>Diabetic Supplies</b>	\$0-20%
<b>Durable Medical Equipment</b>	20%
<b>PT/OT/Cardiac Rehab</b>	\$50
<b>Prescription Drugs</b>	Yes
<b>Preferred Pharmacies: NA</b>	
<b>Routine Dental</b>	\$30 for (1) cleaning & exam \$25 for (1) x-ray
<b>Hearing Services <i>Routine exam &amp; fitting</i></b>	\$699-999 for each hearing aid every year
<b>Routine Vision <i>annual eye exam</i></b>	Std eyeglass lenses & frames or contacts covered in full
<b>Fitness</b>	Silver Sneakers

<b>Provider Network: Reading &amp; PSU/St. Joseph</b>	<b>Freedom Blue Deluxe PPO</b>	<b>Freedom Blue Standard PPO</b>	<b>Freedom Blue ValueRx PPO</b>
<b>Premiums/month</b>	\$293.50	\$190.50	\$75.00
<b>Max Out of Pocket, In Network</b>	\$6,700	\$6,700	\$6,700
<b>Primary Care Dr. Visits</b>	\$5	\$10	\$15
<b>Specialist Office Visit</b>	\$30	\$35	\$40
<b>Urgent Care</b>	\$50	\$50	\$50
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$250 per hospital stay	\$500 per hospital stay	\$275 per day (Days 1-5)
<b>Out-patient Surgery</b>	\$100-200	\$150-250	\$200-300
<b>Ambulance</b>	\$150	\$175	\$200
<b>Emergency Care</b>	\$75	\$75	\$75
<b>Skilled Nursing</b>	\$164.50 per day (Days 21-100)	\$164.50 per day (Days 21-100)	\$164.50 per day (Days 21-100)
<b>Lab Services (independent/facility)</b>	\$0-10	\$0-15	\$0-20
<b>X-Rays</b>	\$10	\$20	\$30
<b>High Tech Imaging</b>	\$100	\$125	\$200
<b>Diabetic Supplies</b>	\$0 - 20%	\$0 - 20%	\$0 - 20%
<b>Durable Medical Equipment</b>	20%	20%	20%
<b>PT/OT/Cardiac Rehab</b>	\$30	\$35	\$40
<b>Prescription Drugs</b>	Yes	Yes	Yes
<b>Preferred Pharmacies: NA</b>			
<b>Routine Dental</b>	\$20 for (1) cleaning & exam \$20 for (1) x-ray	\$30 for (1) cleaning & exam \$25 for (1) x-ray	\$30 for (1) cleaning & exam \$25 for (1) x-ray
<b>Hearing Services 1 Routine exam/yr</b>	\$499-799 for each hearing aid every year	\$699-999 for each hearing aid every year	\$699-999 for each hearing aid every year
<b>Routine Vision 1 annual eye exam</b>	Standard eyeglass lenses & frames or contacts covered in full	Standard eyeglass lenses & frames or contacts covered in full	Standard eyeglass lenses & frames or contacts covered in full
<b>Fitness</b>	Silver Sneakers	Silver Sneakers	Silver Sneakers
<b>Transportation</b>	\$10 CoPay (24) 1-way trips	\$10 CoPay (24) 1-way trips	\$10 CoPay (24) 1-way trips



<b>Provider Network: Reading&amp; PSU/St. Joseph</b>	<b>Geisinger Gold Classic Advantage Rx HMO</b>	<b>Geisinger Gold Classic Complete Rx HMO</b>
<b>Premiums/month</b>	\$117	\$0
<b>Max Out of Pocket, In Network</b>	\$3,400	\$5,900
<b>Primary Care Dr. Visits</b>	\$0	\$5
<b>Specialist Office Visit</b>	\$20	\$35
<b>Urgent Care</b>	\$20	\$35
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$150 per day (Days 1-5)	\$175 per day (Days 1-5)
<b>Out-patient Surgery</b>	\$200	\$265
<b>Ambulance</b>	\$100	\$200
<b>Emergency Care</b>	\$75	\$75
<b>Skilled Nursing</b>	\$160 per day (Days 21-42)	\$160 per day (Days 21-57)
<b>Lab Services (independent/facility)</b>	\$5	\$5
<b>X-Rays</b>	\$25	\$30
<b>Radiation Therapy</b>	\$25	\$30
<b>High Tech Imaging</b>	\$150	\$225
<b>Diabetic Supplies</b>	\$0 - 20% coinsurance	\$0 - 20% coinsurance
<b>Durable Medical Equipment</b>	20%	20%
<b>PT/OT/Cardiac Rehab</b>	\$20/20/10	\$35/35/10
<b>Prescription Drugs</b>	Yes	Yes
<b>Preferred Pharmacies: NA</b>		
<b>Preventive Dental</b> <i>(2) exams&amp;cleanings; \$20-30 copay for (1) x-ray</i>	\$20	Not covered
<b>Hearing Services</b> <i>Routine exam &amp; \$800 towards hearing aids every 3 years</i>	\$20	Not covered
<b>Routine Vision</b> <i>1 annual eye exam; \$200 towards eyewear every 2 yrs</i>	\$20	Not covered
<b>Fitness</b>	\$90 every 3 months	Not covered
<b>Optional Health</b>	<b>\$38/month</b>	<b>\$38/month</b>
<b>Vision</b> <i>\$20 towards 1 diagnostic exam and \$100 towards eyewear per year</i>	\$20 copay	\$20 copay
<b>Dental</b> \$500 <i>per year for up to (2) cleanings &amp; exams; (1) x-ray</i>	No charge	No charge
<b>Hearing</b> <i>\$20 towards 1 diagnostic exam and \$500 towards hearing aids per year</i>	\$20 copay	\$20 copay
<b>Fitness</b> <i>You get \$90 every 3 months towards gym membership</i>	<b>included</b>	<b>included</b>

<b>Provider Network: Reading&amp;PSU/St. Joes</b>	<b>Geisinger Gold Preferred Advantage Rx PPO</b>	<b>Geisinger Gold Preferred Complete Rx PPO</b>
<b>Premiums/month</b>	\$75	\$0
<b>Max Out of Pocket, In Network</b>	\$5,900	\$6,700
<b>Primary Care Dr. Visits</b>	\$5	\$5
<b>Specialist Office Visit</b>	\$25	\$40
<b>Urgent Care</b>	\$25	\$40
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$175 per day (Days 1-5)	\$200 per day (Days 1-5)
<b>Out-patient Surgery</b>	\$225	\$350
<b>Ambulance</b>	\$200	\$200
<b>Emergency Care</b>	\$75	\$75
<b>Skilled Nursing</b>	\$160 per day (Days 21-57)	\$160 per day (Days 21-62)
<b>Lab Services (independent/facility)</b>	\$15	\$20
<b>X-Rays</b>	\$25	\$35
<b>Radiation Therapy</b>	\$25	\$35
<b>High Tech Imaging</b>	\$200	\$265
<b>Diabetic Supplies</b>	\$0 - 20% coinsurance	\$0 - 20% coinsurance
<b>Durable Medical Equipment</b>	20%	20%
<b>PT/OT/Cardiac Rehab</b>	\$25/25/10	\$40/40/10
<b>Prescription Drugs</b>	Yes	Yes
<b>Preferred Pharmacies: NA</b>		
<b>Optional Health</b>	<b>\$38/month</b>	<b>\$38/month</b>
<b>Vision</b> <i>1 routine exam and \$100 towards eyewear per year</i>	\$20 copay	\$20 copay
<b>Dental</b> <i>\$500 per year for up to (2) cleanings &amp; exams; (1) x-ray</i>	No charge	No charge
<b>Hearing</b> <i>\$20 towards 1 diagnostic exam and \$500 towards hearing aids per year</i>	\$20 copay	\$20 copay
<b>Fitness</b> <i>You get \$90 every 3 months towards gym membership</i>	<b>included</b>	<b>included</b>

<b>Provider Network:</b> <i>PSU/St. Joseph</i>	<b>HumanaGold Choice</b> <b>PFFS-052</b>	<b>Humana GoldPlus</b> <b>HMO-001</b>
<b>Premiums/month</b>	\$60	\$0
<b>Max Out of Pocket, In Network</b>	\$6,700	\$6,700
<b>Primary Care Dr. Visits</b>	\$15	\$10
<b>Specialist Office Visit</b>	\$45	\$45
<b>Urgent Care</b>	\$35	\$35
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$270 per day (Days 1-7)	\$350 per day (Days 1-5)
<b>Out-patient Surgery</b>	\$200-270	\$245-295
<b>Ambulance</b>	\$250	\$265
<b>Emergency Care</b>	\$75	\$75
<b>Skilled Nursing</b>	\$164.50 per day (Days 21-100)	\$164.50 per day (Days 21-100)
<b>Lab Services (independent/facility)</b>	\$0-105	\$0-105
<b>X-Rays</b>	\$15-105	\$10-105
<b>High Tech Imaging</b>	\$220-270	\$300-350
<b>Diabetic Supplies</b>	\$0 - 20% coinsurance	\$0 - 20% coinsurance
<b>Durable Medical Equipment</b>	20%	20%
<b>PT/OT/Cardiac Rehab</b>	\$15-40	\$10-40
<b>Prescription Drugs</b>	Yes (\$360 deductible for brand)	Yes (\$360 deductible for brand)
<b>Preferred Pharmacies:</b>	All EXCEPT FOR: Esterbrooks, W. Reading	
<b>Preventive Dental</b> <i>(1) exam, cleaning &amp; x-ray</i>	Not covered	\$0
<b>Hearing Services</b> <i>Routine exam &amp; \$1000 towards hearing aids every 3 years</i>	Not covered	\$0
<b>Routine Vision</b> <i>1 annual eye exam; \$200 towards frames &amp; Lenses</i>	Not covered	\$0
<b>Fitness</b>	Silver Sneakers	Silver Sneakers
<b>Over The Counter items</b>	\$45/quarter	\$45/quarter
<b>Optional Dental</b> <i>\$2000 max benefit for preventive &amp; comprehensive services per year</i>	<b>26.10/month</b>	
<b>Optional Vision</b> <i>\$40 towards 1 routine exam and \$375 towards eyewear per year</i>	<b>\$15.30/month</b>	

<b>Provider Network: PSU/St. Joseph</b>	<b>Humana Choice PPO-002</b>	<b>Humana Choice PPO-006</b>
<b>Premiums/month</b>	\$97	\$37
<b>Max Out of Pocket, In Network</b>	\$6,700	\$6,700
<b>Primary Care Dr. Visits</b>	\$15	\$15
<b>Specialist Office Visit</b>	\$45	\$45
<b>Urgent Care</b>	\$35	\$35
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$295 per day (Days 1-6)	\$350 per day (Days 1-5)
<b>Out-patient Surgery</b>	\$245-295	\$245-295
<b>Ambulance</b>	\$265	\$265
<b>Emergency Care</b>	\$75	\$75
<b>Skilled Nursing</b>	\$164.50 per day (Days 21-100)	\$164.50 per day (Days 21-100)
<b>Lab Services (independent/facility)</b>	\$0-105	\$0-105
<b>X-Rays</b>	\$15-105	\$15-105
<b>Diagnostic Radiology</b>	\$245-295	\$300-350
<b>Diabetic Supplies</b>	\$0 - 20% coinsurance	\$0 - 20% coinsurance
<b>Durable Medical Equipment</b>	20%	20%
<b>PT/OT/Cardiac Rehab</b>	\$15-40	\$15-40
<b>Prescription Drugs</b>	Yes (\$250 for brand drugs)	Yes (\$360 for brand drugs)
<b>Preferred Pharmacies:</b>	All EXCEPT FOR: Esterbrooks, W. Reading	
<b>Preventive Dental (1) exam, cleaning &amp; x-ray</b>	\$0	\$0
<b>Hearing Services Routine exam &amp; \$250 towards hearing aids</b>	not covered	not covered
<b>Routine Vision \$40 towards 1 annual eye exam; \$100 towards frames &amp; Lenses</b>	\$0	\$0
<b>Fitness</b>	Silver Sneakers	Silver Sneakers
<b>Over The Counter items</b>	\$45/quarter	\$45/quarter
<b>Optional Dental \$1500 max benefit for preventive &amp; comprehensive services per year</b>		<b>\$25/month</b>

<b>Provider Network: Reading</b>	<b>UPMC for Life HMO Rx</b>	<b>UPMC for Life HMO Deductible with Rx</b>
<b>Premiums/month</b>	\$95	\$16
<b>Max Out of Pocket, In-Network</b>	\$3,400	\$4,000
<b>In-Network Deductible</b>	\$0	<b>\$750</b>
<b>Primary Care Dr. Visits</b>	\$5	\$10
<b>Specialist Office Visit</b>	\$40	\$50
<b>Urgent Care</b>	\$50	\$50
<b>Inpatient hospital Stays, Mental Health, Subst Abuse</b>	\$350 per admission	\$300 per admission
<b>Out-patient Surgery</b>	\$250	\$125
<b>Ambulance</b>	\$200	\$100
<b>Emergency Care</b>	\$75	\$75
<b>Skilled Nursing</b>	\$20 per day (Days 1-20); \$80 per day (Days 21-100)	\$160 per day (Days 21-100)
<b>Lab Services (independent/facility)</b>	\$0-5	\$0-10
<b>X-Rays</b>	\$40	\$10
<b>High Tech Imaging</b>	\$200	\$100
<b>Diabetic Supplies</b>	20%	20%
<b>Durable Medical Equipment</b>	20%	\$0
<b>PT/OT/Cardiac Rehab</b>	\$40	\$0
<b>Prescription Drugs</b>	Yes	Yes
<b>Preferred Pharmacies: NA</b>		
<b>Routine Dental (2) exams &amp; cleaning and (1) x-ray</b>	\$15 co-pay for exam \$15 co-pay for x-ray	\$15 co-pay for exam \$15 co-pay for x-ray
<b>Hearing Services Routine exam</b>	not covered	not covered
<b>Routine Vision annual eye exam</b>	\$175 towards exam and eyewear every 2 yrs	\$100 towards exam and eyewear every 2 yrs
<b>eVisits/eDerm</b>	\$5/\$38	\$10/\$38
<b>Fitness</b>	\$0	\$0

Provider Network: PSU/St. Joseph	VIBRA Enhanced PPO	VIBRA Essential PPO
Premiums/month	\$49.50	\$0
Max Out of Pocket, In-Network	\$4,800	\$6,700
Primary Care Dr. Visits	\$5	\$10
Specialist Office Visit	\$40	\$50
Urgent Care	\$50	\$50
Inpatient hospital Stays, Mental Health, Subst Abuse	\$195 per day (Days 1-8)	\$210 per day (Days 1-8)
Out-patient Surgery Surgi-Center/Hospital	\$225/300	\$250/325
Ambulance	\$150	\$225
Emergency Care	\$75	\$75
Skilled Nursing	\$164.50 per day (Days 21-100)	\$164.50 per day (Days 21-100)
Lab Services (independent/facility)	10%	20%
X-Rays	\$30	\$35
High Tech Imaging	\$225	\$275
Diabetic Supplies	20%	20%
Durable Medical Equipment	20%	20%
PT/OT/Cardiac Rehab	\$40	\$40
Prescription Drugs	Yes	Yes
Preferred Pharmacies:	Esterbrook, Giant, Rite Aid, Sams, Walgreens, WalMart, W Reading	
Routine Dental (2) exams, cleanings & xrays	\$20 per exam \$30 per xray	not covered
Hearing Services <i>Routine exam &amp; fitting</i>	\$45	not covered
Routine Vision <i>annual eye exam</i>	\$45 per exam \$125 allowance every 2 yrs	\$45 per exam \$100 allowance every 2 yrs
Fitness	\$90 every 3 months	not covered
Transportation	\$30 allowance per trip 12 round trips/yr	not covered
Optional Dental	<b>\$28/month</b>	<b>\$33.30/month</b>
Dental <b>No deductible; no Max for Diagnostic or Preventive</b>	(2) cleanings, exams & x-rays per year. \$20 per exam; \$10-30 per x-ray	(2) cleanings, exams & x-rays per year. \$20 per exam; \$10-30 per x-ray
Dental <b>\$1000 Maximum for Other Services</b>	20-50% coinsurance for other treatment	20-50% coinsurance for other treatment