

Monthly premium effective January 1, 2022

Cost

\$381.00

34.

	2022 Rates
Physician and other health professional services	In-Network
Primary doctor/Specialist	\$15 / \$35
Radiation therapy	\$35
Emergency room (waived if admitted)	\$75
Urgent care (waived if admitted)	\$65
Ambulance	\$100
More than 20 preventive services	In-Network
Flu shots - Part B	Covered in full
Immunizations - Part B (hepatitis/pneumonia)	Covered in full
All other preventive screenings and tests	Covered in full
Hospital, home health care, and skilled services	In-Network
Hospital (inpatient)	\$350 / 1 copay max per year
Outpatient surgery - hospital	\$175
Outpatient surgery - ambulatory center	\$75
Home health care	Covered in full
Skilled nursing facility	\$350 / 1 copay max per year
Dialysis	Covered in full
Mental health/chemical dependence services	In-Network
Mental health (inpatient, 190-day lifetime limit)	\$350 / 1 copay max per year
Mental health (outpatient)	\$35
Mental health (with psychiatrist)	\$20
Alcohol substance abuse (inpatient)	\$350 / 1 copay max per year
Alcohol substance abuse (outpatient)	20%
Laboratory and X-ray services	In-Network
Laboratory testing	Covered in full
X-rays	\$35
Advanced radiology - MRI, MRA, PET, and CT	\$50
Rehabilitation services	In-Network
Physical, occupational, and speech therapy	\$35
Acupuncture & Massage Therapy	\$500 annual allowance
Chiropractor	\$20 includes 12 routine visits
Cardiac rehab	\$30

Vision	In-Network
Routine vision exam	\$25
Allowance (lenses and frames)	\$300 annual allowance
Hearing	In-Network
Routine hearing exam - TruHearing™	\$45
Hearing aid benefit - TruHearing™	\$499 / \$799
Dental	In-Network
Dental allowance	\$300 annual allowance
Supplies, equipment and devices	In-Network
Durable medical equipment	\$0 compression stockings; 20% all other items
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items
Diabetic supplies - Part B	Covered in full
Fitness program	In-Network
SilverSneakers® ("Steps" program included)	Covered in full
Prescription drugs - Part B	In-Network
Immunosuppressive drugs	Covered in full
Oral chemotherapy drugs	Covered in full
Physician administered injectables	Covered in full
Nebulizer inhalation solution	20%
Part B drugs - other	20%
Prescription drugs - Part D	In-Network
Prescription drug (Rx)	\$0/\$20/\$45/\$95/\$95
Mail order (90-day supply)	Tier 1 - Tier 5: 2 copays for a 90 day supply.
Coverage gap/donut hole	No coverage gap
General product information	
In-network out-of-pocket maximum	\$3,400
Combined out-of-pocket maximum	N/A
RX deductible	N/A