

# At-a-Glance: Comparing the 2024 Medicare Supplement, PPO and EPO Medical Programs

## 2024 Plan Options for Medicare-Eligible Retirees

Medical Program Benefit Comparison	National PPO Benefits and Cost-Sharing		National EPO Benefits and Cost-Sharing	National Medicare Supplement Plan
	Preferred Provider (In-Network)	Nonpreferred Provider (Out-of-Network)	Preferred Provider (Only limited coverage for out-of-network care)	Does not require the use of a Provider Network, only Providers that accept Medicare Assignment
<b>Calendar Year Deductible</b> – All services are subject to deductible unless otherwise indicated (PPO and EPO only). Part A & B Deductible for Medicare Supplement (only) is paid by the Plan. In and Out-of-Network deductibles do not cross apply.	\$250 Individual \$750 Family	\$500 Individual \$1500 Family	\$150 Individual \$450 Family	<b>\$0 by Member</b> <b>Plan Pays Deductibles:</b> <b>Medicare Part A Deductible</b> <b>Medicare Part B Deductible</b>
<b>Calendar Year Out-of-Pocket Limit</b> – Under the PPO Plan, In and Out-of-Network amounts do not cross-apply; Medicare Supplement does not have an Out-of-Pocket Limit for medical expenses. The Medicare Supplement Plan does however have an Out-of-pocket limit for prescription drugs. After a member (or family) reaches the applicable out-of-pocket limit, the medical program pays 100% of most of that member's (or family's) covered charges for the rest of the year. Does not include penalty amounts, if any, noncovered charges, or amounts over the covered charge.	\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family	\$2,000 Individual \$6,000 Family	\$1000 per Member for Rx only
	Includes deductible, copayments, drug plan copayments and percentage coinsurance		Includes deductible, copayments, drug plan copayments and coinsurance	
<b>Basic Hospital and Physician Services</b>				
<b>Office Visit/Exam Charge</b> (Nonroutine) PPO and EPO benefits are applied after Medicare pays their portion	\$20/visit (deductible waived)	40% after deductible	\$20/visit (deductible waived)	<b>Member Pays \$0</b> Medicare Pays 80% Plan Pays 20%
<b>Routine Preventive Care</b> (includes exams, physicals, checkups, lab tests, immunizations, colonoscopies, etc.)	100%	40% after deductible	100%	<b>Member Pays \$0</b> Medicare Pays 80-100% Plan Pays Remainder
<b>Inpatient Hospital Charges/Inpatient Surgery</b> (Inpatient Physician Medical Visits/Consultations - EPO and PPO Plans covered at 100%). PPO and EPO Benefits are applied after Medicare Pays their portion.	10% after deductible	\$250 + 40% after deductible	10% after deductible	<b>Member Pay \$0</b> Medicare Pays First; Plan picks up the remainder of Medicare-eligible expenses
<b>Outpatient Hospital/Ambulatory Surgery Center</b>	10% after deductible	40% after deductible	10% after deductible	<b>Member Pays \$0</b> Medicare Pays 80% Plan Pays 20%
<b>Emergency Room Visit Facility</b> (emergency conditions only)	\$75/visit (deductible waived)		\$75/visit (deductible waived)	<b>Member Pays \$0</b> Medicare Pays 80% Plan Pays 20%
<b>ER Physician and other Professional Provider Charges</b>	10% after PPO deductible		10% after deductible	<b>Member Pays \$0</b> Medicare Pays 80% Plan Pays 20%
<b>Independent Lab/X-Ray Facility</b>	10% after deductible	40% after deductible	10% after deductible	<b>Member Pays \$0</b> Medicare Pays 80-100% Plan Pays Remainder
<b>Durable Medical Equipment &amp; Supplies</b>	10% after deductible	40% after deductible	10% after deductible	<b>Member pays \$0</b> Medicare Generally Pays 80% Plan Generally Pays 20% <b>Plan Pays 100% of Part B Excess Charges</b>

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<b>Urgent Care Facility Only</b> (Ancillary Services subject to deductible and coinsurance for PPO and EPO Plans)	\$20/visit (deductible waived)	40% after deductible	\$20/visit (deductible waived)	<b>Member Pays \$0</b> Medicare Pays 80-100% Plan Pays Remainder
<b>Hospice Care</b>	10% (deductible waived)	40% (deductible waived)	10% (deductible waived)	Medicare pays all but very limited coinsurance for outpatient drugs and inpatient respite care. Member will be responsible for the balance.
<b>Short-Term Rehabilitation, Outpatient and Office</b> (includes physical therapy, occupational, and speech therapy) Each therapy limited to 20 visits/calendar year.	\$20/visit (deductible waived)	40% after deductible	\$20/visit (deductible waived)	<b>Member pays \$0</b> Medicare Generally Pays 80% Plan Generally Pays 20% No Limit on Visits/Year
<b>Acupuncture</b> (Therapy limited to 20 visits/calendar year)	\$20/visit (deductible waived)	40% after deductible	\$20/visit (deductible waived)	Not a Covered Benefit by Medicare Member Pays Full Amount
<b>Spinal Manipulation/Naprapathy</b> (Therapy limited to 20 visits/calendar year combined) <b>No visit limitation for Medicare Supplement Plan.</b> <b>Naprapathy benefit only available on EPO and PPO Plans</b>	\$20/visit (deductible waived)	40% after deductible	\$20/visit (deductible waived)	<b>Member Pays \$0</b> Medicare Pays 80-100% Plan Pays Remainder
<b>Office Chemotherapy/Radiation Therapy</b>	\$20/visit (deductible waived)	40% after deductible	\$20/visit (deductible waived)	<b>Member pays \$0</b> Medicare Generally Pays 80% Plan Generally Pays 20%
<b>Coverage Out of the Country</b>	Routine and Emergency		Routine and Emergency	Emergency Care Only
<b>Mental Health/Chemical Dependency</b>	See PPO Summary		See EPO Summary	Medicare Generally Pays 50% of Eligible Services; Plan Pays Remainder
<b>Prescription Drugs, Insulin, Specified Vaccines, Diabetic Supplies, Enteral Nutrition, Special Medical Foods Administered by Express Scripts</b>				
<b>Retail Pharmacy/Specialty Pharmacy Programs</b> (up to a 30-day supply or 180 units, whichever is less. Some drugs require prior approval before coverage will be available. Benefits include flu, pneumococcal, and Zostavax vaccines for which no copayment is required)	\$15/Generic \$30/Brand-Name Drug on Formulary \$45/Brand-Name Drug Not on Formulary and for Special Medical Foods/Enteral Nutrition*		\$15/Generic \$30/Brand-Name Drug on Formulary \$45/Brand-Name Drug Not on Formulary and for Special Medical Foods/Enteral Nutrition*	\$15/Generic \$30/Brand-Name Drug on Formulary \$45/Brand-Name Drug Not on Formulary and for Special Medical Foods/Enteral Nutrition*
<b>Mail-Order Program</b> (up to a 60- or 90-day supply or 540 units, whichever is less)	Two Copayments as Listed Above*		Two Copayments as Listed Above*	Two Copayments as Listed Above*
<b>Rx Maximum Out-of-Pocket Limit</b> Exclusive to the Medicare Supplement Plan. Prescription charges on the National EPO and PPO plans accumulate toward the medical out-of-pocket limit. The Medicare Supplement Plan has a separate out-of-pocket limit for Prescription drugs.	Medical out-of-pocket limit provisions apply to charges payable under the drug plan		Medical out-of-pocket limit provisions apply to charges payable under the drug plan	<b>\$1,000 per member for Tier 1, Tier 2 and Tier 3 drugs</b>
*If you require a brand-name drug for which there is a generic equivalent, you will pay the difference in cost plus the generic drug copayment. You must use a participating pharmacy.	Charges payable under the drug plan are not subject to the medical plan deductible			

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