

2021 FREE Medicare Advantage Plans at a Glance

For Illustrative Purposes Only!

INSURANCE CARRIER	BCN - PRIME VALUE	BCBSM Essential	PRIORITY - EDGE	PRIORITY - KEY	Health Alliance Plan 1	AETNA
Type of Plan	POS	PPO	PPO	POS	HMO	PPO
MONTHLY COST	FREE	FREE	FREE	FREE	FREE	FREE
BENEFITS						
ANNUAL DEDUCTIBLE	ZERO	ZERO	ZERO	ZERO	ZERO	ZERO
OUT OF POCKET MAX	\$4,500	\$6,000	\$5,300	\$5,500	\$4,800	\$6,725
ROUTINE PHYSICALS	FREE	FREE	FREE	FREE	FREE	FREE
PCP OFFICE CALL	FREE	FREE	FREE	\$10	FREE	FREE
SPECIALIST OFFICE CALL	\$45	\$45	\$40	\$45	\$40	\$40
URGENT CARE	\$45	\$50	\$30	\$50	\$65	\$65
IN-PATIENT HOSPITAL CARE	\$325 PER DAY 1-6	\$325 PER DAY 1-6	\$350 PER DAY 1-5	\$325 PER DAY 1-6	\$235 PER DAY 1-7	\$270 PER DAY 1-6
OUT-PATIENT HOSPITAL	\$250	\$275	\$325	\$290	\$205	\$375
AMBULATORY CENTER	\$100	\$125	\$325	\$290	\$100	\$100
ER ROOM COPAY	\$90	\$90	\$90	\$90	\$90	\$90
LAB WORK	FREE	FREE	FREE	\$10	FREE	\$15
X-RAYS	\$20 to \$100	\$35 to \$100	\$20 to \$275	\$35 to \$150	\$35 to \$150	\$20 to \$295
AMBULANCE	\$275	\$275	\$275	\$250	\$200	\$295
ACUPUNCTURE	NOT COVERED	NOT COVERED	\$20 (6 VISITS) LOWER BACK PAIN	\$20 (6 VISITS) LOWER BACK PAIN	\$40	NOT COVERED
PHSICAL THERAPY	\$30	\$40	\$40	\$30	FREE	\$40
CHIROPRACTIC	\$20	\$20	\$20 (12 VISITS)	\$20 (12 VISITS)	\$20	\$20
DURABLE MEDICAL EQUIP	20%	20%	20%	20%	20%	20%
PRESCRIPTIONS:						
DEDUCTIBLE	\$50 TIER 3-5 ONLY	\$100 TIER 3-5 ONLY	ZERO	\$100 TIER 3-5 ONLY	ZERO	ZERO
TIER 1 GENERICS	\$3 (MOF)	\$2 (MOF)	\$2	\$4	FREE (MOF)	FREE (MOF)
TIER 2 GENERICS	\$11 (MOF)	\$11 (MOF)	\$8	\$15	\$10 (MOF)	FREE (MOF)
TIER 3 BRAND NAME	\$42	\$42	\$38	\$42	\$42	\$47
TIER 4 BRAND NAME	50%	50%	40%	45%	40%	\$100
TIER 5 BRAND NAME	32%	28%	33%	31%	33%	33%
TIER 6 FREE GENERICS	YES	YES	NO	NO	YES	YES
OVER THE COUNTER DRUGS	\$75 BENEFIT PER QUARTER	\$50 BENEFIT PER QTR ON CARD	\$50 BENEFIT PER QTR ON CARD	\$75 BENEFIT PER QTR ON CARD	\$75 BENEFIT PER QUARTER	\$75 BENEFIT PER QUARTER
DONUT HOLE (\$4,130)	YES	YES	YES	YES	YES	YES
SILVER SNEAKER/SLIPPERS	YES	YES	YES	YES	YES	YES
OUT OF STATE TRAVEL	YES BLUE PROVIDER	YES BLUE PROVIDER	YES WITH MULTIPLAN	YES WITH MULTIPLAN	YES FL/TX/AZ	YES
DENTAL	2 CLEANINGS, EXAM	2 CLEANINGS, EXAM	2 CLEANINGS, EXAMS	2 CLEANINGS, EXAMS	2 CLEANINGS, EXAM	\$600 ALLOWANCE
MEALS AND TRANSPORTATION	28 MEALS POST DISCHARGE	28 MEALS POST DISCHARGE				14 MEALS POST DISCHARGE
HEARING AIDS	FREE EXAM \$600 ALLOWANCE	FREE EXAM \$750 ALLOWANCE	FREE EXAM \$295 to \$1495	FREE EXAM \$295 to \$1495	FREE EXAM \$500 EAR	FREE EXAM \$689 to \$2039
VIRTUAL CARE	FREE	FREE	FREE EYEMED	FREE EYEMED	FREE	FREE
VISION	FREE EXAM \$100 ALLOWANCE	FREE EXAM \$100 ALLOWANCE	FREE EXAM \$100 ALLOWANCE	FREE EXAM \$100 ALLOWANCE	\$125 ALLOWANCE + EXAM	\$100 ALLOWANCE + EXAM
OPTIONAL DENTAL	\$20.40/\$1500 ■ \$200 MORE VISION	\$21.40/\$2500 ■ \$250 MORE VISION	\$37/\$1500 \$150 MORE VISION	\$37/\$1500 \$150 MORE VISION	\$21.00/\$800 50% \$40.80/\$1500 70% - 50%	\$21.00/\$800 50% \$40.80/\$1500 70% - 50%
	\$32.40 /\$2500 \$300 MORE VISION				\$19/\$2500 25% COVERAGE	\$19/\$2500 25% COVERAGE
Network	TRINITY & SPECTRUM	TRINITY & SPECTRUM	TRINITY & SPECTRUM	TRINITY & SPECTRUM	TRINITY	TRINITY & SPECTRUM