

# 2017 Optima Medicare HMO

## Comparison of Annual Medical and Prescription Costs

	Optima Medicare Value (HMO)	Optima Medicare Prime (HMO)	My Current Plan
Monthly Premium	\$0	\$39	
Annual Medical Out-Of-Pocket Limit	\$4,900	\$5,100	
<b>Benefits</b>	<b>In-Network</b>	<b>In-Network</b>	
Inpatient Hospital Care	\$300 per day for days 1-6 \$0 per day for days 7 and beyond	\$225 per day for days 1-7 \$0 per day for days 8 and beyond	
Primary Care/Specialist Doctor Office Visits	\$0/\$45 per visit	\$0/\$40 per visit	
Preventive Services	\$0 per visit	\$0 per visit	
Dental Services	\$0 for 2 oral exams and cleaning exams annually	\$0 for 2 oral exams and cleaning exams annually	
Hearing Services	\$45 for Medicare-covered diagnostic hearing exams	\$40 for Medicare-covered diagnostic hearing exams	
Vision Services	\$10 for Medicare-covered diagnostic eye exam	\$10 for Medicare-covered diagnostic eye exam	
Transportation	\$0 for up to 12 one-way trips for health-related services annually	\$0 for up to 12 one-way trips for health-related services annually	
Emergency Care	\$75 per visit	\$75 per visit	
Urgent Care	\$0-\$45 per visit	\$0-\$40 per visit	
Part D Prescription Drugs	\$0/\$14/\$47/\$95/27% copay based on drug tier \$300 deductible for tier 4 and 5	\$0/\$8/\$40/\$80/28% copay based on drug tier \$250 deductible for tier 4 and 5	
Total Medical & Prescription Costs			

**For complete details on Optima Medicare HMO, 1-855-547-7740**  
(TTY Call 711), 8 a.m. - 8 p.m., seven days a week.

Optima Medicare is a HMO with a Medicare contract.  
Enrollment in Optima Medicare depends on contract renewal.

Benefits, premiums or co-payments may change on January 1 of each year.  
The Formulary, pharmacy network, or provider network may change at any time.  
You will receive notice when necessary. This information is not a complete description of benefits.  
Contact the plan for more information. Limitations, copayments, and restrictions may apply.

You must continue to pay your Medicare Part B premium.

Optima Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-927-6048. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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