

## 2018 Optima Medicare HMO Comparison of Annual Medical and Prescription Costs

	Optima Medicare Value (HMO)	Optima Medicare Prime (HMO)	My Current Plan
Monthly Premium	\$0	\$44	
Annual Medical Out-Of-Pocket Limit	\$4,900	\$5,100	
<b>Benefits</b>	<b>In-Network</b>	<b>In-Network</b>	
Inpatient Hospital Care	\$450 per day for days 1-4 \$0 per day for days 5 and beyond	\$320 per day for days 1-5 \$0 per day for days 6 and beyond	
Primary Care/Specialist Doctor Office Visits	\$0/\$40 per visit	\$0/\$35 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	\$40 for Medicare-covered diagnostic hearing exams up to \$1,000 every 3 years for hearing aids (both ears combined)	\$35 for Medicare-covered diagnostic hearing exams up to \$3,000 every 3 years for hearing aids (both ears combined)	
Vision Services	\$10 for Medicare-covered diagnostic eye exam \$0 copay with a combined limit of \$100/year for routine eyewear and/or contact lenses	\$10 for Medicare-covered diagnostic eye exam \$0 copay with a combined limit of \$100/year for routine eyewear and/or contact lenses	
Fitness	Receive up to \$200 reimbursement for gym fees/fitness classes per calendar year	Receive up to \$200 reimbursement for gym fees/fitness classes per calendar year	
Emergency Care	\$80 per visit	\$80 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,**  
call 1-855-547-7740 (TTY Call 711), 8 a.m. - 8 p.m., 7 days a week, October 1 - December 7;  
8 a.m. - 5 p.m., Monday - Friday, December 8 - September 30.

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.

ATENCIÓN: Si habla español, existen servicios de asistencia de idiomas disponibles para usted sin cargo.  
Llame al 1-855-687-6260.

주의: 한국어를 사용하실 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-6260번으로  
전화해 주십시오.

