<table>
<thead>
<tr>
<th>Provision</th>
<th>Elderplan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium</td>
<td>$40</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Ann. Retiree Out of Pocket Max*</td>
<td>$7,500</td>
</tr>
<tr>
<td>PCP Visit</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$35</td>
</tr>
<tr>
<td>Diagnostic Tests (X-rays, lab, radiology, etc)</td>
<td>$0-$20 (20% for other radiological services such as CT, PET, MRI)</td>
</tr>
<tr>
<td>Mental Health/Substance Use disorder</td>
<td>$25 individual $5 group visit MH 20% outpatient substance abuse</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>$35 office visit/$10 for telehealth visits</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Rehab. Services</td>
<td>$10 cardiac/pulm $35 for PT and SP</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>20%</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hearing Exam (routine)</td>
<td>$0</td>
</tr>
<tr>
<td>Eye Exam (routine)</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Inpatient Stay**
- Deductible $0
- Days 1-5 $390 co-payment per day
- Days 6 and beyond $0 co-payment

**Hospital Stay Coinsurance***
- $0

**Skilled Nursing Facility**
- $0 days 1-20
- $184 days 21-100

**Home Health Care**
- $0 Medicare covered services

**Hospital Outpatient Services**
- 20%

**Outpatient Surgery**
- 20%

**Ambulance Services**
- $215

**Emergency Care**
- $90 (worldwide ER/Urgent care $65 copay Max benefit is $50,000)

**Meal Delivery**
- Not covered

**Fitness/Mobility Programs**
- $0

**Transportation**
- 8 one way trips per quarter

**Fitness Tracker Device**
- Not covered

**Hearing Aids**
- Up to $500 (every three years)

**Eyewear**
- $150 (each year)

**Voluntary Incentive Gift Card**
- Not covered

**OTC (Over the Counter Card) + *Grocery + *Meals**
- Used for health related items.
- *For eligible members (certain chronic conditions) this benefit will cover certain grocery items and home delivered meals as part of the quarterly allowance
- $55 every quarter

**Comprehensive Dental**
- Limited coverage

**Acupuncture**
- $0 copay for up to 20 visits per year

*all benefits disclosed are still pending final approval from CMS*