

Provision	Humana HMO (Today)	Humana HMO (1/1/2022)	NYC Medicare Advantage Plus Plan
Annual Deductible	None	None	\$253
Ann Retiree Out of Pocket Max*	\$2,500	\$2,500	\$1,470
PCP Visit	\$5 Copay	\$5 Copay	\$0 Copay
Specialist Visit	\$20 Copay	\$20 Copay	\$15 Copay
Diagnostic Tests (X-rays, lab, radiology, etc.)	\$0-\$50 Copay based on place of services and services provided	\$0-\$50 Copay based on place of services and services provided	\$15 Copay
Mental Health/Substance Abuse	\$5 -\$40 Copay based on place of service	\$5 -\$40 Copay based on place of service	\$15 Copay
Urgent Care Center	\$20 Copay	\$20 Copay	\$15 Copay
Preventive Services	No Copay	No Copay	No Copay
Rehab.Services	\$20 -\$40 Copay based on place of service	\$20 -\$40 Copay based on place of service	\$15 Copay
	DME 10%	Diabetic DME 10%	Diabetic
Durable Medical Equipment (DME)	Monitoring Supplies \$0	Monitoring Supplies \$0	Deductible Applies, \$0 Copay, no Ann. Max
			Deductible Applies, 20% Coins.,\$2500 Ann. Max
Private Duty Nursing (PDN)	Not covered	Not Covered	
Hearing Exam	\$20 Copay	\$20 Copay	\$0 Hearing Copays** \$300 Copay per stay, \$750 ann. max
Inpatient Stay	\$150 Copay/per day (days 1-5)	\$150 Copay/per day (days 1-5)	0% Coins. For all 365 days
Hospital Stay Coinsurance	0% Coins.	0% Coins.	
Skilled Nursing Facility	\$0 Copay days 1-20, \$25 copay per day, days 21-100, plan pays \$0 after 100 days	\$0 Copay days 1-20, \$25 copay per day, days 21-100, plan pays \$0 after 100 days	No copay days 1-100
Home Health Care	\$0 Copay	\$0 Copay	No copay
Hospital Outpatient Services	\$0-100 Copay or 20% coins. Based on services provided	\$0-100 Copay or 20% coins. Based on services provided	No copay
Outpatient Surgery	\$5-\$100 Copay based on place of service	\$5-\$100 Copay based on place of service	No copay
Ambulance Services	\$50 Copay. Medicare covered transportation	\$50 Copay. Medicare covered transportation	\$0 copay, Deductible does not apply, no Ann. Max
Emergency Care	\$65 Copay, waiver if admitted as inpatient within 24 hours	\$65 Copay, waiver if admitted as inpatient within 24 hours	\$50 Copay
	Receive 2 meals per day for 14 days, (total of 28 meals) delivered to member's home after an inpatient stay in a hospital or nursing facility	Receive 2 meals per day for 14 days, (total of 28 meals) delivered to member's home after an inpatient stay in a hospital or nursing facility	Up to 14 meals x4 events = 56 meals/year, after inpatient stay or for certain weight/health conditions; also includes Health Pantry Benefit
Meal Delivery			
Fitness/Mobility Programs	Silver Sneakers program at no cost	Silver Sneakers program at no cost	Silver Sneakers program at no cost
		\$0 Copay For planned approved location up to 12 one way trip(s) per facility discharge by car, van, wheelchair access vehicle.	24 rides annually, up to 30 miles/ride
Transportation	Not covered		
Fitness Tracker Device	Can earn through Go365 program	Can earn through Go365 program	Included at no cost
Hearing Aids	Not covered	Not covered	up to \$500 allowance, every 12 months
	Go365 wellness and rewards program. Earn rewards by tracking your activities and you can redeem for gift cards.	Go365 wellness and rewards program. Earn rewards by tracking your activities and you can redeem for gift cards.	Up to \$200 in gift cards for completion of certain wellness activities
Voluntary Incentive Gift Card			