2013 Competitor Plan Yellow = Change in 2013											New Plan														New Plan		New Plan
Carrier Plan Name	PHP Choice	PHP Extra	PHP Open	HealthNet Ruby	HealthNet Aqua	Health Net Healthy Heart	HealthNet Violet	HealthNet Wolet	Humana Gold Plus 1	Humana Gold Plus 2	Humana Prime Choice 1	Humana Prime Choice 2	Mamana Gold Choice 1	Humana Gold Choice 2	Kaiser Senior Advantage	Keiner Senior Advantage	ODS Advantage PPO	ODS Advantage PPORx	ODS Advantage	Resence MedAdvantage + Rx	Resence MedAdvantage + Rx	Regence MedAdvantage Basic	United AARP Complete	United AARP Medicare	United AARP Medicare	Atrio (MarionPolk) Gold	Atrio (MarionPolk) Silver
Summary of Banadity Star Batting	Summaru of Escalite 4.5	Summary of Benefits	Summary of Barrells TOO NEW	Summary of Banadits	Summary of Banadas	Commany of Baselite TBS	(Ontion 1) Comman of Equality	Commerce of Benefits	Summary of Escalite	Summary of Benefits	Summary of Banadas	Summary of Baselin	Commerc of Receipts	Summary of Banadas	Summary of Renefits TRA	Summary of Banadas	Commany of Security	Summary of Benefits	Commerce of Banafits	Classic Summary of Banadas	Enhanced Summary of Baradits TRA	Common of Banadits	Chaire Summary of Barrells	Commission Standing	Commission Dian 2 Commission of Escusion	Commany of Baselite This	Commany of Banadits
CMS Code Sian Type	(HS047.034.0) HMO = DOS	HMD HMD	Destructi Destruction	BHARTSI HMO	DISSORT DISSORT	960 960	880	000 000	MMO MMO	HMOLDON	(H696795,0376)	0000 DESCRIPTION OF THE PERSON	048545-7937i	(100.245.001) 0005	(HMO	(HSOTT)	(HEETE,ANK,AN)	(HINTLANTA)	DENT LANTAI	(ME17.003.0) 000	341817.001.01 090	040817.001.00 890	863813.001.03 890	intransamani HMAD	HMD	990 990	DEC DECORATION COSTS
Plan Service Area	Portland Metro, Willamette Valley, Clark	Portland Metro, Willamette Valley, Clark	Portland Metro, Willamette Valley, Clark	Clackamas, Multnomah, Washinaton	Not Covered Portland, Salem, MidVly Clark	Portland, Salem, MidVlv.OR, Clark	Portland, Salem, MidViv.OR, Clark	Portland, Salem, MidVlv.OE, Clark	Mult, Clackamas, Washington	Mult, Washington, Clackamas	Mult, Washington, Polk	Columbia, Hood River, Multnomah.	Not Creased Clackamas, Multnomah, Washington, Clark	Clackamas, Multnomah, Washinston	Portland Metro, Salem, Clark	Portland Metro, Salem, Clark	State of Oregon	State of Oregon	State of Oregon	Most of Dregon; Clark, WA	Most of Gregon; Clark, WA	Most of Oregon; Clark, WA	Clackamas, Lane, Marion, Multnomah.	Clackamas, Marion, Multromah, Polk, Washington	Clackamas, Marion, Multnomah, Polk	with and win By Marion and Polk	Marion and Polk
							,					Washington											Washington, Yamhill	Washington	Washington		
Premium (Rx & Med)	520 / 552 with Rx	587 / \$133 with Rx \$0	\$133 / \$188 with Rx \$0	523	545	\$159	599	\$0 \$145	50	528	50	562	50	\$70	539	599	\$57 \$50	568 5150	\$119	553 550	\$143 \$0	\$35	50	555	50	\$75 / \$112.70 with Rx	548 / 581 with Rx
Premium (Rx & Medi Deductible In-Network Max Out-of-Network Max Inpatient Hospital Care	\$3,000	\$2.500 N/A	\$2,500	52.250 N/A	\$2,500 \$3,100 combined	\$2,000 \$3,500 combined	\$2.500 \$4.000 combined	\$3,400 \$4,500 combined	\$1,200 N/A	\$1,900	\$1,400 \$4,000 combined	\$4,500 \$6,000 combined	55.400 N/A	\$1.400 N/A	\$3.400 N/A	\$2.500 N/A	\$3,400	\$3,400	\$1,400	\$3,400	\$2,500	\$1,400	\$4,500 \$8,400 combined	\$1.500 N/A	\$3.900 N/A	\$2,500 \$5,100 combined	\$3.400 \$5.100 combined
Inpatient Hospital Care	Days 1-6: \$225 Days 7-90: \$0 20% OON	Days 1-6: \$125 Days 7-90: \$0	Days 1-6: \$150/ \$200 DON Days 7-90: \$0	Days 1-8: \$200 Days 9-90: \$0	Days 1-8: \$175/ \$200 DON Days 9-90: \$0	Days 1-6: \$175/ \$200 OON Days 7-90: \$0	Days 1-7: \$200/ \$225 CON Days 8-90: \$0	Days 1-7: \$250/ \$275 DON Days 8-90: \$0	Days 1-6: \$260 Days 7-60: \$0 Days 61-90: \$100	Days 1-6: \$265 Days 7-60: \$0	Days 1-8: \$220 Days 9-60: \$0 Days 61-90: \$100	Days 1-6: \$250 Days 7-60: \$0	N/A Days 1-60: \$1,156 ded Days 61-90: \$289	Days 1-7: \$250 Days 8-60: \$0 Days 61-90: \$100	N/A Days 1-6: \$275 Days 7-90: \$0	N/A Days 1-6: \$200 Days 7-90: \$0	Days 1-5: \$250/ \$350 CON Days 6-90: \$0	Days 1-5: \$250/ \$400 DON Days 6-90: \$0	Days 1-5: \$250/ \$350 DON Days 6-90: \$0	Days 1-7: \$200/ \$300 DON Days 8-90: \$0	Days 1-7: \$150/ \$250 DON Days 8-90: \$0	Days 1-7: \$200/ \$300 OON Days 8-90: \$0	Days 1-5: \$295 Days 6-90: \$0	Days 3-7: \$250 Days 8-90: \$0	N/A Days 1-6: \$265 Days 7-90: \$0	Days 1-5: \$150/ \$250 CON Days 6-90: \$0	Days 1-5: \$200/ \$300 OON Days 6-90: \$0
	20% OON		Days 7-90: 50		Days 9-90: 50	Days 7-90: 50	Days 8-90: 50	Days 8-90: 50	Days 61-90: 5100	Days 61-90: \$100 All Days OON: 20%	All Days DON: 30%	Days 61-90: \$200 All Days OON: 30%	Days 91-150: \$578	Days 61-90: 5100			Days 6-90: \$0	Days 6-90: 50	Days 6-90: 50	Days 8-90: 50	Days 8-90: 50	Days 8-90: 50	Days 1-22 OON: \$390 Days 23-90 OON: \$0			Days 6-90: 50	Days 6-90: 50
Inpatient Mental Health	Days 1-6: \$225	Days 1-6: \$125 Days 7-90: \$0	Days 1-6: \$150/	Days 1-8: \$200 Days 9-90: \$0	Days 1-8: \$175/	Days 1-6: \$175/	Days 1-7: \$200/	Days 1-7: \$250/	Days 1-6: \$260 Days 7-90: \$0	Days 1-6: \$235	Days 1-8: \$220 Days 9-90: \$0 All Days OON: 30%	Days 1-6: \$235	Days 1-60: \$1,156 ded	Days 1-7: \$250 Days 8-90: 50	Days 1-6: \$275 Days 7-90: 50	Days 1-6: \$200 Days 7-90: \$0	Days 1-5: \$250/	Days 1-5: \$250/	Days 1-5: \$250/	Days 1-7: \$200/	Days 1-7: \$150/	Days 1-7: \$200/	Days 1-4: \$295 Days 5-90: 50	Days 1-5: \$250 Days 6-90: \$0	Days 1-5: \$265 Days 6-90: \$0	Days 1-5: \$150/	Days 1-5: \$200/
	Days 7-90: \$0 20% OON	Days 7-90: 50	\$250 DON Days 7-90: \$0	Days 9-902 50	\$200 DON Days 9-90: \$0	\$200 OON Days 7-90: \$0	\$225 DON Days 8-90: \$0	\$275 DON Days 8-90: \$0	Days 7-90: 50	Days 7-90: \$0 All Days OON: 20%	All Days OON: 30%	Days 7-90: \$0 All Days OON: 30%	Days 61-90: \$289 Days 91-150: \$578	Days a-su: 50	Days 7-90: 50	Days 7-90: 50	\$350 DON Days 6-90: \$0	\$400 DON Days 6-90: \$0	\$350 DON Days 6-90: \$0	\$100 DON Days 8-90: \$0	\$250 DON Days 8-90: \$0	\$300 OON Days 8-90: \$0	Days 1-22 OON: \$390 Days 23-90 OON: \$0	Days 6-90: 50	Days 6-90: 50	\$250 DON Days 6-90: \$0	\$300 DON Days 6-90: \$0
Skilled Nursing Facility	Days 1-10: \$0 Days 11-100: \$50	Days 1-20: \$0 Days 21-100: \$50	Days 1-10: \$0 Days 11-100: \$50	Days 1-20: 50 Days 21-100: \$100	Days 1-20: \$0 Days 21-300: \$300	Days 1-20: \$0 Days 21-100: \$75	Days 1-20: \$0 Days 21-100: \$100	Days 1-20: \$0 Days 21-100: \$100	Days 1-7: \$50 Days 8-20: \$100 Days 21-100: \$150	Days 1-20: \$50 Days 21-100: \$150 All Days OON: 20%	Days 1-20: \$50 Days 21-100: \$150 All Days OON: 30%	Days 1-20: \$50 Days 21-100: \$150 All Days OON: 30%	Days 1-20: \$0 Days 21-100: \$144.50	Days 21-100: \$150 Days 21-100: \$150	Days 1-10: \$0 Days 11-100: \$50	Days 1-100: \$0	Days 1-10: \$0 Days 11-100: \$50	Days 1-20: \$0 Days 21-100: \$100	Days 1-20: \$0 Days 11-100: \$50	Days 1-20: \$40/ \$60 DON Days 21-100: \$80/ \$100 DON	Days 1-20: \$40/ \$60 DON Days 21-100: \$0/ \$0 DON	Days 1-20: \$40/ \$60 DON Days 21-300: \$80/ \$300 DON	Days 1-20: 50 Days 21-40: \$150 Days 41-100: 50	Days 1-20: \$50 Days 21-54: \$75 Days 55-100: \$0	Days 1-20: \$50 Days 21-40: \$150 Days 41-100: \$0	Days 1-300: \$0/ \$50 OON	Days 11-25: \$35 Days 25-100: \$0
																				\$100 CION	\$0 DON	\$100 OON	Days 1-20: \$0 Days 21-40: \$150 Days 41-100: \$0 Days 1-40 OON: \$175 Days 41-100 OON: \$0	,			Days 1-30: \$10 Days 11-25: \$35 Days 26-100: \$0 Days 1-10 DON: \$30 Days 11-25 DON: \$50
Home HeathCare Doctor Office Visit	15%/20% OON \$20/\$30 OON	50 515	0%/10% DON \$10/\$25 DON	50 58	\$0 \$12/\$20 OON	\$0 \$10/\$20 OON	\$0 \$12/\$20 DON	\$0 \$15/\$20 OON	\$0 \$10	50 510	\$0/\$0% DON \$20/30% DON	\$0/50% OON \$15/30% OON	50 20%	\$0/50% \$15	50 510	50 520	\$0 \$20	50 525	50 520	10%/20% DON \$15/\$35 DON	\$0/10% OON \$15/\$25 OON	10%/20% DON \$15/\$35 DON	\$0/\$0% DON \$15/\$25 DON	\$0 \$10	\$0 \$15	50/530 OON \$15/530 OON	10%/20% CON \$15/\$35 CON
Specialist Office Visit	\$20/\$10 DON	\$15	\$10/\$25 OON	520	\$12/\$20 OON	\$10/\$20 DON	\$12/\$20 DON	\$15/\$20 DON	\$20	525	\$40/30% DON	\$25/30% OON	20%	\$15	\$15	525	\$35	\$50	\$35	\$35	\$25	\$35	\$30/\$45 OON	\$20	\$20	\$15/\$30 DON	\$35
Chiropractic Services Fodiatry Services	\$20 \$20	\$15 \$15	\$10/\$25 \$10/\$25	\$15 \$20	\$15 Sunn visits masted \$12/\$20 OON	\$15 Suns visits reserved \$10/\$20 OON	\$15 Summ visits covered \$12/\$20 DON	\$15 Supra visita coussed \$15/\$20 OON	\$20 \$20	\$20/20% OON \$25/20% OON	\$20/30% OON \$40/30% OON	\$20/30% DON \$25/30% DON	20%	\$20 \$35	\$20 \$35	520 525	\$20 \$35	\$20 \$50	\$20	\$15/\$35 OON \$15/\$35 OON	\$10/\$25 OON \$10/\$25 OON	\$15/\$35 00N \$15/\$35 00N	\$20/\$45 OON \$30/\$45 OON	\$20	\$20	\$15/\$30 OON \$15/\$30 OON	\$15/\$10 DON \$15/\$10 DON
Podiatry Services Outpatient Mental	520 individual	\$15 individual	\$10/\$25 OON individual	\$25 individual	\$25/\$50 OON individual	\$25/\$50 OON individual	45 supp visits at \$25 \$25/550 OON individual	\$25/\$50 OON individual	\$20 individual	\$25 individual	\$40/30% DON \$40/30% DON	525/30% OON 525/30% OON	20%		\$35 individual	\$20 individual		SID individual	\$30 individual	\$35 individual	\$25 individual	\$35 Individual	540/545 OON individual	520 A fi sunn visits \$40 individual	520 4.6 supp visits \$40 individual	\$15/\$30 DON \$15/\$30 DON	\$15/\$10 DON \$35
Healthcare	\$20 group 0% partial hospital	\$15 group 0% partial hospital	\$10/\$25 OON group \$0 partial hospital	\$25 group \$0 partial hospital	\$25/\$50 OON group \$0 partial hospital	\$25/\$50 OON group \$0 partial hospital	\$25/\$50 OON group \$0 partial hospital	\$25/\$50 OON group \$0 partial hospital	\$20 group \$50 partial hospital	\$25 group \$50 partial hospital 20% OON				\$35 individual \$35 group \$50 partial hospital	\$15 group	\$10 group	\$30 individual \$20 group \$35 partial hospital	\$20 group \$35 partial hospital	\$20 group \$35 partial hospital	\$35 group \$0 partial hospital	\$25 group \$0 partial hospital	\$35 group \$0 partial hospital	\$30/\$35 group \$60/\$75 OON partial hospital	\$30 group \$60 partial hospital	\$30 group \$60 partial hospital		
Outpatient Substance Abuse Care	\$20	\$15	\$10/\$25 OON	\$25	\$25/\$50 OON	\$25/\$50 DON	\$25/\$50 DON	\$25/\$50 DON	\$50	\$50/20% OON	25%/30% OON	25%/30% OON	20%	\$125	\$30 Individual/\$15	\$20 Individual/\$10	\$30 individual \$20 group	\$30 individual	\$30 individual \$20 group	\$15	\$25	\$15	\$40/\$45 OON individual	\$40 individual	\$40 individual	\$15/\$30 DON	\$15/\$30 DON
Abuse Care Outpatient Surgery	\$200/20% DON	\$115	\$115/\$215 OON	\$150 at ASC	5150/5175 00N at 450	550/5100 DON at A50	\$150/\$175 00N at ASC	18%/20% OON	15% at 45°	\$215 at an ASC	20%/30% OON	20%/30% OON	20%	S200 at ASC	group \$250	group \$150	\$20 group \$200/\$300 OON	\$20 group \$295/25% DON	\$20 group \$200/\$300 OON	\$175/\$225 00N	\$100/\$200 OON	\$175/\$225 OON	\$30/\$35 OON group 20%/30% OON	\$30 group \$225	\$30 group \$265	\$100/\$200 OON	\$175/\$225 OON
				\$150 at ASC \$175 at hospital facility	\$150/\$175 OON at ASC \$175/\$200 at hospital facility	\$50/\$100 OON at ASC \$100/\$200 at hospital facility	\$150/\$175 OON at ASC \$175/\$200 at hospital facility		15% at ASC 20% at hospital facility	20% oon				\$200 at ASC 20% at hospital facility													
Ambulance Services Emergency Care	\$150 \$65	\$100 \$65	\$100 \$65	\$125 \$65 (\$50,000 limit outside	\$65 (\$50,000 limit	\$65 (\$50,000 limit	\$65 (\$50,000 limit	\$250 \$65 (\$50,000 limit	5200 565	\$200 \$65	\$200 \$65	\$200 \$65	20% \$65 (\$25,000 limit	\$65 (\$25,000 limit	\$150 \$65	\$100 \$50	\$100 \$65	\$250 \$65	\$100 \$65	\$100 \$65	\$100 \$65	\$100 \$65	\$200 \$65	\$200 \$65	\$200 \$65	\$100 \$65	\$100 \$65
Urgent Care	\$25	525	\$25	US) \$8-525	outside US) \$12-\$50	outside US) \$20-\$50	outside US) \$12-\$50	outside US) \$12-\$50	\$10-520	30%	30%	\$15-\$30/30% OON	outside of U.S.) 20%	outside of U.S.) \$15-\$35	\$15	525	\$35	\$15	\$35	\$15	\$25	\$15	\$40	\$40	\$40	\$15	\$15
Outpatient Rehabilitation Services	\$20	\$15	\$10/\$25 OON	\$25	\$25/\$35 OON	\$25/\$35 DON	\$25/\$35 DON	\$25/\$35 OON	\$20	\$30/20% OON	\$40/30% DON	25%/30% OON	20%	\$125	\$35	\$25	\$35	\$35	\$35	\$15	\$25	\$35	\$30/\$45 OON	\$20	\$20	\$15/\$30 DON	\$35
Durable Medical Equipment (DMF) Equipment (DMF)	20%	10%	10%/20% OON 10%/20% OON	15% 15%	15%/20% DON 15%/20% DON	12% 12%	15%/18% OON 15%/18% OON	15%/20% OON 15%/20% OON	20%	20%	20%/30% OON 20%/30% OON	20%/30% OON 20%/30% OON	20%	20%/50% OON 20%/50% OON	0-20%	0-20%	20%	20%	20%	20%/30% DON 20%/30% DON	10%/20% OON 10%/20% OON	20%/30% OON 20%/30% OON	20%/50% OON 20%/30% OON	20%	20%	10%/20% OON 10%/20% OON	20%/30% CON 20%/30% CON
Prosthetic Devices Diabetes Programs and Supplies	\$0 self-right training \$0 monitoring supplies	\$0 self-regent training \$0 monitoring supplies	\$0 self-mgmt training \$0 monitoring supplies	\$0 self-right training \$0 monitoring supplies	\$0 self-regent training \$0/20% OON monitoring	\$0 self-mgmt training \$0 monitoring supplies	\$0 self-regnt training \$0/18% OON monitoring	\$0 self-right training \$0/20% OON monitoring	\$0 self-right training \$0 monitoring supplies	\$0 self-regent training \$0 monitoring supplies	\$0 self-mgmt training \$0 monitoring supplies	\$0 self-mgmt training \$0 monitoring supplies	\$0 self-right training \$0 monitoring supplies	\$0 self-mgmt training \$0 monitoring supplies	\$0 self-right training \$0 monitoring supplies	\$0 self-regent training \$0 monitoring supplies	\$0 self-regnt training \$10 monitoring supplies	\$0 self-right training \$10 monitoring supplies	\$0 self-mgmt training \$10 monitoring supplies	\$0 self-right training \$0 monitoring supplies	\$0 self-mgmt training \$0 monitoring supplies	\$0 self-mgmt training \$0 monitoring supplies	\$0/30% OON self-regent training	\$0 self-mgmt training \$0 monitoring supplies	\$0 self-regent training \$0 monitoring supplies	\$0 self-mgmt training \$0 monitoring supplies	\$0 self-regent training \$0 monitoring supplies
	\$0 shoes/inserts	\$0 shoes/inserts	\$0 shoes/inserts	15% shoes/inserts	supplies 15%/20% OON shoes/inserts	12% shoes/inserts	supplies 15N/18% OON shoes/inserts	supplies 15%/20% OON shoes/inserts	0% shoes/inserts	0% shoes/inserts 20% OON	0% shoes/inserts 30% OON	0% shoes/inserts 30% OON	0% shoes/inserts 20% OON	0% shoes/inserts 50% OON	20% shoes/inserts	20% shoes/inserts	20% shoes/inserts	20% shoes/inserts	20% shoes/inserts	\$0 shoes/inserts	\$0 shoes/inserts	\$0 shoes/inserts	\$0/30% OON monitoring supplies 20%/30% OON	20% shoes/inserts	20% shoes/inserts	\$0 shoes/inserts	\$0 shoes/inserts
Diagnostic Tests, X-Rays and Lab Services	\$0 lab services \$0 diagnostics/tests	\$0 lab services \$0 diagnostics/tests	\$0 lab services \$0 diagnostics/tests	\$0 lab services 0-15% diagnostics/tests	\$0/\$20 OON lab services 0-15%/20% OON	\$0 lab services 0-12% diagnostics/tests	\$12/\$20 OON lab	\$15/\$20 OON lab	\$0-\$20 lab services 0%-20%	\$0-\$25 lab services \$0-\$25 diagnostics/tests	\$0-\$40 lab services \$0-\$40 diagnostics/tests	\$0-\$30 lab services \$0-\$30 diagnostics/tests	20%	\$0-\$125 lab \$0-\$125	\$0 lab \$0 diagnostics/tests	\$0 lab \$0 diagnostics/tests	\$0 lab \$0 diagnostics/tests	\$0 lab \$0 diagnostics/tests	\$0 lab \$0 diagnostics/tests	\$0 lab \$0 diagnostics/tests	\$0 lab \$0 diagnostics/tests	\$0 lab \$0 diagnostics/tests	\$14/30% OON lab 20%/30% OON	\$12 lab 20% diagnostics/tests	\$12 lab 20% diagnostics/tests	\$0/20% OON lab \$0/20% OON	\$0/20% DON lab \$0/20% DON
	15% X-rays 15% other radiology 15% therapeutic radiology	\$0 diagnostics/tests 10% X-rays 10% other radiology 10% therapeutic radiology	50 lab services 50 diagnostics/tests 10% X-rays 10% other radiology 10% therapeutic radiology	\$15 X-rays 15% other radiology 15% therapeutic radiology	diagnostics/tests \$12/\$20 OON X-rays 15%/20% other radiology	\$0 X-rays 12% other radiology 12% therapeutic radiology	0-15%/18% OON diagnostics/bests \$12/\$20 OON X-rays 15%/18% other radiology	0-15%/20% CON diagnostics/tests \$15/\$20 CON X-rays 15%/20% other radiology	diagnostics/tests \$10-\$20 X-rays	\$10-\$25 Anginitric/rests \$10-\$25 X-rays \$50 other radiology 20% therapeutic radiology 20% OON	\$20-\$40 X-rays \$20-\$170 other	\$15-\$30 X-rays \$15-\$200 other		diagnostics/tests \$15-\$125 X-rays \$15-\$125	\$10 X-rays \$150 other radiology \$35 therapeutic radiology	\$0 X-rays \$0 X-rays \$50 other radiology \$25 therapeutic radiology	20% X-rays 20% other radiology 20% therapeutic radiology	\$0 diagnostics/tests 20% X-rays 20% other radiology 20% therapeutic radiology	20% X-rays 20% other radiology 20% therapeutic radiology	50/20% DON X-rays 20% other radiology 10%/20% DON	\$0 diagnostics/tests \$0/20% OON X-rays 20% other radiology 10%/20% OON	50/20% OON X-rays 20% other radiology 10%/20% OON	diagnostics/tests \$16/\$21 OON X-rays	\$15 X-rays 20% other radiology 20% therapeutic radiology	\$15 X-rays 20% other radiology 20% therapeutic radiology	50/20% DON diagnostics/tests 0%/20% DON X-rays 15% other radiology	diagnostics/tests 0%/20% OON X-rays 20% other radiology 10%/20% OON
	radiology	radiology	radiology	radiology	radiology	radiology	15%/18% other radiology	15%/20% other radiology	\$50 other radiology 20% therapeutic radiology	radiology 20% OON	radiology 20% therapeutic radiology 30% DON	radiology 20% therapeutic radiology		other radiology 20% therapeutic radiology	radiology	radiology	radiology	radiology	radiology	therapeutic radiology	therapeutic radiology	therapeutic radiology	20%/30% CON other radiology 20%/30% CON	radiology	radiology	15% other radiology 0%/20% OON therapeutic radiology	10%/20% OON therapeutic radiology
											30% DON	radiology 30% OON		radiology									therapeutic radiology				
Cardiac and Pulmonary	\$20/20% OON	515	\$10/\$25 OON	525	\$25/\$35 OON	\$25/\$35 DON	\$25/\$35 DON	\$25/\$35 OON	\$10-\$30 Cardiac	\$10-\$10 Cardiac	\$20-\$40 Cardiac	\$15-\$35 Cardiac	20%	\$15-\$55 Cardiac	\$35	\$25	\$35	\$15	\$35	\$15	\$25	535	\$30/\$45 OON	\$20	\$20	\$20/\$30 DON	535
Rehab	50/20%	fn	fn	fn.	fo	fo	fo.	to	\$20-\$40 Pulmonary	\$25-\$45 Pulmonary	\$40-\$60 Pulmonary	\$25-\$45 Pulmonary 30% DON 50/30%-50% DON	to.	\$15-\$55 Pulmonary		fo	fo.	fo	fo.	fn	fn	fn.	\$0/10% OON	fo	fo.	fo	to.
ESRD	15%	50	10%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	50	50	20%	20%	20%	10%	10%	10%	20%	20%	20%	50	10%/20% OON
Part B Drum Dental Services	15% \$20/20% OON medicare covered	10% \$15 medicare covered	10% \$10/\$25 OON medicate covered	20% \$20-565 medicare	15%/20% DON \$10-\$65 / \$20-\$65 DON medicans covered	12% \$10-565 medicare	15%/18% OON \$10-\$65 / \$20-\$65 OON medicare covered	15%/20% DON \$10-\$65 / \$20-\$65 DON medicare covered	20% \$20 medicare covered	20% \$25 medicare covered	20%/30% DON \$40/30% DON	20%/30% OON \$25/30% OON medicare covered	20% 20% medicare covered	20% \$35 medicare covered	50-545 50 medicare covered	50-545 50 medicare covered	20% \$15 medicare covered	20% \$50 medicare covered	20% \$35 medicare covered	10%-20% \$35 medicare covered	0%-10% \$25 medicare covered	10%-20% \$35 medicare covered	20%/30% CON \$30/\$45 CON	20% \$20 medicare covered	20% \$20 medicare covered	10%/20% OON \$15/\$30 OON	20% \$35 medicare covered
	medicare covered		medicare covered	covered	medicare covered	\$10-\$65 medicare covered \$0 for preventive (\$500 maximum)	medicare covered	medicare covered			medicare covered	medicare covered								20% preventive (\$500 annual limit)	30% preventive (\$500 annual limit)	20% preventive (\$500 annual limit)	medicare covered	\$0 preventive		\$15/\$30 OON medicare covered \$0 preventive (\$500 annual limit)	\$15 medicare covered \$35 preventive (\$500 annual limit)
						(\$500 maximum)																				(\$500 annual limit)	
Hearing Services	\$20 medicare covered	\$15 medicare covered	\$10/\$25 OON medicare covered	\$20 medicare covered	\$12 medicare covered	\$10/\$20 OON medicare covered	\$12 medicare covered	\$15 medicare covered	\$20 medicare covered	\$25 medicare covered	\$40/30% OON medicare covered	\$25/30% DON medicare covered	20% medicare covered	\$35 medicare covered	\$35 medicare covered \$35 supp hearing exams	\$25 medicare covered	\$35 medicare covered	\$50 medicare covered	\$35 medicare covered	\$35 medicare covered	\$25 medicare covered	\$35 medicare covered	\$30/\$45 OON	\$20 medicare covered	\$20 medicare covered	\$15/\$30 OON medicare covered	\$35 medicare covered
			medicare covered			50 one hearing aid every					medicare covered	medicare covered			\$35 supp hearing exams	\$25 supp hearing exams							medicare covered \$15/\$45 OON	\$10 one supp hearing exam/yr \$140-\$390 for inner-ear and over-the-ear aids	\$15 one supp hearing exam/yr \$340-\$390 for inner-ear and over-the-ear aids	medicare covered	
						3 years (\$250 limit/3 yr)																	1 supp hearing exam/yr \$340-\$390 for inner-ear and over-the-ear aids	and over-the-ear aids	and over-the-ear aids		
Vision Services	\$0 medicare covered \$20 annual eye exam	\$0 medicare covered \$15 annual eye exam	50 medicare covered \$10/\$25 OON	\$0-\$20 diagnostic	\$0-\$12 diagnostic \$10 annual eve exam	\$0-\$20 diagnostic	50-512 diagnostic \$30 annual eye exam	\$15/\$20 OON medicare covered	\$20 medicare covered \$0 annual eye exam	\$25 medicare covered	\$40/30% OON medicare covered \$0 supp eye exam	\$25/30% DON medicare covered	20% medicare covered	\$35 medicare covered	\$35 medicare covered \$35 supp eye exams	\$25 medicare covered \$25 suppleve exams	\$0 medicare covered \$35 routine eye exam	\$0 medicare covered	\$0 medicare covered \$35 routine eye exam	\$0-\$35 medicare covered \$35 annual eye exam	\$0-\$25 medicare covered \$25 annual eye exam	\$0-\$35 medicare covered	\$30/\$45 OON medicare covered	50-520 medicare covered 520 annual eye exam	\$0-\$30 medicare covered \$30 annual eye exam	\$15/\$30 OON medicare covered	\$35 medicare covered
	\$20 annual eye exam	\$15 annual eye exam	annual eye exam	\$10 annual eye exam 0% cost of glasses 0% cost of contacts	OW sent of street	50 annual eye exam 0% cost of glasses 0% cost of contacts	0% cost of glasses	medicare covered	SO annual eye exam	\$25 medicare covered \$0 annual eye exam (\$40 limit on eye exam)	\$0 supp eye exam (\$40 eye exam limit)	\$0 supp eye exam (\$130 eye exam limit)	\$0 supp eye exam (\$130 eye exam limit)	\$0 supp eye exam (\$130 eye exam limit)	535 supp eye exams	525 supp eye exams	535 routine eye exam every 2 years		535 routine eye exam every 2 years	\$35 annual eye exam \$0 eyewear (\$100 annual limit on	SO everwear	\$35 annual eye exam \$0 eyewear (\$100 annual limit on	medicare covered	\$0-30 eyewear (\$10% limit on contacts/2	\$0-30 eyewear (\$105 limit on contacts/2	fit asserted man amount	\$35 annual eye exam \$0 eyewear (\$100 eyewear limit/2 yr)
				0% cost of contacts 0% cost of lenses 0% cost of frames	0% cost of contacts 0% cost of lenses 0% cost of frames	\$0 annual eye exam 0% cost of glasses 0% cost of contacts 0% cost of lenses 0% cost of frames	ON cost of lenses ON cost of frames					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								eyewear)	(\$200 annual limit on eyewear)	(\$100 annual limit on eyewear)		yr, \$70 limit on frames/2 yr)	yr, \$70 limit on frames/2 yr)	\$0 eyewear (\$150 eyewear limit/2 yr)	limit/2 yr)
Health/Wellness Education	Health Ed Classes	Mealth Ed Classes	Health Ed Classes	(up to \$100 coverage Smoking Cessation HEV Screening	(up to \$100 coverage Smoking Cessation HIV Screening	(up to \$100 coverage Smoking Cessation HIV Screening	(up to \$200 coverage Smoking Cessation HIV Screening	Smoking Cessation	Health Education	Health Education	Health Education Silver Sneakers	Health Education	Health Education Silver Sneakers	Health Education	Health Ed Classes Silver	Mealth Ed Classes Silver	Health Ed Classes Silver & Fit	Health Ed Classes Silver & Fit	Health Ed Classes Silver & Fit	Health Ed classes	Health Ed classes	Health Ed classes	HIV Screening	HIV Screening Smoking Cessationg	MV Screening Smoking Cessationg	Smoking Cessation	Smoking Cessation
	Health Ed Classes LifeBalance Program Silver Sneakers Number Hotiline	Health Ed Classes LifeBalance Program Silver Sneakers Number Hotiline	Health Ed Classes LifeBalance Program Silver Sneakers Nursing Hetling	Nursing Hotline	Nursing Hotline	Nursing Hotline	Nursing Hodine	Smoking Cessation HIV Screening Nursing Hotline	Health Education Silver Sneakers Nursing Hodine Utaline discount	Health Education Silver Sneakers Nursing Hotline Lifeline discount	Nursing Hotline	Health Education Silver Sneakers Nursing Hotline Utfaline discount	Nursing Hotline Lifeline discount	Health Education Silver Sneakers Nursing Hotline Uteline discount	Health Ed Classes Silver & Fit	Health Ed Classes Silver & Fit				Health Ed classes Smoking Cessationg HIV Screening Name Motion	Health Ed classes Smoking Cessationg HEV Screening Name Motiline	Smoking Cessationg HIV Screening Number Holling	MV Screening Smoking Cessationg Nursing Hotline	Nursing Hotline	Nursing Hotline	Smoking Cessation \$500 for gym membership	Smoking Cessation \$500 for gym membership
Over-the-Counter Items Transport Accuracy to a	Not Covered Not Covered	Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered 515	Not Covered Not Covered	Some Items Covered Not Covered Not Covered	Some Items Covered Not Covered	Some Items Covered Not Covered	Some Items Covered Not Covered	Some Items Covered Not Covered	Some Items Covered Not Covered	Account to limited	Acupuncture limited	Not Covered Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered
-															Acupuncture limited basis, referral only	basis, referral only											
Supplemental Coverage Option 1	\$30 Basic Dental (sold via CDS)	\$30 Basic Dental	\$30 Basic Dental	\$31 Comprehensive Dental	\$31 Comprehensive Dental	\$31 Comprehensive Dental	\$31 Comprehensive Dental	\$31 Comprehensive Dental	\$23 Comprehensive Dental	\$23 Comprehensive Dental	\$23 Comprehensive Dental	\$23 Comprehensive Dental	\$33 Comprehensive Dental	\$23 Comprehensive Dental	\$39 Dental (\$1,000/yr) Eyewear (\$175/2 yr)	\$39 Dental (\$1,000/yr) Eyewear (\$175/2 yr)	\$10 Chiro, accupuncture, eye	\$10 Chiro, accupuncture, eye	\$20 Chiro, accupuncture, eye				\$29 Comprehensive Dental	\$29 Comprehensive Dental	\$29 Comprehensive Dental		
		(sold via OOS)	(sold via ODS)	(\$1,250 annual limit)	(\$1,250 annual limit)	(\$1,250 annual limit)	(\$1,250 annual limit)	(\$1,250 annual limit)	(\$1,500 annual limit)	(\$1,500 annual limit)	(\$1,500 annual limit)	(\$1,500 annual limit)	(\$1,500 annual limit)	(\$1,500 annual limit)	Eyewear (5175/2 yr) Hearing Aids (51 mm/s w)	Eyewear (\$175/2 yr) Hearing Aids (\$1.000/1 w)	wear, hearing exams, hearing aids	wear, hearing exams, hearing aids	wear, hearing exams, hearing aids (fron assent lease)				(\$1,000 annual limit)	(\$1,000 annual limit)	(\$1,000 annual limit)		
Supplemental Coverage Option 2	\$58 Comprehensive Dental	\$58 Comprehensive Dental	\$58 Comprehensive Dental		\$6 Vision exams/eyewear	\$6 Vision exams/eyewear	\$6 Vision exams/eyewear	\$6 Vision exams/eyewear	\$15 Comprehensive Dental	\$15 Comprehensive Dental	\$15 Comprehensive Dental	\$15 Comprehensive Dental	\$20 Comprehensive Dental	\$15 Comprehensive Dental									\$15 Preventive Dental	\$13 Silver Sneakers	\$13 Silver Sneukers		7
Supplemental Coverage Option 3	CONTRACTOR OF THE PARTY OF THE				The state of the s		The second second		\$10 Eye exams and eyewear	\$10 Eye exams and eyewear	\$10 Eye exams and eyewear	(\$1,000 around limit) \$10 Eye exams and eyewear	\$10 Eye exams and eyewear	\$10 Eye exams and eyewear									\$13 Silver Sneakers				
									(\$40 limit on eye exams, \$290 limit on eyewear)	(\$40 limit on eye exams, \$290 limit on eyewear)	(\$40 limit on eye exams, \$290 limit on eyewear)	(\$40 limit on eye exams, \$290 limit on eyewear)	(\$40 limit on eye exams, \$290 limit on eyewear)	(\$40 limit on eye exams, \$290 limit on eyewear)													
Supplemental Coverage Option 4									\$24 Dental & Vision Combo	\$24 Dental & Vision Combo	\$24 Dental & Vision Combo	\$24 Dantal & Vision Combo	\$28 Dantal & Vision Combo	\$24 Dental & Vision Combo				-									