

Managed Medicare Plan Comparison Chart

Benefit Category	Original Medicare	Advantra (GHP)	Gold Advantage (GHP)	Medicare Complete (UHC)
Premiums	You pay the Medicare Part B premium of \$88.50 each month.	You pay \$66.00 per member per month. You also continue to pay the Medicare Part B premium of \$88.50 per month. There is a \$1,500 maximum out-of-pocket limit for certain plan services.	You pay \$35.00 per member per month. You also continue to pay the Medicare Part B premium of \$88.50 per month. There is a \$1,500 maximum out-of-pocket limit for certain plan services.	You pay \$.00 per member per month. You also continue to pay the Medicare Part B premium of \$88.50 per month. There is a \$4,600 maximum out-of-pocket limit for certain plan services.
Doctor and Hospital Choice	You may go to any doctor, specialist or hospital that accepts Medicare.	You must go to network doctors, specialist, and hospitals. You do NOT need a referral to go to network doctors, specialists, and hospitals. A separate doctor's office visit co-pay may apply for certain services.	You must go to network doctors, specialists, and hospitals. You need a referral to go to network doctors, specialists, and hospitals.	You must go to network doctors, specialists, and hospitals. You need a referral to go to network doctors, specialists, and hospitals. A separate doctor's office visit copay may apply for certain services. A Visitor/Travel program is available.
Inpatient Hospital Care	You pay for each benefit period (3). Days 1-60: an additional deductible of \$952 Days 61-90: \$238/day Days 91 – 150: \$476 each lifetime reserve days (4).	You pay: <ul style="list-style-type: none"> \$150 each day for day(s) 1-5 \$0 each day(s) 6-90 for a Medicare covered stay in a network hospital There is a \$750 maximum out of pocket limit every stay.	You pay: <ul style="list-style-type: none"> \$150 each day for day(s) 1-5 \$0 each day(s) 6-90 for a Medicare covered stay in a network hospital \$750 Maximum out-of-pocket limit each stay	You pay: <ul style="list-style-type: none"> \$265 each day for day(s) 1-18 \$0 each day(s) 19-90 in a network hospital You are covered for unlimited days each benefit period.
Inpatient Mental Health Care	You pay the same deductible and copayments as inpatient hospital care (above) except there is a 190-day lifetime in a psychiatric hospital.	You pay: <ul style="list-style-type: none"> \$300 each day for day(s) 1-5 \$0 each day(s) 6-90 for a Medicare covered stay in a network hospital There is a \$5,000 maximum out of pocket limit every stay. There is a 190-day lifetime limit in a psychiatric hospital.	You pay: <ul style="list-style-type: none"> \$300 each day for day(s) 1-5 \$0 each day(s) 6-150 for a Medicare covered stay in a network hospital There is a \$5,000 maximum out of pocket limit every stay. There is a 190-day lifetime limit in a psychiatric hospital.	You pay: <ul style="list-style-type: none"> \$175 each day for day(s) 1-27 for a Medicare-covered stay in a network hospital. \$0 for days(s) 28-90 There is a 190-day lifetime limit in a psychiatric hospital.

Managed Medicare Plan Comparison Chart *(continued)*

Benefit Category	Original Medicare	Advantra (GHP)	Gold Advantage (GHP)	Medicare Complete (UHC)
Skilled Nursing Facility	<p>You pay for each benefit period (3) following at least a 3-day covered hospital stay:</p> <p>Days 1-20: \$0/day Days 21 – 100: \$119.00/day</p> <p>There is a limit of 100 days for each benefit period (3).</p>	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$0 for days 1-5 for a stay in a Skilled Nursing Facility ▪ \$75 each day(s) 6-25 ▪ \$0 for days 26 - 100 <p>You are covered for 100 days each benefit period (3).</p> <p>No prior hospital stay is required.</p>	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$0 each day(s) 1-5 for a stay in a Skilled Nursing Facility. ▪ \$75 each day(s) 6-25 ▪ \$0 for days 26 - 100 <p>You are covered for 100 days each benefit period (3).</p> <p>No prior hospital stay is required.</p>	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$85 each day(s) 1-55 for a stay in a Skilled Nursing Facility. <p>You are covered for 100 days each benefit period (3).</p> <p>No prior hospital stay is required.</p>
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<p>There is no copayment for all covered home health care visits.</p>	<p>You pay \$0 for Medicare-covered home health visits.</p>	<p>You pay \$0 for Medicare-covered home health visits.</p> <p>Authorization rules may apply for services.</p>	<p>You pay \$0 for Medicare-covered home health visits.</p>
Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must receive care from any Medicare-certified hospice.</p>	<p>You must receive care from any Medicare-certified hospice.</p>	<p>You must receive care from any Medicare-certified hospice.</p>	<p>You must receive care from any Medicare-certified hospice.</p>
Doctor Visits	<p>You pay 20% of Medicare approved amounts (1) (2)</p>	<p>You pay \$10 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$25 for each specialist visit for Medicare-covered services.</p>	<p>You pay \$5 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$15 for each specialist visit for Medicare-covered services.</p>	<p>You pay \$15 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$30 for each specialist visit for Medicare-covered services.</p>
Chiropractic Services	<p>You pay 20% of Medicare approved amounts (1) (2)</p> <p>You are covered for manual manipulation of the spine to correct subluxation provided by chiropractors or other qualified providers.</p> <p>You pay 100% for routine care.</p>	<p>You pay \$25 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p>	<p>You pay \$15 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p>	<p>You pay \$30 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p>

Managed Medicare Plan Comparison Chart *(continued)*

Benefit Category	Original Medicare	Advantra (GHP)	Gold Advantage (GHP)	Medicare Complete (UHC)
Podiatry Services	<p>You pay 20% of Medicare approved amounts (1) (2)</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay \$25 for each Medicare-covered visit (medically necessary foot care).</p> <p>You pay \$25 for each routine visit up to 6 visit(s) every year.</p>	<p>You pay \$15 for each Medicare-covered visit (medically necessary foot care).</p>	<p>You pay \$30 for each Medicare-covered visit (medically necessary foot care).</p> <p>You pay \$30 for each routine visit up to 6 visit(s) every year.</p>
Outpatient Mental Health Care	<p>You pay 50% of Medicare approved amounts with the exception of certain situations and services for which you pay 20% of approved charges (1) (2)</p>	<p>For Medicare-covered Mental Health services, you pay \$30 for each individual therapy visit.</p> <p>For Medicare-covered Mental Health services, you pay \$20 for each group therapy visit.</p>	<p>For Medicare-covered Mental Health services, you pay \$30 for each individual therapy visit.</p> <p>For Medicare-covered Mental Health services, you pay \$20 for each group therapy visit.</p>	<p>For Medicare-covered Mental Health services, you pay \$40 for each individual therapy visit.</p> <p>For Medicare-covered Mental Health services, you pay \$30 for each group therapy visit.</p>
Outpatient Substance Abuse Care	<p>You pay 20% of Medicare approved amounts (1) (2)</p>	<p>For Medicare-covered Mental Health services, you pay \$30 for each individual visit.</p> <p>For Medicare-covered Mental Health services, you pay \$20 for each group visit.</p>	<p>For Medicare-covered Mental Health services, you pay \$30 for each individual visit.</p> <p>For Medicare-covered Mental Health services, you pay \$20 for each group visit.</p>	<p>For Medicare-covered Mental Health services, you pay \$40 for each individual visit.</p> <p>For Medicare-covered Mental Health services, you pay \$30 for each group visit.</p>
Outpatient Surgery	<p>You pay 20% of Medicare approved amounts (1) (2)</p> <p>You pay 20% of outpatient facility charges (1) (2)</p>	<p>You pay \$250 for each Medicare-covered visit to an ambulatory surgical center.</p> <p>You pay \$250 (or 20% of the cost) for each Medicare-covered visit to an outpatient hospital facility.</p>	<p>You pay \$150 for each Medicare-covered visit to an ambulatory surgical center.</p> <p>You pay \$200 (or 20% of the cost) for each Medicare-covered visit to an outpatient hospital facility.</p>	<p>You pay 20% of the cost for each Medicare-covered visit to an ambulatory surgical center.</p> <p>You pay 20% of the cost for each Medicare-covered visit to an outpatient hospital facility.</p>
Ambulance Services (Medically necessary ambulance services.)	<p>You pay 20% of Medicare approved amounts or applicable fee schedule charge (1) (2)</p>	<p>You pay \$100 for Medicare covered ambulance services.</p>	<p>You pay \$100 for Medicare covered ambulance services.</p>	<p>You pay \$150 for Medicare covered ambulance services.</p>

Managed Medicare Plan Comparison Chart *(continued)*

Benefit Category	Original Medicare	Advantra (GHP)	Gold Advantage (GHP)	Medicare Complete (UHC)
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay 20% of the facility charge or applicable copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit (1) (2) You pay 20% of doctor charges (1) (2) NOT covered outside the U.S. except under limited circumstances.	You pay \$50 for each Medicare covered emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 24 hours of the emergency room visit. Worldwide coverage.	You pay \$50 for each Medicare covered emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 24 hours of the emergency room visit. Worldwide coverage.	You pay \$50 for each Medicare covered emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 24 hours of the emergency room visit. Worldwide coverage.
Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	You pay 20% of Medicare approved amounts or applicable copayments (1) (2) Not covered outside the U.S. except under limited circumstances.	You pay \$50 for each Medicare covered urgently needed care visit. Worldwide coverage.	You pay \$25 for each Medicare covered urgently needed care visit. Worldwide coverage.	You pay \$50 for each Medicare covered urgently needed care visit. You do not pay this amount if you are admitted to the hospital within 24 hour(s) for the same condition. Worldwide coverage.
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	You pay 20% of Medicare approved amounts (1) (2)	You pay 20% of the Medicare covered Occupational Therapy visit. You pay 20% of the cost for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.	You pay 15% of the Medicare covered Occupational Therapy visit. You pay 15% of the cost for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.	You pay 20% of the Medicare approved Occupational Therapy visit. You pay 20% of the cost for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare approved amounts (1) (2)	You pay 20% of the cost for each Medicare covered item.	You pay 20% of the cost for each Medicare covered item.	You pay 20% of the cost for each Medicare covered item.
Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare approved amounts (1) (2)	You pay 20% of the cost for each Medicare covered item.	You pay 20% of the cost for each Medicare covered item.	You pay 20% of the cost for each Medicare covered item.
Diabetes Self-Monitoring Training and Supplies (Includes coverage for glucose monitors, test strips, lancets, and self-management training.)	You pay 20% of Medicare approved amounts (1) (2)	There is no copayment for Diabetes self-monitoring training. You pay 20% of the cost for Medicare covered item.	There is no copayment for Diabetes self-monitoring training. You pay 20% of the cost for Medicare covered Diabetes supply item.	There is no copayment for Diabetes self-monitoring training. You pay 20% of the cost for Medicare covered item.

Managed Medicare Plan Comparison Chart *(continued)*

Benefit Category	Original Medicare	Advantra (GHP)	Gold Advantage (GHP)	Medicare Complete (UHC)
Diagnostic Tests, X-Rays, and Lab Services	<p>You pay 20% of Medicare approved amounts or applicable copayments (1) (2)</p> <p>There is no copayment for Medicare approved lab services.</p>	<p>You pay:</p> <ul style="list-style-type: none"> \$5 for each Medicare covered clinical/ diagnostic lab service 20% of the cost for each Medicare covered radiation therapy service \$15 or 20% of the cost of each Medicare covered x-ray visit <p>(See detailed Benefit Explanations page for additional information about Diagnostic Tests, X-Rays, and Lab Services.)</p>	<p>You pay:</p> <ul style="list-style-type: none"> \$5 for each Medicare covered clinical/ diagnostic lab service 20% of the cost for each Medicare covered radiation therapy service \$15 or 20% of the cost of each Medicare covered x-ray visit <p>(See detailed Benefit Explanations page for additional information about Diagnostic Tests, X-Rays, and Lab Services.)</p>	<p>You pay:</p> <ul style="list-style-type: none"> \$10 for each Medicare covered clinical/ diagnostic lab service 20% of the cost for each Medicare covered radiation therapy service \$10 or 20% of the cost of each Medicare covered x-ray visit <p>(See additional information about Diagnostic Tests, X-Rays, and Lab Services.)</p>
Bone Mass Measurement (for people with Medicare who are at risk)	You pay 20% of Medicare approved amounts (1) (2)	There is no copayment for each Medicare covered Bone Mass Measurement	There is no copayment for each Medicare covered Bone Mass Measurement	There is no copayment for each Medicare covered Bone Mass Measurement
Colorectal Screening Exams (for people with Medicare age 50 and older)	You pay 20% of Medicare approved amounts (1) (2)	There is no copayment for each Medicare covered Colorectal Screening Exams	There is no copayment for each Medicare covered Colorectal Screening Exams	<p>There is no copayment for each Medicare covered Colorectal Screening Exams</p> <p>Additional screening exams up to 1 exam every year.</p>
Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	<p>There is no copayment for the Pneumonia and Flu vaccines.</p> <p>You pay 20% of Medicare approved amounts (1) (2)</p>	<p>There is no copayment for the Pneumonia, Flu and Hepatitis B vaccines.</p> <p>No referral necessary for the Pneumonia and Flu vaccines.</p>	<p>There is no copayment for the Pneumonia, Flu and Hepatitis B vaccines.</p> <p>No referral necessary for the Medicare Covered Pneumonia and Flu vaccines.</p>	<p>There is no copayment for the Pneumonia, Flu and Hepatitis B vaccines.</p> <p>No referral necessary for the Pneumonia and Flu vaccines.</p>
Mammograms (Annual Screening) (for women with Medicare age 40 and older)	<p>You pay 20% of Medicare approved amounts or applicable copayments (1) (2)</p> <p>No referral necessary for Medicare covered screenings.</p>	<p>There is no copayment for Medicare covered Screening Mammograms.</p> <p>No referral necessary for Medicare covered screenings.</p>	<p>There is no copayment for Medicare covered Screening Mammograms.</p> <p>No referral necessary for Medicare covered screenings.</p>	<p>There is no copayment for Medicare covered Screening Mammograms.</p> <p>No referral necessary for Medicare covered screenings.</p>
Pap Smears and Pelvic Exams (for women with Medicare)	<p>There is no copayment for Pap Smears once every 2 years annually for beneficiaries at high risk (2)</p> <p>You pay 20% of Medicare approved amounts for pelvic exams (2)</p>	There is no copayment for each Medicare covered Pap Smears and Pelvic Exams	There is no copayment for each Medicare covered Pap Smears and Pelvic Exams	<p>There is no copayment for each Medicare covered Pap Smears and Pelvic Exams</p> <p>Additional Pap Smears and Pelvic Exams up to 1 Pap Smear and Pelvic Exam every year.</p>

Managed Medicare Plan Comparison Chart *(continued)*

Benefit Category	Original Medicare	Advantra (GHP)	Gold Advantage (GHP)	Medicare Complete (UHC)
Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	There is no copayment for approved lab services and a copayment of 20% of Medicare approved amounts for other related	There is no copayment for each Medicare covered Prostate Cancer Screening Exams	There is no copayment for each Medicare covered Prostate Cancer Screening Exams	There is no copayment for each Medicare covered Prostate Cancer Screening Exams
Outpatient Prescription Drugs	You pay 100% for most prescription drugs	For prescription drugs on plan approved list (Formulary), before your total drug costs are \$2,250 you pay for each prescription or refill:	For prescription drugs on plan approved list (Formulary), before your total drug costs are \$2,250 you pay for each prescription or refill:	For prescription drugs on plan approved list (Formulary), before your total drug costs are \$2,250 you pay for each prescription or refill:
		<ul style="list-style-type: none"> ▪ \$5 for Formulary Generic drugs up to a 30-day supply ▪ \$25 for Formulary Brand Name drugs up to a 30-day supply you get from an in-network preferred pharmacy ▪ \$50 for a 30-day supply of Non-Preferred Generic and Brand Name drugs you get from an in-network preferred pharmacy ▪ \$15 for Formulary Generic drugs up to a 90-day supply ▪ \$75 for mail order Formulary Brand Name drugs up to a 90-day supply ▪ \$150 for a 90-day supply of Non-Preferred Generic and Brand Name drugs you get at an in-network preferred pharmacy After total yearly costs reach \$2,250, you pay 100% of prescription drug costs.	<ul style="list-style-type: none"> ▪ \$7 for Formulary Generic drugs up to a 30-day supply ▪ \$25 for Formulary Brand Name drugs up to a 30-day supply you get from an in-network pharmacy ▪ \$50 for a 30-day supply of Non-Preferred Generic and Brand Name drugs you get from an in-network preferred pharmacy ▪ \$21 for Formulary Generic drugs up to a 90-day supply ▪ \$75 for mail order Formulary Brand Name drugs up to a 90-day supply ▪ \$150 for a 90-day supply of Non-Preferred Generic and Brand Name drugs you get at an in-network preferred pharmacy After total yearly costs reach \$2,250, you pay 100% of prescription drug costs.	<ul style="list-style-type: none"> ▪ \$3 for Formulary Generic drugs up to a 30-day supply ▪ \$28 for Formulary Brand Name drugs up to a 30-day supply you get from an in-network preferred pharmacy ▪ \$58 for a 30-day supply of Non-Preferred Generic and Brand Name drugs you get from an in-network preferred pharmacy ▪ \$9 for Formulary Generic drugs up to a 90-day supply ▪ \$84 for mail order Formulary Brand Name drugs up to a 90-day supply ▪ \$174 for a 90-day supply of Non-Preferred Generic and Brand Name drugs you get at an in-network preferred pharmacy ▪ 25% coinsurance for 30-day supply of Specialty drugs
		If using mail order, copay x 2 will purchase a 90-day supply. After yearly out of pocket drug costs reach \$3,600, you pay greater of \$2/Generic or Preferred Brand drug and \$5 for all other drugs, or 5% coinsurance.	If using mail order, copay x 2 will purchase a 90-day supply. After yearly out of pocket drug costs reach \$3,600, you pay greater of \$2/Generic or Preferred Brand drug and \$5 for all other drugs, or 5% coinsurance.	If using mail order, copay x 3 will purchase a 90-day supply. After yearly out of pocket drug costs reach \$3,600, you pay greater of \$2/Generic or Preferred Brand drug and \$5 for all other drugs, or 5% coinsurance.

Managed Medicare Plan Comparison Chart *(continued)*

Benefit Category	Original Medicare	Advantra (GHP)	Gold Advantage (GHP)	Medicare Complete (UHC)
Outpatient Prescription Drugs (continued)		<p>Ask GHP for a copy of the Formulary. You are NOT covered for prescription drugs that are NOT on the Formulary. Drugs that are covered by original Medicare do not count toward your prescription drug limit.</p> <p>Plans can calculate the part you pay in different ways. Please ask GHP, Inc. about how we determine drugs costs that count towards these amounts.</p> <p>You must use designated retail pharmacies and Mail Order to get your prescription drugs. Authorization may be required for Formulary Drugs.</p>	<p>Ask GHP for a copy of the Formulary. You are NOT covered for prescription drugs that are NOT on the Formulary. Drugs that are covered by original Medicare do not count toward your prescription drug limit.</p> <p>Plans can calculate the part you pay in different ways. Please ask GHP, Inc. about how we determine drugs costs that count towards these amounts.</p> <p>You must use designated retail pharmacies and Mail Order to get your prescription drugs. Authorization may be required for Prescription Drugs.</p>	<p>Any unused amounts cannot be carried forward to the next period.</p> <p>Drugs that are covered by original Medicare do not count toward your prescription drug limit.</p> <p>Plans can calculate the part you pay in different ways. Please ask United HealthCare of the Midwest, Inc., about how we determine drugs costs that count towards these amounts.</p> <p>You must use designated retail pharmacies and Mail Order to get your prescription drugs.</p>
Dental Services	In general, you pay 100% for dental services	In general, you pay 100% for dental services	In general, you pay 100% for dental services	In general, you pay 100% for dental services
Hearing Services	You pay 100% for routine hearing exams and hearing aids	<p>You pay 100% for hearing aids.</p> <p>You pay:</p> <ul style="list-style-type: none"> ▪ \$25 for a Medicare covered hearing exam (diagnostic hearing exams) ▪ \$25 for each routine hearing test up to 1 test every year 	<p>You pay 100% for hearing aids.</p> <p>You pay:</p> <ul style="list-style-type: none"> ▪ \$15 for a Medicare covered hearing exam (diagnostic hearing exams) ▪ \$15 for each routine hearing test up to 1 test every year 	<p>You pay 100% for hearing aids.</p> <p>You pay:</p> <ul style="list-style-type: none"> ▪ \$30 for a Medicare covered hearing exam (diagnostic hearing exams) ▪ \$30 for each routine hearing test up to 1 test every year
Vision Services	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery (1) (2)</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings (1) (2)</p> <p>You pay 20% of Medicare approved amounts for diagnosis and treatment of diseases and conditions of the eye (1) (2)</p>	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$15 for a Medicare covered eyewear (one pair of glasses or contact lenses after cataract surgery) ▪ \$25 for each Medicare covered eye exam (diagnosis and treatment for diseases and conditions of the eye) ▪ \$25 for each routine eye exam, limited to 1 exam every year 	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$15 for a Medicare covered eyewear (one pair of glasses or contact lenses after cataract surgery) ▪ \$20 for each Medicare covered eye exam (diagnosis and treatment for diseases and conditions of the eye) ▪ \$20 for each routine eye exam, limited to 1 exam every year 	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$0 for a Medicare covered eyewear (one pair of glasses or contact lenses after cataract surgery) ▪ \$30 for each Medicare covered eye exam (diagnosis and treatment for diseases and conditions of the eye) ▪ \$30 for each routine eye exam, limited to 1 exam every year

Managed Medicare Plan Comparison Chart *(continued)*

Benefit Category	Original Medicare	Advantra (GHP)	Gold Advantage (GHP)	Medicare Complete (UHC)
Vision Services (continued)	You pay 100% for routine eye exams and glasses	You pay: <ul style="list-style-type: none"> \$15 for glasses, limited to 1 pair of glasses every two years 	You pay: <ul style="list-style-type: none"> \$15 for glasses, limited to 1 pair of glasses every two years 	You pay: <ul style="list-style-type: none"> \$10 for contacts, limited to 1 pair of contacts every year \$10 for each lens, limited to 1 pair of lenses every year. \$5 for frames, limited to 1 frame(s) every year
Transportation	You pay 100%	You pay 100%	There is no copayment for each one way trip up to 20 trips to Plan approved location every year	There is no copayment for each one way trip up to 24 trips to Plan approved location every year
Routine Physical Exams	You pay 100% for routine physical exams.	You pay \$10 for each exam. You are covered for up to 1 physical exam per year	You pay \$5 for each exam. You are covered up to 1 physical exam per year	You pay \$15 for each exam. You are covered for up to 1 exam(s) every year
Health Wellness Education	You pay 100%	You are covered for the following: <ul style="list-style-type: none"> Health Education Classes Newsletter Congestive Heart Program Disease Management Ask GHP for details 	You are covered for the following: <ul style="list-style-type: none"> Health Education Classes Newsletter Congestive Heart Program Disease Management Ask GHP for details 	You are covered for the following: <ul style="list-style-type: none"> Newsletter Nursing Hotline Congestive Heart Program Disease Management Other Wellness Services
Original Medicare <ol style="list-style-type: none"> Each year, you pay a total of \$124 deductible If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more. A benefit period begins the day you go into the hospital or skilled nursing facility. The benefit period ends when you have received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended; a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. Lifetime reserve days can only be used once. 				