

Based on Individual Enrollment	Freedom Blue PPO In-Network	Freedom Blue PPO Out-of-Network	2014 Medicare Carve-Out In-Network	2014 Medicare Carve-Out Out-of-Network
Plan Deductible	\$150		\$400	\$1,200
Plan Coinsurance	5% Coinsurance	10% Coinsurance	10%	30%
Out-of-Pocket Maximum	\$1,500		\$1,800	\$5,400
Total In- and Out-of-Network Out-of-Pocket Maximum	\$4,500			
Lifetime Maximum	Unlimited		\$2,000,000	
OUTPATIENT CARE				
Physician Office Visits *	\$25 Copay (PCP/Therapy) \$35 Copay (Specialist)	10% Coinsurance	\$25 Copay (PCP/Therapy) \$35 Copay (Specialist)	30% after deductible
Preventive Tests/Screenings	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Diagnostic Tests, X-Rays, Lab Services, Radiology Services(See Appendix)	5% Coinsurance after deductible	10% Coinsurance after deductible	10% after deductible	30% after deductible
Outpatient Surgery	5% Coinsurance after deductible	10% Coinsurance after deductible	10% after deductible	30% after deductible
Chiropractic Services * (Medicare covered only)	\$20 Copay for each Medicare-covered visit	10% Coinsurance	\$25 Copay for each Medicare-covered visit	30% after deductible
Podiatry Services * (Medicare covered only)	\$35 Copay for each Medicare-covered visit	10% Coinsurance	\$35 Copay	30% after deductible
Outpatient Mental Health Care *	\$35 Copay	10% Coinsurance	\$35 Copay	30% after deductible
Kidney Dialysis	Covered in Full	10% Coinsurance	10% after deductible	30% after deductible
Home Health	5% Coinsurance after deductible	10% Coinsurance after deductible	10% after deductible	30% after deductible
INPATIENT AND EMERGENCY CARE				

Ambulance Services	Covered in Full		Covered in Full	
Emergency Care	\$65 Copay		\$100 Copay	
Urgent Care Clinic	\$35 Copay		\$35 Copay	
Inpatient Hospital	5% Coinsurance after deductible	10% Coinsurance after deductible	10% after deductible	30% after deductible
Skilled Nursing Facility (Days 1-100 per Benefit Period)	5% Coinsurance after deductible	10% Coinsurance after deductible	10% after deductible	30% after deductible
SUPPLIES AND ADDITIONAL SERVICES				
Medicare Part B Drugs	5% Coinsurance after deductible	10% Coinsurance after deductible	10% after deductible	30% after deductible
Durable Medical Equipment	5% Coinsurance	10% Coinsurance	90% after network deductible	
Routine Vision Services **	100% Coverage for annual routine eye exam Standard eyeglass lenses and frames or contact lenses are covered in every calendar year A \$100 benefit maximum for non-standard frames or specialty contact lenses every year	10% Coinsurance for an annual routine eye exam \$100 benefit maximum for specialty frames or specialty contact lenses every year	100% coverage for exam but no coverage for routine eyeglasses or contact lenses	Not Covered
Routine Hearing Services **	\$35 Copay for an annual routine hearing exam	10% Coinsurance for an annual routine hearing exam	100% coverage for routine hearing exam	Not Covered
Hearing Aids **	\$500 benefit maximum every three years		Not Covered	
SilverSneakers Fitness	Covered in Full	Not Covered		

* Office visit copays are not applied to In-Network Out-of-Pocket Maximum, but are applied to the Total In- and Out-of-Network Out-of-Pocket Maximum.

** Routine Vision and Hearing cost sharing is not applied to the Plan Deductible or Out-of-Pocket Maximums.

Appendix:

Laboratory services

- Medicare covers laboratory services including certain blood tests, urinalysis, and some screening tests. You generally pay nothing for these services.***
- Freedom Blue PPO is required to cover everything Medicare covers, but these services all fall under their diagnostic/lab benefit which would have either a 5% or 10% coinsurance depending on the network status of the provider.

Tests (other than lab tests)

- Medicare covers X-rays, MRIs, CT scans, EKGs, and some other diagnostic tests. You pay 20% of the Medicare-approved amount, and the Part B deductible applies. If you get the test at a hospital as an outpatient, you also pay the hospital a [copayment](#) that may be more than 20% of the Medicare-approved amount, but in most cases, this amount can't be more than the Part A hospital stay deductible.***

***Source of information: 2014 Medicare & You Handbook.