



2025 MEDICARE ADVANTAGE PLAN HIGHLIGHTS

PLAN	10P	15P	20P
NETWORK	DOCTORS AND HOSPITALS IN AND OUT OF NETWORK		
DEDUCTIBLE	NONE	\$150 IN AND OUT OF NETWORK	\$200 IN AND OUT OF NETWORK
PRIMARY CARE PHYSICIAN	\$10 COPAY	\$15 COPAY	\$20 COPAY
SPECIALIST	\$40 COPAY	\$30 COPAY	\$20 COPAY
URGENT CARE	\$35 COPAY	\$30 COPAY	\$20 COPAY
EMERGENCY CARE	\$90 COPAY	\$75 COPAY	\$50 COPAY
INPATIENT HOSPITAL CARE	\$275 COPAY FOR DAYS 1-7	\$500 COPAY	\$0 COPAY
SKILLED NURSING CARE	\$0 COPAY FOR DAYS 1-20 \$172 COPAY FOR DAYS 21-100	\$0 COPAY DAYS 1-20 \$25 COPAY FOR DAYS 21-100	\$0 COPAY FOR DAYS 1-100
ROUTINE DENTAL	\$0 COPAY; \$75 MAX/YEAR	NOT COVERED	\$0 COPAY; \$75 MAX/YEAR
ROUTINE VISION EXAM	\$0 COPAY; \$70 MAX/YEAR OON	\$0 COPAY; \$70 MAX/YEAR OON	\$0 COPAY; \$70 MAX/YEAR OON
EYEWEAR	\$0 COPAY; \$100 MAX/2 YEARS	\$0 COPAY; \$100 MAX/2 YEARS	\$0 COPAY; \$100 MAX/2 YEARS
HEARING EXAM	\$0 COPAY; \$70 MAX/YEAR	\$0 COPAY; \$70 MAX/YEAR	\$0 COPAY; \$70 MAX/YEAR
HEARING AID	\$0 COPAY; \$500 MAX/YEAR	\$0 COPAY; \$1,000 MAX/3 YEARS	\$0 COPAY; \$500 MAX/YEAR
SILVER SNEAKERS	INCLUDED	INCLUDED	INCLUDED
PRESCRIPTIONS	INCLUDED	INCLUDED	INCLUDED
ANNUAL OUT OF POCKET MAX	\$6,000 IN AND OUT OF NETWORK	\$2,900 COMBINED IN AND OUT OF NETWORK	\$500 COMBINED IN AND OUT OF NETWORK
2025 MONTHLY PREMIUM	\$105.27	\$153.37	\$215.68

NOTE:

- PLAN 10P-E OFFERS THE SAME COVERAGE AS OF 10P BUT OFFERS A MORE ENHANCED DRUG FORMULARY AT \$147.56 PER MONTH
- PRESCRIPTION DRUG PLANS ARE REQUIRED TO COMPLY WITH FEDERAL PRESCRIPTION DRUG LAWS
- FOREIGN TRAVEL, URGENTLY NEEDED SERVICES AND PART D DRUG COPAYS ARE NOT INCLUDED IN THE ANNUAL OUT OF POCKET MAXIMUM
- PRESCRIPTION DRUG PLANS FOR 10P, 10P-E AND 15P DO NOT HAVE A DEDUCTIBLE. 20P DOES HAVE A \$150 ANNUAL RX DEDUCTIBLE
- "MAX/YEAR" MEANS MAXIMUM ANNUAL BENEFIT; "OON" REFERS TO OUT OF NETWORK