

BENEFIT DESCRIPTION	Premium	Choice	Premium Plus	Elite
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Out of Pocket Maximum (OOP)	\$500	\$1,000	\$500	N/A
(Applies to Medicare Part B Services)	√	√	√	
Part A				
Part A Deductible (days 1-60; Part A Deductible)	100%	100%	100%	100%
Hospital Confinement (days 61-90; 25% of Part A Deductible) (days 91-150; 50% of Part A Deductible)	100%	100%	100%	100%
Extended Hospital Confinement (Additional 365 days) payable at 100%	100%	100%	100%	100%
Skilled Nursing Facility Confinement (days 21-100; 12 1/2% Part A Deductible)	100%	100%	100%	100%
Part B				
Part B Deductible	Not Covered	Not Covered	Not Covered	100%
Physician Services Benefit	100%	100%	100%	100%
Specialist Services Benefit	100%	100%	100%	100%
Outpatient Hospital Services and Ambulatory Surgical Care	100%	100%	100%	100%
Outpatient Diagnostic and Radiology Services	100%	100%	100%	100%
Outpatient Mental Health and Substance Abuse Services	100%	100%	100%	100%
Outpatient Rehabilitative and Cardiac Rehabilitative Services	100%	100%	100%	100%
Emergency Care Benefit	100%	100%	100%	100%
Urgent Care Benefit	100%	100%	100%	100%
Ambulance Services Benefit	100%	100%	100%	100%
Durable Medical Equipment and Prosthetics Benefit	100%	100%	100%	100%
Part B Excess	100%	100%	100%	100%
Additional Services				
Preventive Care Cancer Screening	100%	100%	100%	100%
Hospice (Inpatient respite care, drugs)	100%	100%	100%	100%
Blood Deductible	100%	100%	100%	100%
Foreign Travel Emergency (\$250 Deductible; 80% coinsurance up to \$50,000 Lifetime Maximum)	√	√	√	√
Annual Physical Exam (\$25 copay; \$500 calendar year maximum)	√	√	√	√
Private Duty Nursing	Not Included	Not Included	Not Included	Not Included
Silver&Fit Exercise Program	√	√	√	√