

	Plan 3845	Plan 3846	Plan 3192	Plan 3862
BENEFIT DESCRIPTION	Premium	Choice	Premium Plus	Elite
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Out of Pocket Maximum (OOP) (Applies to Medicare Part B Services)	\$500 √	\$1,000 √	N/A	N/A
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 (free)	Paid for by trust board in 2022	Paid for by trust board in 2022	Paid for by trust board in 2022	Paid for by trust board in 2022