

2011 Medicare Advantage Plans

*Prepared by Southwest Missouri Office on Aging
1-800- 497-0822*

Plan Name - Phone # and Hospital Preference	Plan Type	Covers Drugs	Premium	Network Out of Pocket Limit	Inpatient Daily \$	Dr. Office Visits	Outpatient Hospital Services	Skilled Nursing	Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Durable Medical Equipment
AARP Medicare Complete Plus 1-800-547-5514 <i>Cox, Ozarks Community, Skaggs, or pay more for out-of-network</i>	HMO with POS option	Yes	\$0.00	\$2,975	Days 1-14: \$220/day Days 15-90: \$0/day	\$20 copay for primary care \$35 copay for specialist visit	20% for ambulatory surgical center & 20% copay for outpatient hospital facility visit	Days 1-30: \$100/day Days 31-100: \$0/day	\$0-\$10 (or 0% of the cost) for lab services, 0%-20% for diagnostic procedures and tests---\$16 for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. In general, preventative dental benefits not covered. \$0-\$35 copay for up to 1 routine hearing test every year, \$0 copay per hearing aid (\$300 plan limit for hearing aids every 2 years). \$35 copay for up to 1 routine eye exam every year, \$10 copay for contacts (\$105 plan limit/year), \$10 copay for lenses (\$70 plan limit/year), \$5 copay for frames (\$70 plan limit/year). Optional Supplemental Package available for additional dental/vision/hearing services. Health Club Membership included in plan. www.AARPMedicarePlans.com										
Advantra Freedom 1-877-982-9125 <i>Cox, Ozarks Community, Skaggs</i>	Local PPO	Yes	\$22.00	\$5,500	Days 1-7: \$200/day Days 8-90: \$0/day	\$10 copay for primary care \$40 copay for specialist visit	\$300 copay for ambulatory surgical center & \$300 copay for outpatient hospital facility visit	Days 1-100: \$50/day	\$0 for lab services, \$0 for diagnostic procedures and tests---\$10 for X-rays---\$150-\$400 for diagnostic radiology services---20% for therapeutic radiology services (separate office visit cost sharing may apply)	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. In general, preventive dental benefits not covered. In general, routine hearing exams and hearing aids not covered. Non-Medicare-covered eye exams and glasses not covered. Health Club Membership included in plan. www.kc.chcadvantra.com										
Anthem Medicare Preferred Core 1-800-797-6427 <i>Cox, Ozarks Community, CMH, Skaggs</i>	Local PPO	Yes	\$0.00	\$4,500	Days 1-7: \$255/day Days 8-90: \$0/day (\$1,785 limit/yr)	\$0 copay for primary care \$40 for specialist visit	\$200 copay for ambulatory surgical center & \$40-\$200 copay for outpatient hospital facility visit	Days 1-20: \$0/day Days 21-100: \$128/day	\$0 for lab services, \$0-\$150 for diagnostic procedures and tests---\$85 for X-rays---\$85-\$150 for diagnostic radiology services---20% for therapeutic radiology services (separate office visit cost sharing may apply)	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. In general, preventative dental benefits not covered. Hearing aids not covered, \$40 copay for up to 1 routine hearing test/yr (\$50 plan limit/yr). Non-Medicare-covered eye exams and glasses not covered. Health Club membership included in plan. www.anthem.com/medicare										
Anthem Medicare Preferred Select 1-800-797-6427 <i>Cox, Ozarks Community, CMH, Skaggs</i>	Local PPO	Yes	\$57.00	\$3,800	Days 1-5: \$175/day Days 6-90: \$0/day (\$875 limit/yr)	\$10 copay for primary care \$15 copay for specialist visit	\$150 copay for ambulatory surgical center & \$15-\$150 copay for outpatient hospital facility visit	Days 1-20: \$0/day Days 21-100: \$115/day	\$0 for lab services, \$0-\$125 for diagnostic procedures and tests---\$75 for X-rays---\$75-\$125 for diagnostic radiology services---20% for therapeutic radiology services (separate office visit cost sharing may apply)	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. \$0 copay for up to 1 oral exam and cleaning/yr. Hearing aids not covered, \$15 copay for 1 routine hearing test/yr (\$100 plan limit/yr for hearing test). \$15 copay for 1 routine eye exam/yr, \$15 for glasses/contacts (\$100 plan limit eye exams/yr & \$125 plan limit for eye wear/yr). Health Club membership included in plan. www.anthem.com/medicare										

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Care Improvement Plus Gold Rx 1-800-711-1656 St. John's, Ozarks Community, Skaggs	Regional PPO SNP: Chronic or Disabling	Yes	\$0.00	\$3,400	Days 1-15: \$220/day Days 16-90: \$0/day	\$35 copay for primary care \$50 copay for specialist visit	\$150 copay for ambulatory surgical center & \$150 copay for outpatient hospital facility visit	Days 1-20: \$0/day Days 21-100: \$130/day	0%-20% for lab services, 0%-20% for diagnostic procedures and tests---20% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. \$10 copay for 1 visit/yr that includes oral exam, cleaning, & dental x-ray. In general, routine hearing exams and hearing aids not covered. \$30 copay for up to 1 routine eye exam/yr, \$0 copay for glasses/contacts (\$150 plan limit for eye wear every year). www.careimprovementplus.com										
Care Improvement Plus Medicare Advantage 1-800-711-1656 St. John's, Ozarks Community, Skaggs	Local PPO	Yes	\$32.00	\$3,400	Days 1-15: \$220/day Days 16-90: \$0/day	\$35 copay for primary care \$50 copay for specialist visit	\$175 copay for ambulatory surgical center & \$175 copay for outpatient hospital facility visit	Days 1-20: \$0/day Days 21-100: \$130/day	0%-20% for lab services, 0%-20% for diagnostic procedures and tests---20% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. \$10 copay for an office visit every year that includes oral exam, cleaning, & dental x-ray. In general, routine hearing exams and hearing aids not covered. \$10 copay for up to 1 routine eye exam every year, \$0 copay for glasses/contacts (\$150 plan limit for eye wear every year). www.careimprovementplus.com										
Care Improvement Plus Silver Rx 1-800-711-1656 St. John's, Ozarks Community, Skaggs	Regional PPO SNP: Chronic or Disabling	Yes	\$33.40	\$6,700	Information not available on medicare.gov. Please contact the plan.	20%	20%	Information not available on medicare.gov. Please contact the plan.	0%-20% for lab services, 0%-20% for diagnostic procedures and tests---20% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. \$15 copay for an office visit very year that includes oral exam, cleaning, & dental x-ray. In general, routine hearing exams and hearing aids not covered. 0% for up to 1 routine eye exam every year, 0% for glasses/contacts (\$200 plan limit for eye wear every year). www.careimprovementplus.com										
Care Improvement Plus Medicare Advantage 1-800-711-1656 St. John's, Ozarks Community, Skaggs	Regional PPO	Yes	\$52.00	\$3,400	Days 1-15: \$220/day Days 16-90: \$0/day	\$35 copay for primary care \$50 copay for specialist visit	\$175 for ambulatory surgical center & \$175 copay for outpatient hospital facility visit	Days 1-20: \$0/day Days 21-100: \$130/day	0%-20% for lab services, 0%-20% for diagnostic procedures and tests---20% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. \$10 copay for 1 visit/year that includes oral exam, cleaning, & dental x-ray. In general, routine hearing exams and hearing aids not covered. \$30 copay for up to 1 routine eye exam/year. \$0 copay for glasses/contacts (\$150 plan limit for eye wear/year). www.careimprovementplus.com										

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Humana Gold Plus 1-800-833-2364 St. John's	HMO	Yes	\$0.00	\$2,900	Days 1-5: \$175/day Days 6-90: \$0/day	\$10 copay for primary care \$35 copay for specialist visit	\$150 copay for ambulatory surgical center visit & \$0-\$150 copay for outpatient hospital facility visit	Days 1-14: \$0/day Days 15-100: \$70/day	\$0-\$35 for lab services, \$0-\$50 for diagnostic procedures and tests---\$10-\$35 for X-rays---\$10-\$100 for diagnostic radiology services---\$35 for therapeutic radiology services	20%
You pay 0% to 20% of the cost for Part B-covered drugs. 20% of the cost for Part B-covered chemotherapy drugs. In general, preventative dental benefits not covered. In general, routine eye exams and eye wear not covered. Optional Supplemental Packages available for dental/vision services. In general, routine hearing exams and hearing aids not covered. Health Club Membership included in plan. www.humana-medicare.com										
Humana Gold Choice 1-800-833-2364 Any doctor or hospital that accepts the terms of the plan	PFFS	Yes	\$27.00	\$5,000	Days 1-7: \$225/day Days 8-90: \$0/day	\$15 copay for primary care \$35 copay for specialist visit	20% for ambulatory surgical center & 20%-25% copay for outpatient hospital facility visit	Days 1-20: \$0/day Days 21-100: \$125/day	\$0-\$35 (or 0%-25%) for lab services, \$0-\$35 (or 0%-25%) for diagnostic procedures and tests---\$15-\$35 (or 20%-25%) for X-rays---\$15-\$35 (or 20%-25%) for diagnostic radiology services---\$35 (or 20%) for therapeutic radiology services	20%
You pay 0% to 20% of the cost for Part B-covered drugs. 20% of the cost for Part B-covered chemotherapy drugs. In general, preventative dental benefits not covered. In general, routine hearing exams and hearing aids not covered. In general, routine eye exams and eye wear not covered. Optional Supplemental Packages available for dental/vision services. Health club membership included in plan. www.humana-medicare.com										
HumanaChoice 1-800-833-2364 St. John's, Ozarks Community, CMH, Skaggs	Local PPO	Yes	\$59.00	\$3,400	Days 1-7: \$225/day Days 8-90: \$0/day	\$10 copay for primary care \$35 copay for specialist visit	\$175 for ambulatory surgical center & \$0-\$200 copay (or 20%) for outpatient hospital facility visit	Days 1-14: \$0/day Days 15-100: \$100/day	\$0-\$35 for lab services, \$0-\$50 for diagnostic procedures and tests---\$10-\$35 for X-rays---\$10-\$75 for diagnostic radiology services---\$35 for therapeutic radiology services	20%
You pay 0% to 20% of the cost for Part B-covered drugs. 20% of the cost for Part B-covered chemotherapy drugs. In general, routine hearing exams and hearing aids not covered. Non-Medicare-covered eye exams and glasses not covered. \$0 copay for up to 1 oral exam, 1 cleaning, & 1 dental x-ray every year. Optional Supplemental Packages available for additional dental/vision services. Health Club membership included in plan. www.humana-medicare.com										
HumanaChoice 1-800-833-2364 St. John's, Ozarks Community, CMH, Skaggs	Regional PPO	Yes	\$69.00	\$6,700	Days 1-7: \$225/day Days 8-90: \$0/day	\$15 copay for primary care \$35 copay for specialist visit	20% for ambulatory surgical center & 20%-25% copay for outpatient hospital facility visit	Days 1-20: \$0/day Days 21-100: \$125/day	\$0-\$35 (or 0%-25%) for lab services, \$0-\$35 (or 0%-25%) for diagnostic procedures and tests---\$15-\$35 (or 20%-25%) for X-rays---\$15-\$35 (or 20%-25%) for diagnostic radiology services---\$35 (or 20%) for therapeutic radiology services	20%
You pay 0% to 20% of the cost for Part B-covered drugs. 20% of the cost for Part B-covered chemotherapy drugs. \$0 copay for up to 1 oral exam, 1 cleaning, & 1 dental x-ray every year. In general, routine hearing exams and hearing aids not covered. In general, routine eye exams and eye wear not covered. Optional Supplemental Packages available for additional dental/vision services. Health club membership included in plan. www.humana-medicare.com										

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Humana Gold Choice 1-800-833-2364 Any doctor or hospital that accepts the terms of the plan	PFFS	NO	\$0.00	\$5,000	Information not available on medicare.gov. Please contact the plan.	20% for primary care 20% for specialist visit	20% for ambulatory surgical center & 20% copay for outpatient hospital facility visit	Information not available on medicare.gov. Please contact the plan.	0%-20% for lab services, 0%-20% for diagnostic procedures and tests---20% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services	20%
You pay 0% to 20% of the cost for Part B-covered drugs. 20% of the cost for Part B-covered chemotherapy drugs. In general, preventive dental benefits not covered. In general, routine hearing exams and hearing aids not covered. Non-Medicare-covered eye exams and glasses not covered. Optional Supplemental Package available for Health Club membership. www.humana-medicare.com										
HumanaChoice 1-800-833-2364 St. John's, Ozarks Community, CMH, Skaggs	Regional PPO	NO	\$0.00	\$3,400	Days 1-9: \$225/day Days 10-90: \$0/day	\$15 copay for primary care \$35 copay for specialist visit	20% for ambulatory surgical center & 20%-25% copay for outpatient hospital facility visit	Days 1-14: \$0/day Days 15-100: \$100/day	\$0-\$35 (or 0%-25%) for lab services, \$0-\$35 (or 0%-25%) for diagnostic procedures and tests---\$15-\$35 (or 20%-25%) for X-rays---\$15-\$35 (or 20%-25%) for diagnostic radiology services---\$35 (or 20%) for therapeutic radiology services	20%
0% to 20% of the cost for Part B-covered drugs. 20% of the cost for Part B-covered chemotherapy drugs. \$0 copay for up to 1 oral exam, 1 cleaning, & 1 dental x-ray every year. In general, routine hearing exams and hearing aids not covered. \$0 copay for up to 1 routine eye exam every year, \$0 copay for glasses/contacts (\$200 plan limit for eye wear every year). Optional Supplemental Packages available for additional dental/vision services. Health Club membership included in plan. www.humana-medicare.com										
Mercy MedicareADVANTAGE 1-417-837-0266 St. John's, CMH, Skaggs	HMO	Yes	\$13.30	\$3,000 (most services)	\$0 copay, \$500 out-of-pocket limit/year	\$10 copay for primary care \$30 copay for specialist visit	\$100 copay for ambulatory surgical center & \$100 copay for outpatient hospital facility visit	Days 1-30: \$0/day Days 31-100: \$100/day	0% for lab services, 0%-20% for diagnostic procedures and tests---20% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services (separate office visit cost sharing may apply)	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. \$0 copay for preventive dental services of oral exams, cleanings, fluoride treatments, & dental x-rays (\$500 plan limit/yr on dental). Hearing aids not covered, \$0 copay for 1 routine hearing test/yr. \$0 copay up to 1 pair or glasses/contacts, \$0 copay for 1 routine eye exam/yr, (\$150 plan limit for eye wear every 2 yrs). Health Club membership included in plan. www.mercyhealthplans.com										

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Mercy MedicareADVANTAGE Silver 1-417-836-0429 St. John's, CMH, Skaggs	Local PPO	Yes	\$16.30	\$4,000 (most services)	\$650 copay per hospital stay	\$10 copay for primary care \$35 copay for specialist visit	\$150 copay for ambulatory surgical center & \$0-\$200 copay for outpatient hospital facility visit	Days 1-9: \$0/day Days 10-20: \$50/day Days 21-100: \$100/day	0% for lab services, 0%-20% for diagnostic procedures and tests---0% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services (separate office visit cost sharing may apply)	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. In general, preventive dental benefits not covered. Hearing aids not covered. \$0 copay for up to 1 routine hearing test/yr. \$0 copay for up to 1 pair of glasses/contacts (\$150 plan limit for eye wear every 2 years). \$0 copay for up to 1 routine eye exam/yr. Health Club membership included in plan. www.mercyhealthplans.com										
Mercy MedicareADVANTAGE Gold 1-417-837-0200 St. John's, CMH, Skaggs	Local PPO	Yes	\$150.30	\$6,700 (most services)	Days 1-10: \$50/day Days 11-90: \$0/day (\$500 limit per stay)	\$5 copay for primary care \$15 copay for specialist visit	\$0 for ambulatory surgical center & \$0 copay for outpatient hospital facility visit	Days 1-20: \$0/day Days 21-100: \$100/day	\$0 for lab services, \$0 for diagnostic procedures and tests---0% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services (separate office visit cost sharing may apply)	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. In general, preventive dental benefits not covered. Hearing aids not covered. \$0 copay for up to 1 routine hearing test every year. \$0 copay for up to 1 pair of glasses/contacts (\$150 plan limit for eye wear every 2 years), \$0 copay for up to 1 routine eye exam every year. Health Club membership included in plan. www.mercyhealthplans.com										
Mercy MedicareADVANTAGE (no drug) 1-417-837-0266 St. John's, CMH, Skaggs	HMO	NO	\$0.00	\$3,000 (most services)	\$0 copay, \$500 out-of-pocket limit/year	\$10 copay for primary care \$30 copay for specialist visit	\$100 copay for ambulatory surgical center & \$100 copay for outpatient hospital facility visit	Days 1-30: \$0/day Days 31-100: \$100/day	0% for lab services, 0%-20% for diagnostic procedures and tests---20% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services (separate office visit cost sharing may apply)	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. \$0 copay for preventive dental services of oral exams, cleanings, fluoride treatments, & dental x-rays (\$500 plan limit/yr on dental). Hearing aids not covered, \$0 copay for 1 routine hearing test/yr. \$0 copay up to 1 pair or glasses/contacts, \$0 copay for 1 routine eye exam/yr, (\$150 plan limit for eye wear every 2 yrs). Health Club membership included in plan. www.mercyhealthplans.com										
Ozark Health Plan - Plus 1-800-658-3518 St. John's, CMH, Skaggs	HMO	Yes	\$0.00	\$4,950	Days 1-7: \$195/day Days 8-90: \$0/day	\$0 copay for primary care \$35 copay for specialist visit	\$175 copay for ambulatory surgical center visit & \$0-\$325 (or 20%) copay for outpatient hospital facility visit	Days 1-100: \$50/day	\$0 for lab services, \$0 for diagnostic procedures and tests---20% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. 0%-20% for up to 1 oral exam, cleaning, & dental x-ray every year. In general, routine hearing exams & hearing aids not covered. \$0 for 1 pair of glasses/contacts every 2 yrs, \$25 for 1 routine eye exam every yr, (\$100 plan limit for eye wear every 2 yrs.) Health Club membership included in plan. www.arcadianhealth.com (This company also offers a SNP for MO HealthNet Medicaid recipients. Please contact company for details and enrollment in this plan.)										

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Today's Options Advantage 650B powered by CCRx 1-866-422-1967 Cox, Ozarks Community	Local PPO	Yes	\$0.00	\$3,400	Days 1-6: \$335/day Days 7-90: \$0/day	\$15 copay for primary care \$50 copay for specialist visit	\$163 copay for ambulatory surgical center & \$0-\$325 copay for outpatient hospital facility visit	Days 1-20: \$0/day Days 21-100: \$135/day	0%-20% for lab services, 0%-20% for diagnostic procedures and tests---20% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services (separate office visit cost sharing may apply)	30%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. In general, preventive dental benefits not covered. Hearing aids not covered. \$20 copay for up to 1 routine hearing test every year. \$20 copay for up to 1 routine eye exam every year. www.TodaysOptionsPPO.com										
Today's Options Advantage 150A powered by CCRx 1-866-422-1967 Cox, Ozarks Community	Local PPO	Yes	\$64.00	\$3,250	Days 1-5: \$200/day Days 6-90: \$0/day	\$5 copay for primary care \$30 copay for specialist visit	\$75 for ambulatory surgical center & \$0-\$150 copay for outpatient hospital facility visit	Days 1-20: \$0/day Days 21-100: \$100/day	\$0 for lab services, \$0 for diagnostic procedures and tests---20% for X-rays---20% for diagnostic radiology services---20% for therapeutic radiology services (separate office visit cost sharing may apply)	20%
You pay 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. In general, preventive dental benefits not covered. Hearing Aids not covered. \$20 copay for up to 1 routine hearing test every year. \$20 copay for up to 1 routine eye exam/year. www.TodaysOptionsPPO.com										

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