

## Pre-Medicare Medical Mutual Network/PPO and Pre-Medicare Re-employed Retiree Plan Features

### 2020 Plan Coverage

All limits and maximums are per covered individual

UCR	In-Network	Out-of-Network
<b>Usual and Customary Rate - UCR limits generally apply to any service provided out-of-network.</b>		
Deductible per calendar year	\$2,500	\$5,000
Co-insurance amount	\$3,250 (excluding deductible)	No Limit
Out-of-Pocket Limit <sup>∞</sup>	\$5,750	No Limit
<b>Medical Services</b>		
Outpatient Hospice	75%	60%
Mental Health	75%	60%
Substance Abuse (including alcohol)	75%	60%
Surgery	75%	60%
Office Visit - Medical Home	\$15 copay	60%
Office Visit - Specialist	\$50 copay	60%
Office Visit - Primary Care	\$25 copay	60%
<b>Emergency Services</b>		
Emergency Room	\$250* copay (emergency) \$550 copay (non-emergency) 75% facility 75% all other charges	\$250* copay (emergency) \$550 copay (non-emergency) 75% facility 75% all other charges
Urgent Care	\$60 copay	60%
<b>Preventive services</b>		
Annual routine physical	100%**	60%***
PAP, Mammography <sup>†</sup>	100%**	60%***
Colonoscopy, Sigmoidoscopy, Bone Density Testing <sup>†</sup>	100%**	60%***
Flu and Pneumonia Vaccines	100%**	60%***

All services are subject to medical necessity. After a participant meets the annual deductible and the out-of-pocket limit in a calendar year, all medically necessary services are covered at 100% with the exception of lab services subject to coverage maximums. Plan Features are general descriptions of coverage. For details, refer to your Plan documents or call your plan administrator. Prescription drug coverage information is listed on page 13.

<sup>∞</sup> Out-of-pocket limit includes deductibles, copays and co-insurance amounts.

\*Waived if admitted

\*\*Not subject to co-insurance or deductible

\*\*\*Subject to annual deductible

<sup>†</sup> Subject to age and frequency limitations

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<b>Other Medical</b>		
Lab and Diagnostic	75%	60%
Chiropractors (10 visit limit)	75%	60%
Therapy Services	\$40 copay, then 75%	60%
Ambulance	75%	60%
Home Health Care	75%	60%
Durable Medical Equipment	75%	60%
All Other	75%	60%
<b>Inpatient</b>		
Inpatient copay (per admission)	\$300	\$400
Semi-Private Room	75%	60%
Pre-Admission Testing	75%	60%
Skilled Nursing Facility	75%	60%
Hospice	75%	60%



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