

10/31/19

# City of Cincinnati

Effective January 1, 2020

The benefits and description of covered services within this summary are pending CMS approval and subject to change.

1/1/2020 - 12/31/2022

**Important Note**

In general, the 20% and 50% member coinsurance amounts under the Current Select Plan are equal to the 4% and 10% amounts under the Medicare Advantage (MA) Plan. The Current Plan cost share figures represent 20% AFTER Medicare has paid. The MA Plan figures represent the cost share BEFORE Medicare has paid.

Advantage

Medical Benefits	Current Select Plan		Proposed Select Plan	
	Member Pays		Member Pays	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$300 in-network only	\$600 out-of-network only	\$300 combined in-network and out-of-network	\$300 combined in-network and out-of-network
Annual Maximum Out-of-Pocket	\$1,500 in-network only	\$3,000 out-of-network only	\$1,500 in-network only	\$3,000 combined in-network and out-of-network
<b>Inpatient Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Inpatient Hospital Care (Including Substance Abuse)	20% coinsurance per admission	50% coinsurance per admission	4% coinsurance per admission	10% coinsurance per admission
Inpatient Mental Health Care	20% coinsurance per admission	50% coinsurance per admission	4% coinsurance per admission	10% coinsurance per admission
Skilled Nursing Facility Care 100 days each benefit period	20% coinsurance unlimited days	50% coinsurance 30 days	\$5 copay per day for days 1-20 4% coinsurance for days 21-100 100 days/benefit period; benefit period ends when no inpatient stay or SNF for 60 days in a row	\$5 copay per day for days 1-20 10% coinsurance for days 21-100 100 days/benefit period; benefit period ends when no inpatient stay or SNF for 60 days in a row
Home Health Agency Care	20% coinsurance unlimited	50% coinsurance 30 days	\$0 copay unlimited	10% coinsurance unlimited
Hospice Care	20% coinsurance	20% coinsurance	4% coinsurance for the one-time hospice consultation	4% coinsurance for the one-time hospice consultation
<b>Outpatient Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary Care Physician (PCP) Visits	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Specialist Visits	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Allergy Testing and Injections	20% coinsurance for allergy testing	50% coinsurance for allergy testing	4% coinsurance for allergy testing	10% coinsurance for allergy testing
	20% coinsurance for allergy injections	50% coinsurance for allergy injections	4% coinsurance for allergy injections	10% coinsurance for allergy injections
Chiropractic Services (Medicare-Covered)	20% coinsurance 12 visits/yr. combined in & out-of-network	50% coinsurance 12 visits/yr. combined in & out-of-network	4% coinsurance no limit on medical necessity	10% coinsurance no limit on medical necessity
Podiatry (Medicare-Covered)	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Mental Health – Outpatient Professional	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Mental Health – Outpatient Hospital	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance

Medical Benefits	Current Select Plan		Proposed Select Plan	
	Member Pays		Member Pays	
Substance Abuse – Outpatient Professional	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Substance Abuse – Outpatient Hospital	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Outpatient Hospital or Ambulatory Surgical Center for Surgery (Nonemergency)	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Ambulance Services	20% coinsurance per one-way trip	20% coinsurance per one-way trip	4% coinsurance	4% coinsurance
Emergency Outpatient Care	20% coinsurance	20% coinsurance	\$50 copay, waived if admitted within 72 hours	\$50 copay, waived if admitted within 72 hours
Urgently Needed Services	20% coinsurance	20% coinsurance	4% coinsurance, waived if admitted within 72 hours	4% coinsurance, waived if admitted within 72 hours
Physical, Occupational and Speech Therapy	20% coinsurance 60 days combined PT & OT and combined in and out-of-network 20 visits speech therapy combined in & out of network	50% coinsurance see in-network	4% coinsurance no limit if medically necessary	10% coinsurance no limit if medically necessary
Cardiac Rehabilitation Services	20% coinsurance no limit	50% coinsurance no limit	4% coinsurance 1) two 1-hr. sessions/day max up to 36 sessions, w/add. 36 sessions if medically necessary; 2) intensive rehab sessions up to 6/day for 72 1-hr. sessions, up to 18 wks	10% coinsurance 1) two 1-hr. sessions/day max up to 36 sessions, w/add. 36 sessions if medically necessary; 2) intensive rehab sessions up to 6/day for 72 1-hr. sessions, up to 18 wks
Pulmonary Rehabilitation Services	20% coinsurance no limit	50% coinsurance no limit	4% coinsurance two 1-hr. sessions/day for up to 36 sessions, and up to 36 more if medically necessary	10% coinsurance two 1-hr. sessions/day for up to 36 sessions, and up to 36 more if medically necessary
Durable Medical Equipment (DME)	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Prosthetics	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Diabetic Supplies (lancets, lancet devices & blood glucose test strips)	20% coinsurance for a 30-day supply on each purchase	50% coinsurance for a 30-day supply on each purchase	4% coinsurance for a 30-day supply on each purchase	10% coinsurance for a 30-day supply on each purchase
Blood Glucose Monitors	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Diabetic Therapeutic Shoes	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
X-Rays	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Complex Diagnostic Tests and Radiology Services	20% coinsurance for complex diagnostic and/or radiology visit	50% coinsurance for complex diagnostic and/or radiology visit	4% coinsurance for complex diagnostic and/or radiology visit	10% coinsurance for complex diagnostic and/or radiology visit
Radiation Therapy	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Laboratory Tests	20% coinsurance	50% coinsurance	\$0 copay	\$0 copay

Medical Benefits	Current Select Plan		Proposed Select Plan	
	Member Pays		Member Pays	
Outpatient Dialysis Treatments	20% coinsurance	50% coinsurance	4% coinsurance	4% coinsurance
Kidney Disease Education Sessions	20% coinsurance	50% coinsurance	\$0 copay	10% coinsurance
Home Dialysis	20% coinsurance	50% coinsurance	\$0 copay	10% coinsurance
Self-Dialysis Training	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Home Dialysis Equipment and Supplies	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Chemotherapy Part B Drugs (Medicare-Covered)	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Chemotherapy Part B Drug Administration (Medicare-Covered)	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Part B Drugs (Medicare-Covered)	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Part B Drug Administration (Medicare-Covered)	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Vision Care (Medicare-Covered)	20% coinsurance for visits to a primary care physician and 20% coinsurance for visits to a specialist for exams to diagnose and treat diseases of the eye  \$0 copay for glaucoma screening  \$0 copay for diabetic retinopathy screening  20% coinsurance for glasses/contacts following cataract surgery	50% coinsurance for visits to a primary care physician and 50% coinsurance for visits to a specialist for exams to diagnose and treat diseases of the eye  50% coinsurance for glaucoma screening  50% coinsurance for diabetic retinopathy screening  50% coinsurance for glasses/contacts following cataract surgery	4% coinsurance for visits to a primary care physician and 4% coinsurance for visits to a specialist for exams to diagnose and treat diseases of the eye  \$0 copay for glaucoma screening  \$0 copay for diabetic retinopathy screening  4% coinsurance for glasses/contacts following cataract surgery	10% coinsurance for visits to a primary care physician and 10% coinsurance for visits to a specialist for exams to diagnose and treat diseases of the eye  \$0 copay for glaucoma screening  \$0 copay for diabetic retinopathy screening  10% coinsurance for glasses/contacts following cataract surgery
<b>Preventive Care and Screening Tests</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Bone Mass Measurement	\$0 copay	50% coinsurance	\$0 copay	10% coinsurance
Colorectal Screening	\$0 copay	50% coinsurance	\$0 copay	10% coinsurance
Diabetes Self-Management Training	\$0 copay	50% coinsurance	\$0 copay	10% coinsurance
Immunizations (flu, pneumonia and hepatitis B)	\$0 copay	50% coinsurance	\$0 copay	\$0 copay
Breast Cancer Screening (Mammograms)	\$0 copay	50% coinsurance	\$0 copay	10% coinsurance
Cervical and Vaginal Cancer Screening	\$0 copay	50% coinsurance	\$0 copay	10% coinsurance

Medical Benefits	Current Select Plan		Proposed Select Plan	
	Member Pays		Member Pays	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prostate Cancer Screening Exam	\$0 copay	50% coinsurance	\$0 copay	10% coinsurance
Welcome to Medicare Exam and Annual Wellness Visits	\$0 copay	50% coinsurance	\$0 copay	10% coinsurance
Medicare Diabetes Prevention Program (MDPP)	\$0 copay	50% coinsurance	\$0 copay	10% coinsurance
Preventive Care and Screening Tests	\$0 copay	50% coinsurance	\$0 copay	10% coinsurance
<b>Additional Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Video Doctor Visits (LiveHealth Online)	20% coinsurance	50% coinsurance	\$0 copay with the following maximum benefits: \$49 for each visit with a board-certified doctor \$80 for each visit with a therapist \$95 for each visit with a psychologist	\$0 copay with the following maximum benefits: \$49 for each visit with a board-certified doctor \$80 for each visit with a therapist \$95 for each visit with a psychologist
Routine Hearing Services	20% coinsurance	50% coinsurance	4% coinsurance	10% coinsurance
Routine Vision Services	20% coinsurance	50% coinsurance	\$0 copay for routine vision exams 1 exam per year \$50 maximum benefit per year combined in-network and out-of-network	\$0 copay for routine vision exams 1 exam per year \$50 maximum benefit per year combined in-network and out-of-network
Routine Foot Care	Not covered	Not covered	4% coinsurance	10% coinsurance
Meal Delivery (Post Inpatient Discharge or Chronic Condition)	N/A		\$0 copay, up to 56 meals per year	
Medicare Community Resource Support	N/A		\$0 copay	
<b>Clinical and Wellness Programs</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medicare Advantage Care Management	Commercial care management after Medicare		Included	
Care Coordination	Commercial care management after Medicare		Included	
Fitness	N/A		SilverSneakers included	
Nurse Line	N/A		24/7 NurseLine included	
SpecialOffers Discount Programs - Vision and Hearing - Vitamins, Alternative Therapy and Personal Care - Diet, Nutrition and Fitness	N/A		Included	