

## 2023 Plan Benefit Comparison: Medicare Advantage Plans

Below are three medical and drug plan options available to AFL-CIO retirees. Use this document to compare and choose an option that works best for you.  
 These benefits are effective January 1, 2023 – December 31, 2023.

	Medicare Advantage Access PPO \$0 Monthly Premium		Medicare Advantage Value PPO \$99.30 Monthly Premium		Medicare Advantage Premier PPO \$198.90 Monthly Premium
Covered Medical Benefits	In Network	Out of Network	In Network	Out of Network	In Network & Out of Network
Annual Medical Deductible	\$750	\$1,500	\$500	\$500	\$0
Maximum Out-of-Pocket responsibility (does not include prescription drugs)	\$7,550	\$11,300	\$5,000	\$5,000	\$2,950
<b>HighLevel Benefits</b>					
Inpatient Hospital Care	\$375 copay per admission 1-5 days per admission	50% coinsurance	\$250 copay per admission 1-5 days per admission	30% coinsurance	\$150 copay per admission 1-5 days per admission
Outpatient Surgery - (Outpatient Hospital Facility or Ambulatory Surgical Center visit)	\$150 copay per visit	50% coinsurance	\$250 copay per visit	30% coinsurance	\$100 copay per visit
Outpatient Surgery - Observation Room	\$150 copay per visit	50% coinsurance	\$250 copay per visit	30% coinsurance	\$100 copay per visit
Physician Services - Primary Care Physician (PCP)	\$20 copay per visit	50% coinsurance	\$20 copay per visit	30% coinsurance	\$10 copay per visit
Physician Services - Specialist	\$40 copay per visit	50% coinsurance	\$40 copay per visit	30% coinsurance	\$40 copay per visit
Video Doctor Visits (LiveHealth Online)	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
Annual Wellness Visit	\$0 copay per visit	50% coinsurance	\$0 copay per visit	30% coinsurance	\$0 copay per visit
<b>Inpatient Services</b>					
Inpatient Services in a Psychiatric Hospital	\$375 copay per admission \$1-5 per admission	50% coinsurance	\$250 copay per admission 1-5 days per admission	30% coinsurance	\$150 copay per admission 1-5 days per admission
Skilled Nursing Facility (SNF) Care	\$0 copay per day 1-20 days per benefit period \$188 copay per day 21-100 days per benefit period	50% coinsurance 1-100 days per benefit period	\$0 copay per day 1-20 days per benefit period \$184 copay per day 21-100 days per benefit period	30% coinsurance 1-100 days per benefit period	\$0 copay per day 1-20 days per benefit period \$10 copay per day 21-100 days per benefit period
Home health agency care	\$0 copay per visit	50% coinsurance	\$0 copay per visit	30% coinsurance	\$0 copay per visit
Hospice care	\$40 copay one time only consultation 1 visit per year	50% coinsurance 1 visit per year	\$40 copay one time only consultation 1 visit per year	30% coinsurance 1 visit per year	\$40 copay one time only consultation 1 visit per lifetime
<b>Outpatient Services</b>					
Chiropractic services	\$20 copay per visit	50% coinsurance	\$20 copay per visit	30% coinsurance	\$20 copay per visit
Acupuncture for chronic low back pain	\$15 copay per visit	50% coinsurance	\$15 copay per visit	30% coinsurance	\$10 copay per visit
Podiatry Services	\$20 copay per visit	50% coinsurance	\$20 copay per visit	30% coinsurance	\$10 copay per visit
Outpatient Mental Health Care - Professional Individual Therapy Visit	\$40 copay per visit	50% coinsurance	\$40 copay per visit	30% coinsurance	\$40 copay per visit

Outpatient Mental Health Care - Professional Group Therapy Visit	\$40 copay per visit	50% coinsurance	\$40 copay per visit	30% coinsurance	\$40 copay per visit
Outpatient Mental Health Care - Professional Partial Hospitalization Visit	\$40 copay per visit	50% coinsurance	\$40 copay per visit	30% coinsurance	\$40 copay per visit
Ambulance	\$300 copay per one way trip	\$300 copay per one way trip	\$125 copay per one way trip	\$125 copay per one way trip	\$50 copay per one way trip
Emergency care	\$90 copay per visit 72 hours cost share waived if admitted for the same condition	\$90 copay per visit 72 hours cost share waived if admitted for the same condition	\$110 copay per visit 72 hours cost share waived if admitted for the same condition	\$110 copay per visit 72 hours cost share waived if admitted for the same condition	\$75 copay per visit 72 hours cost share waived if admitted for the same condition
Urgently Needed Services	\$45 copay per visit 72 hours cost share waived if admitted for the same condition	\$45 copay per visit 72 hours cost share waived if admitted for the same condition	\$40 copay per visit 72 hours cost share waived if admitted for the same condition	\$40 copay per visit 72 hours cost share waived if admitted for the same condition	\$40 copay per visit 72 hours cost share waived if admitted for the same condition
Outpatient Rehabilitation Services - Physical, Occupational & Speech Therapy Visits	\$40 copay per visit	50% coinsurance	\$40 copay per visit	30% coinsurance	\$40 copay per visit
Durable Medical Equipment and Related Supplies	20% coinsurance	50% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Diabetes self-management training & supplies - Blood Glucose Test Strips, Lancet Devices, Lancets & Glucose Control Solutions	If Purchased Through Pharmacy \$0 copay per purchase Preferred Brands \$10 copay per purchase Non-Preferred Brands 30 days per supply	50% coinsurance 30 days per supply	If Purchased Through Pharmacy \$0 copay per purchase Preferred Brands \$10 copay per purchase Non-Preferred Brands 30 days per supply	10% coinsurance 30 days per supply	If Purchased Through Pharmacy \$0 copay per purchase Preferred Brands \$10 copay per purchase Non-Preferred Brands 30 days per supply
Diabetes self-management training & supplies - Blood Glucose Monitor	If Purchased Through Pharmacy \$0 copay per purchase Preferred Brands \$10 copay per purchase Non-Preferred Brands	50% coinsurance	If Purchased Through Pharmacy \$0 copay per purchase Preferred Brands \$10 copay per purchase Non-Preferred Brands	10% coinsurance	If Purchased Through Pharmacy \$0 copay per purchase Preferred Brands \$10 copay per purchase Non-Preferred Brands 30 days per supply
Diabetes self-management training & supplies - Therapeutic Shoes	\$0 copay per purchase	50% coinsurance	\$0 copay per purchase	10% coinsurance	\$0 copay per purchase
Diabetes self-management training & supplies - Self-Management Training	\$0 copay per visit	50% coinsurance	\$0 copay per visit	30% coinsurance	\$0 copay per visit
Outpatient Diagnostic Tests, Therapeutic Services & Supplies - X-rays and Simple Diagnostic Tests	\$35 copay per visit	50% coinsurance	\$40 copay per visit	30% coinsurance	\$10 copay per visit
Outpatient Diagnostic Tests, Therapeutic Services & Supplies - Complex Diagnostic Tests and Radiology services	\$200 copay per visit	50% coinsurance	\$150 copay per visit	30% coinsurance	\$50 copay per visit
Hearing services Medicare-covered diagnostic hearing and balance evaluations	\$40 copay per visit	50% coinsurance	\$40 copay per visit	30% coinsurance	\$40 copay per visit

Vision Care - Medicare Covered - Exams (diagnose & treat diseases of the eye) - Specialist	\$40 copay per visit	50% coinsurance	\$40 copay per visit	30% coinsurance	\$40 copay per visit
Vision Care - Medicare Covered - Glasses/Contacts following Cataract Surgery	20% coinsurance	50% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance
<b>Other Services</b>					
Prescription Drugs Covered Under Medical Plan (Part B Drugs) - Medicare Covered Part B Drug	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
<b>Additional supplemental benefits, services, and discounts</b>					
Routine Hearing Services - Routine Hearing Exams	\$0 copay per visit 1 visit every calendar year \$70 maximum, including hearing aid fitting evaluations, every calendar year	\$0 copay per visit 1 visit every calendar year \$70 maximum, including hearing aid fitting evaluations, every calendar year	\$0 copay per visit 1 visit every calendar year \$70 maximum, including hearing aid fitting evaluations, every calendar year	\$0 copay per visit 1 visit every calendar year \$70 maximum, including hearing aid fitting evaluations, every calendar year	\$0 copay per visit 1 visit every calendar year \$70 maximum, including hearing aid fitting evaluations, every calendar year
Routine Hearing Services - Hearing aid fitting Evaluations	\$0 copay per visit 1 visit per hearing aid \$70 maximum, including routine hearing exams, every calendar year	\$0 copay per visit 1 visit per hearing aid \$70 maximum, including routine hearing exams, every calendar year	\$0 copay per visit 1 visit per hearing aid \$70 maximum, including routine hearing exams, every calendar year	\$0 copay per visit 1 visit per hearing aid \$70 maximum, including routine hearing exams, every calendar year	\$0 copay per visit 1 visit per hearing aid \$70 maximum, including routine hearing exams, every calendar year
Routine Hearing Services - Hearing Aids	\$0 copay for hearing aids, supplied by hearing care solutions \$500 every calendar year	\$0 copay for hearing aids, supplied by hearing care solutions \$500 every calendar year	\$0 copay for hearing aids, supplied by hearing care solutions \$500 every calendar year	\$0 copay for hearing aids, supplied by hearing care solutions \$500 every calendar year	\$0 copay for hearing aids, supplied by hearing care solutions \$500 every calendar year
Routine Vision Services - Routine vision exams	\$0 copay per visit 1 visit every calendar year \$70 every calendar year	\$0 copay per visit 1 visit every calendar year \$70 every calendar year	\$0 copay per visit 1 visit every calendar year \$70 maximum, every calendar year	\$0 copay per visit 1 visit every calendar year \$70 maximum, every calendar year	\$0 copay per visit 1 visit every calendar year \$70 maximum, every calendar year
Routine Vision Services - Eyewear	\$0 copay per purchase \$100 every two calendar years	\$0 copay per purchase \$100 every two calendar years	\$0 copay for eyewear, maximum benefit \$100 every two calendar years	\$0 copay for eyewear, maximum benefit \$100 every two calendar years	\$0 copay for eyewear, maximum benefit \$100 every two calendar years
Routine foot care	\$20 copay per visit 12 visits per year	50% coinsurance 12 visits per year	\$20 copay per visit 12 visits per year	30% coinsurance 12 visits per year	\$10 copay per visit 12 visits per year
Health and Wellness Education Programs - SilverSneakers	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
24/7 NurseLine	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
Foreign Travel - Emergency Outpatient Care	\$90 copay per visit 72 hours cost share waived if admitted for the same condition	\$90 copay per visit 72 hours cost share waived if admitted for the same condition	\$110 copay per visit 72 hours cost share waived if admitted for the same condition	\$110 copay per visit 72 hours cost share waived if admitted for the same condition	\$75 copay per visit 72 hours cost share waived if admitted for the same condition
Foreign Travel - Urgently Needed Services	\$45 copay per visit 72 hours cost share waived if admitted for the same condition	\$45 copay per visit 72 hours cost share waived if admitted for the same condition	\$40 copay per visit 72 hours cost share waived if admitted for the same condition	\$40 copay per visit 72 hours cost share waived if admitted for the same condition	\$40 copay per visit 72 hours cost share waived if admitted for the same condition

Foreign Travel - Inpatient Care	\$375 copay per admission 1-5 days per admission 60 days per lifetime	\$375 copay per admission 1-5 days per admission 60 days per lifetime	\$250 copay per admission 1-5 days per admission 60 days per lifetime	\$250 copay per admission 1-5 days per admission 60 days per lifetime	\$150 copay per admission 1-5 days per admission 60 days per lifetime
Healthy Meals	\$0 copay per qualifying event 14 meals per qualifying event four (4) events per year 56 meals in total	\$0 copay per qualifying event 14 meals per qualifying event four (4) events per year 56 meals in total	\$0 copay per qualifying event 14 meals per qualifying event four (4) events per year 56 meals in total	\$0 copay per qualifying event 14 meals per qualifying event four (4) events per year 56 meals in total	\$0 copay per qualifying event 14 meals per qualifying event four (4) events per year 56 meals in total
Healthy Pantry	\$0 copay per year	\$0 copay per year	\$0 copay per year	\$0 copay per year	\$0 copay per year
Routine dental services – DHMO1 and DPPO1	\$0 copay per visit 1 exam every 12 months \$0 copay per visit 1 cleaning every six months \$0 copay for x-rays 1 x-ray every 12 months	30% coinsurance 1 exam every 12 months 30% coinsurance 1 cleaning every six months 30% coinsurance 1 x-ray every 12 months	\$0 copay for an oral evaluation 1 exam every 12 months \$0 copay for cleaning 1 cleaning every six months \$0 copay for x-rays 1 x-ray every 12 months	30% coinsurance 1 exam every 12 months 30% coinsurance 1 cleaning every six months 30% coinsurance 1 x-ray every 12 months	\$0 copay for an oral evaluation 1 exam every 12 months \$0 copay for cleaning 1 cleaning every six months \$0 copay for x-rays 1 x-ray every 12 months

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct. Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.