

AFL-CIO

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 | | \$500 | | \$0 |
| Maximum Out-of-Pocket responsibility (does not include prescription drugs) | \$7,550 | \$11,300 | \$5,000 | | \$2,950 |
| HighLevel Benefits | | | | | |
| 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 opay per visit |
| Inpatient Services | | | | | |
| 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 |
| Outpatient Services | | | | | |
| 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 |

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|---|--|---|--|--|--|
| 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 Prchased 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 |

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|---|--|--|--|--|--|
| 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 |
| Other Services | | | | | |
| Prescription Drugs Covered Under Medical Plan (Part B Drugs) - Medicare Covered Part B Drug | 20% coinsurance | 20% coinsurance | 20% coinsurance | 20% coinsurance | 20% coinsurance |
| Additional supplemental benefits, services, and discounts | | | | | |
| 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 |

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|---|--|---|--|---|--|
| 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 |