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Town of Marion 2023

	MEDICARE SUPPLEMENT PLAN	MEDICARE ADVANTAGE PLAN
	MEDEX 2 w) Blue Medicare Rx PDP	**MEDICARE PPO** w) Blue Freedom Rx PDP
	$344.02 Total Premium	**$333.00 Total Premium**
	$172.01 Monthly Premium	**$166.50 Monthly Premium**
PCP Designation Required?	NO	NO
PCP Referral to Specialist Required?	NO	NO
Provider Network	Any Provider Nationwide Who Accepts Medicare	National Medicare PPO Blue Network
Calendar Year Deductible	None	None (in and out of network)
Preventive Visits (according to health plan's schedule)	No Copayment	No Copayment (in and out of network)
Physician's Office Visit	No Copayment	No Copayment (in and out of network)
Retail Clinic	No Copayment	No Copayment (in and out of network)
Outpatient Behavioral Health or Substance Abuse	No Copayment	No Copayment (in and out of network)
Inpatient Hospitalization	No Copayment	No Copayment (in and out of network)
Hospice Care	No Copayment	No Copayment (in and out of network)
Diagnostic Testing, Lab Work and X-Rays	No Copayment	No Copayment (in and out of network)
Inpatient and Outpatient Surgery	No Copayment	No Copayment (in and out of network)
Emergency Room	No Copayment	No Copayment (in and out of network)
Hearing Aids	Full coverage for one hearing exam every two calendar years and $1,500 every two calendar years for one hearing aid or one set of binaural hearing aids *	IN NETWORK ONLY: Up to 2 (one per ear) TruHearing 'Advanced' or 'Premium' brand hearing aids per year. $699 or $999 copayment per aid.
Routine Dental	NOT COVERED	$0 copayment In Network $45 copayment Out of Network
Vision Care	No copayment when deemed medically necessary	$0 copay w) EyeMed Provider, $45 Other Providers. Up to $200 Eyewear Allowance once every 24 months.
RETAIL PRESCRIPTION DRUGS (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	$5 / $15 / $30 (PDP Option 28)	$5 / $10 / $25
MAIL-ORDER MAINTENANCE DRUGS (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	$10 / $30 / $60 (PDP Option 28)	$10 / $20 / $50

* Added to plan effective 1/1/23.