

2024 – OPEIU Local 45 Medicare Advantage Plans

	Freedom Blue 2024 - Option 1	Freedom Blue 2024 - Option 2
Monthly Plan Premium	\$258	\$154
Plan Deductible	\$0	\$250
Plan Coinsurance (Member Cost Sharing)	In Network – 0% Coinsurance Out of Network - 0% Coinsurance	In Network – 10% Coinsurance Out of Network -10% Coinsurance
Member Out-of-Pocket Maximum Amount	In Network - \$3,400 Combined - \$3,400	In Network - \$1,500 Combined - \$3,400
Doctor Office Visit	In Network - \$15 PCP, \$30 Specialist Cost Sharing Out of Network - \$15 PCP, \$30 Specialist Cost Sharing	In Network - \$20 PCP, \$35 Specialist Cost Sharing Out of Network - \$20 PCP, \$35 Specialist Cost Sharing
Diagnostic Testing including Lab, X-Rays and Advanced Imaging	In Network – 0% Coinsurance Out of Network - 0% Coinsurance	In Network – 10% Coinsurance Out of Network - 10% Coinsurance
Outpatient Surgery	In Network - 0% Coinsurance Out of Network - 0% Coinsurance	In Network – 10% Coinsurance Out of Network - 10% Coinsurance
Ambulance	In Network - \$25 Cost Sharing Out of Network - 20% Coinsurance	In Network – 10% Coinsurance Out of Network - 30% Coinsurance
Emergency Room	\$50 Cost Sharing In and Out of Network	\$65 Cost Sharing In and Out of Network
Urgent Care	\$40 Cost Sharing In and Out of Network	\$40 Cost Sharing In and Out of Network
Inpatient Hospital Stay	In Network – 0% Coinsurance Out of Network - 0% Coinsurance	In Network – 10% Coinsurance Per Stay Out of Network - 10% Coinsurance
Skilled Nursing Facility (days 1-100 per benefit period)	In Network –0% Coinsurance Out of Network - 0% Coinsurance	In Network – \$20 days 1 – 20/10% Coinsurance days 21 - 100 Out of Network - \$20 days 1 – 20/10% Coinsurance days 21 - 100
Durable Medical Equipment	In Network - 15% Coinsurance Out of Network - 20% Coinsurance	In Network - 10% Coinsurance Out of Network - 30% Coinsurance
Hearing Exam	In Network – \$30 Cost Sharing Out of Network - \$30 Cost Sharing	In Network – \$35 Cost Sharing Out of Network - \$35 Cost Sharing

Hearing Aids	<p>TruHearing - You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearing aids per year. There is a \$500 allowance every 3 years for any other hearing aids through TruHearing.</p> <p>Out of Network - \$500 allowance for hearing aids every 3 years from any other provider (\$500 combined in network and out of network)</p>	<p>TruHearing - You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearing aids per year. There is a \$500 allowance every 3 years for any other hearing aids through TruHearing.</p> <p>Out of Network - \$500 allowance for hearing aids every 3 years from any other provider (\$500 combined in network and out of network)</p>
Routine Vision Exam (Offered through Davis Vision)	<p>In Network – \$0 Cost Sharing</p> <p>Out of Network - \$50 Cost Sharing</p>	<p>In Network – \$0 Cost Sharing</p> <p>Out of Network - \$50 Cost Sharing</p>
Routine Vision Eyewear (Offered through Davis Vision)	<p>In Network – \$0 for Davis Vision Fashion Collection frames and standard lenses or \$150 maximum benefit for all others.</p> <p>Out of Network - \$150 benefit maximum towards the purchase of frames and lenses.</p>	<p>In Network – \$0 for Davis Vision Fashion Collection frames and standard lenses or \$150 maximum benefit for all others.</p> <p>Out of Network - \$150 benefit maximum towards the purchase of frames and lenses.</p>
Prescription Drug Initial Coverage Stage Preferred Pharmacy	<ul style="list-style-type: none"> • \$10 Pref. Generic • \$10 Non-Pref. Generic • \$25 Pref. Brand • \$55 Non-Pref. Brand • 33% Specialty (Specialty drugs are limited to a 31-day supply) 	<ul style="list-style-type: none"> • \$10 Pref. Generic • \$10 Non-Pref. Generic • \$25 Pref. Brand • \$55 Non-Pref. Brand • 33% Specialty (Specialty drugs are limited to a 31-day supply)
Prescription Drug Initial Coverage Stage Standard Pharmacy	<ul style="list-style-type: none"> • \$15 Pref. Generic • \$15 Non-Pref. Generic • \$30 Pref. Brand • \$60 Non-Pref. Brand • 33% Specialty (Specialty drugs are limited to a 31-day supply) 	<ul style="list-style-type: none"> • \$15 Pref. Generic • \$15 Non-Pref. Generic • \$30 Pref. Brand • \$60 Non-Pref. Brand • 33% Specialty (Specialty drugs are limited to a 31-day supply)
Prescription Drug Initial Coverage Stage Mail Order – Express Scripts	<ul style="list-style-type: none"> • \$25 Pref. Generic • \$25 Non-Pref. Generic • \$62.50 Pref. Brand • \$137.50 Non-Pref. Brand 	<ul style="list-style-type: none"> • \$25 Pref. Generic • \$25 Non-Pref. Generic • \$62.50 Pref. Brand • \$137.50 Non-Pref. Brand
Prescription Drug Initial Coverage Stage Mail Order – All Other Mail Order Pharmacies	<ul style="list-style-type: none"> • \$37.50 Pref. Generic • \$37.50 Non-Pref. Generic • \$75 Pref. Brand • \$150 Non-Pref. Brand 	<ul style="list-style-type: none"> • \$37.50 Pref. Generic • \$37.50 Non-Pref. Generic • \$75 Pref. Brand • \$150 Non-Pref. Brand
Prescription Drug	<ul style="list-style-type: none"> • \$10 Pref. Generic • \$10 Non-Pref. Generic • \$25 Pref. Brand 	<ul style="list-style-type: none"> • \$10 Pref. Generic • \$10 Non-Pref. Generic • 20% Pref. Brand

Coverage Gap Stage (After calendar year drug costs reach \$5,030) Preferred Pharmacy	<ul style="list-style-type: none"> • \$55 Non-Pref Brand • 33% Specialty (Specialty drugs are limited to a 31-day supply) 	<ul style="list-style-type: none"> • 20% Non-Pref Brand • 25% Specialty (Specialty drugs are limited to a 31-day supply)
Prescription Drug Coverage Gap Stage (After calendar year drug costs reach \$5,030) Standard Pharmacy	<ul style="list-style-type: none"> • \$15 Pref. Generic • \$15 Non-Pref. Generic • \$30 Pref. Brand • \$60 Non-Pref Brand • 33% Specialty (Specialty drugs are limited to a 31-day supply) 	<ul style="list-style-type: none"> • \$15 Pref. Generic • \$15 Non-Pref. Generic • 25% Pref. Brand • 25% Non-Pref Brand • 25% Specialty (Specialty drugs are limited to a 31-day supply)
Prescription Drug Coverage Gap Stage (After calendar year drug costs reach \$5,030) Mail Order – Express Scripts	<ul style="list-style-type: none"> • \$25 Pref. Generic • \$25 Non-Pref. Generic • \$62.50 Pref. Brand • \$137.50 Non-Pref. Brand 	<ul style="list-style-type: none"> • \$25 Pref. Generic • \$25 Non-Pref. Generic • 20% Pref. Brand • 20% Non-Pref. Brand
Prescription Drug Coverage Gap Stage (After calendar year drug costs reach \$5,030) Mail Order – All Other Mail Order Pharmacies	<ul style="list-style-type: none"> • \$37.50 Pref. Generic • \$37.50 Non-Pref. Generic • \$75 Pref. Brand • \$150 Non-Pref. Brand 	<ul style="list-style-type: none"> • \$37.50 Pref. Generic • \$37.50 Non-Pref. Generic • 25% Pref. Brand • 25% Non-Pref. Brand
Prescription Drug Catastrophic Coverage Stage (After calendar year drug costs have reached \$8,000)	<ul style="list-style-type: none"> • There is \$0 member cost sharing for Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations. 	<ul style="list-style-type: none"> • There is \$0 member cost sharing for Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.