



HealthTrust Medicare Advantage Plan Benefit Overview

The Benefit Period is January 1 through December 31.

Medical and Drug Benefits	HealthTrust Medicare Advantage Plan <i>(effective 1/1/25)</i>
	In-Network and Out-of-Network
Annual Deductible	\$0
Annual Maximum Out-of-Pocket	\$0
Inpatient Benefits	
Inpatient Hospital Care (Including Substance Abuse)	\$0 copay per admission
Inpatient Mental Health Care	\$0 copay per admission
Inpatient Out-of-Pocket Maximum	N/A
Skilled Nursing Facility Care 100 days each benefit period	\$0 copay for days 1-100 - combined in-network and out-of-network
Home Health Agency Care	\$0 copay
Hospice Care	\$0 copay
Outpatient Benefits	
Primary Care Physician (PCP) Visits	\$0 copay
Specialist Visits	\$0 copay
Allergy Testing and Injections	\$0 copay
Chiropractic Services (Medicare-Covered)	\$0 copay
Acupuncture (Medicare-Covered) for chronic low back pain	\$0 copay
Podiatry (Medicare - Covered)	\$0 copay
Mental Health – Outpatient Professional	\$0 copay
Mental Health – Outpatient Hospital	\$0 copay
Substance Abuse – Outpatient Professional	\$0 copay
Substance Abuse – Outpatient Hospital	\$0 copay
Outpatient Hospital or Ambulatory Surgical Center for Surgery (Nonemergency)	\$0 copay per visit
Ambulance Services	\$0 copay per one-way trip
Emergency Outpatient Care	\$0 copay
Urgently Needed Services	\$0 copay
Physical, Occupational and Speech Therapy	\$0 copay
Cardiac Rehabilitation Services	\$0 copay
Pulmonary Rehabilitation Services	\$0 copay

Medical and Drug Benefits	HealthTrust Medicare Advantage Plan <i>(effective 1/1/25)</i>
	In-Network and Out-of-Network
Durable Medical Equipment (DME)	\$0 copay
Prosthetics	\$0 copay
Diabetic Supplies (lancets, lancet devices & blood glucose test strips)	\$0 copay for a 30-day supply on each purchase
Blood Glucose Monitors	\$0 copay
Diabetic Therapeutic Shoes	\$0 copay
X-Rays	\$0 copay
Complex Diagnostic Tests and Radiology Services	\$0 copay
Radiation Therapy	\$0 copay
Laboratory Tests	\$0 copay
Outpatient Dialysis Treatments	\$0 copay
Kidney Disease Education Sessions	\$0 copay
Home Dialysis	\$0 copay
Self-Dialysis Training	\$0 copay
Home Dialysis Equipment and Supplies	\$0 copay
Chemotherapy Part B Drugs (Medicare-Covered)	\$0 copay
Chemotherapy Part B Drug Administration (Medicare-Covered)	\$0 copay
Part B Drugs (Medicare-Covered)	\$0 copay
Part B Drug Administration (Medicare-Covered)	\$0 copay
Vision Care Medical (Medicare-Covered)	\$0 copay for visits to a primary care physician \$0 copay 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 \$0 copay for glasses/contacts following cataract surgery
Preventive Care and Screening Tests	
Bone Mass Measurement	\$0 copay
Colorectal Screening	\$0 copay
Diabetes Self-Management Training	\$0 copay
Immunizations (flu, pneumonia and hepatitis B)	\$0 copay
Breast Cancer Screening (Mammograms)	\$0 copay
Cervical and Vaginal Cancer Screening	\$0 copay
Prostate Cancer Screening Exam	\$0 copay
Welcome to Medicare Exam and Annual Wellness Visits	\$0 copay
Medicare Diabetes Prevention Program (MDPP)	\$0 copay
Preventive Care and Screening Tests (Medicare-Covered)	\$0 copay

Medical and Drug Benefits	HealthTrust Medicare Advantage Plan (effective 1/1/25)
Additional Benefits	In-Network and Out-of-Network
Video Doctor Visits (LiveHealth Online)	\$0 copay
Routine Hearing Services - Exams	\$0 copay for routine hearing exams 1 exam every 12 months \$70 maximum benefit every 12 months combined in-network and out-of-network
Routine Hearing Services - Hearing Aids	\$0 copay for hearing aids \$500 maximum benefit per ear every 36 months - total allowance \$1,000 (Through Hearing Care Solutions) combined in-network and out-of-network
Routine Vision Services - Exam	\$0 copay for routine vision exams 1 exam per calendar year \$70 maximum benefit per calendar year combined in-network and out-of-network. Must use a Blue View Vision provider.
Routine Vision Services - Eyewear	\$0 copay for eyewear \$100 maximum benefit every 2 calendar years combined in-network and out-of-network
Routine Foot Care	\$0 copay for visits to a primary care physician \$0 copay for visits to a specialist 12 visits per year combined in-network and out-of-network
Foreign Travel Emergency Care (Outside the USA)	\$0 copay for emergency care \$0 copay for urgently needed services \$0 copay per emergency admission (60 days per lifetime)
Additional Chiropractic (Medicare non-covered chiropractic services)	\$0 copay - 40 visits per year combined in-network and out-of-network
Additional Acupuncture (Medicare non-covered acupuncture services)	\$0 copay - 20 visits per year combined in-network and out-of-network
Private Duty Nursing	Not Covered
Wigs (scalp hair prosthesis)	\$0 copay - \$300 per calendar year combined in-network and out-of-network
Non-Emergency Transportation	\$0 copay for routine transportation 12 one-way trips each year
Compression Stockings	\$0 copay - 4 per calendar year combined in-network and out-of-network
Orthotics	\$0 copay
Healthy Food Deliveries (Post Inpatient Discharge or Chronic Condition)	\$0 copay Provides up to 14 meals per qualifying event, allows up to 4 events each year (56 meals in total).
Medicare Community Resource Support	\$0 copay

Medical and Drug Benefits	HealthTrust Medicare Advantage Plan (effective 1/1/25)
Fitness	SilverSneakers included
NurseLine	24/7 NurseLine included
Special Offers Discount Programs - Vision and Hearing - Vitamins, Alternative Therapy and Personal Care - Diet, Nutrition and Fitness	Included
Prescription Part D Drugs	
Non-Part D Extra Covered Drug Options	Extra Covered Drugs High Lifestyle Premier - Includes ED drugs
Part D Gap Drug Coverage	Full Gap Covered
Rx Deductible	\$0
Rx MOOP Amount	\$2,000 (Integrated medical and RX)*
Retail Day Supply	34 Day
Mail Order Day Supply	90 Day
Specialty Drug Day Supply	34 Day
Part D Drugs Retail	
Select Generics	\$0 copay
Generics (Tier 1 Drugs)	\$10 copay
Preferred Brand-Name (Tier 2 Drugs)	\$20 copay
Non-Preferred (Tier 3 Drugs)	\$45 copay
Part D Drugs Mail Order	
Select Generics	\$0 copay
Generics (Tier 1 Drugs)	\$10 copay
Preferred Brand-Name (Tier 2 Drugs)	\$20 copay
Non-Preferred (Tier 3 Drugs)	\$45 copay

****Please note: Extra Covered Drugs do not count towards the MOOP.***

***Benefit period is January 1 through December 31. This chart is intended for summary purposes only.
Details of coverage are set forth in separate documents, which govern these plans.***