

**Sample Medicare Advantage Plan Costs vs. Medicare**

	<b>What You Pay with Original Medicare</b>	<b>What You Pay with XYZ Health Care PFFS Plan</b>
Medical Deductible	\$135 yearly	\$0
Office Copay	20%	\$20
Routine Screening (mammograms, etc.)	20%	\$0
Immunizations Copay	Varies, up to 20%	\$0
Diagnostic Tests/Lab Copay	20%	\$20
Outpatient Diagnostic Radiological Services Copay	20%	\$20
Inpatient Hospital Copay/Coinsurance	<ul style="list-style-type: none"> <li>• \$1068 deductible</li> <li>• no copay for 1-60 days</li> <li>• \$267 per day for days 60-90</li> <li>• \$534 days 91-150</li> <li>• no coverage after that</li> </ul>	<ul style="list-style-type: none"> <li>• \$200 per day for 1-7 days</li> <li>• no copayment after that for unlimited number of days</li> </ul>
Emergency Room Copay	20%	\$50
Ambulance Copay	20%	\$100
Outpatient Surgery Copay	You pay a copayment amount that varies by service not to exceed the amount of the Part A hospital deductible for any one service	\$200
Outpatient Mental Health Copay	<ul style="list-style-type: none"> <li>• 20% for medication related services</li> <li>• 50% for all other services</li> </ul>	\$20
Home Health Care Copay	<ul style="list-style-type: none"> <li>• \$0 for home health services for the first 100 visits following a hospital stay</li> </ul>	\$0
Skilled Nursing Facility Copay	<ul style="list-style-type: none"> <li>• \$0 for the first 20 days</li> <li>• \$133.50 per day for days 21-100</li> <li>• All costs after that</li> <li>• Prior hospital stay required</li> </ul>	<ul style="list-style-type: none"> <li>• Days 1-10: \$0/day.</li> <li>• Days 11-100: \$75/day.</li> <li>• Plan covers up to 100 days each benefit period.</li> <li>• No prior hospital stay is required.</li> </ul>
Durable Medical Equipment	20%	20%
Medical Diabetes Supplies	20%	\$0
Hearing Aid Reimbursement	Not covered	\$500 Reimbursement Every 3 Years
Eyewear Reimbursement	20% Only people who have had cataract or other eye surgery qualify.	\$125 Reimbursement Every 2 Years