Plan Year 2019 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options			
The benefits below are applicable for both Network and Non-Network Providers.	**Aetna Medicare Plans Preferred Provider Organization (PPO ESA) with any Aetna Part D prescription drug**		
	Freedom	**Liberty**	**Elite**
Basic			
Provider Choice	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status		
Co-insurance *(for all eligible expenses, unless otherwise noted)*	$0	$0	
Deductible	$0	$0	$150 (ER, US Ambulance & Preventive excluded)
Network Annual Out-of-Pocket Maximum	$1,000	$500	$150
Lifetime Benefit Maximum	No Limit	No LImit	No Limit
Network Providers Only Amounts Above Plan Allowance	Provider to Write Off	Provider to Write Off	Provider to Write Off
Members must enroll in a Part D program offered by the SEHP with Aetna Medicare products			
Aetna Standard Part D	Aetna Part D See page 32	Aetna Part D See page 32	Aetna Part D See page 32
Aetna Part D Value and Premier	Aetna Medicare Freedom Part D See Page 33-34	Aetna Medicare Freedom Part D See Page 33-34	Aetna Medicare Freedom Part D See Page 33-34
Covered Services			
Inpatient Hospital Services	$150 Co-pay per day up to 5 days	$0	$0
Outpatient Surgery	$150 Co-pay	$0	$0
Skilled Nursing Facility	Day 1-20 - $0 per day Days 21-100 - $167.50 per day	Day 1 - 20 - $0 per day Days 21-100 - $75 per day	$0

Plan Year 2019 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options			
The benefits below are applicable for both Network and Non-Network Providers.	**Aetna Medicare Plans Preferred Provider Organization (PPO ESA) with any Aetna Part D prescription drug**		
	Freedom	**Liberty**	**Elite**
Covered Services Continued			
Specialist	$25	$30	
Physician Hospital Visits	Included in the inpatient services Co-pay	Included in the inpatient services Co-pay	
Office Visits			
Primary Care Provider	$10	$15	$0
Specialist	$25	$15	$0
Major Diagnostics Tests*	$0 - $150	$0 - $200	$0
Durable Medical Equipment	20% Co-insurance	20% Co-insurance	$0
Home Health Care	$0	$0	$0
Hospice *limited to six months*	Services covered under Regular Medicare	Services covered under Regular Medicare	Services covered under Regular Medicare
X-Ray and Laboratory Services	$0	$15	$0
Outpatient Physical Rehabilitation Services: *(services limited to those medically necessary and appropriate: medical records must show continued improvement)*	$0 Co-pay	$15 Co-pay	$0
Mental Illness and Drug or Alcohol Treatment	Same coverage as Medical	Same coverage as Medical	Same coverage as Medical
Chiropractic	$20 Co-pay	$15 Co-pay	$0
Urgent Care Center	$30 Co-pay, worldwide coverage	$15 Co-pay, worldwide coverage	$0
Emergency Room Visits	$80 Co-pay (waived if admitted)	$50 Co-pay (waived if admitted)	$0

Plan Year 2019 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options			
The benefits below are applicable for both Network and Non-Network Providers.	**Aetna Plans Preferred Provider Organization (PPO ESA) with any Aetna Part D prescription drug**		
	Freedom	**Liberty**	**Elite**
Covered Services Continued			
Ambulance Services	$100	$15	$0
Allergy Testing	$10 Co-pay for PCP; $25 Co-pay for specialist	$15	$0
Antigen Administration: *desensitization/treatment; allergy shots*	$10 Co-pay for PCP; $25 Co-pay for specialist	$15	$0
Preventive Care **			
Age Appropriate Routine Physical Exam	$0	$0	$0
Covered Immunizations	$0	$0	$0
Well-Woman Care:	$0 **Limitation:** one pap and pelvic exam every two years	$0 **Limitation:** one pap and pelvic exam every two years	$0
Well-Man Care:	$0	$0	$0
Routine Hearing Exam - *Limit one per year*	$0	$0	$0
Hearing Aids - *Limit allowance every 12 months*	$500 allowance	$500 Allowance	$500 Allowance
Routine Vision Exam - *Limit one per year*	$0	$0	$0
Eye Glasses or Contacts	Not covered	Not covered	Not covered
Dental Preventive Exam - Excludes Restorative	Not covered	Not covered	Not covered

***Major Diagnostic Tests** include, but are not limited to: PET scans, CT scans, nuclear cardiology studies, magnetic resonance angiography and computerized topography angiography. Most major diagnostic tests require pre-approval by the Health Plan.

**** Other Preventive Care -** please refer to the Benefit Summary located on our website at ***www.kdheks.gov/hcf/sehp/Vendors/AetnaMedicare.htm***

The comparison chart is NOT the governing document. For complete information including **Non-Network Provider coverage**, members need to refer to each Provider's Benefit Description located on our website at ***www.kdheks.gov/hcf/sehp/Vendors/AetnaMedicare.htm***