

# 2013 PacificSource Medicare Advantage Plans at a Glance

## Southwest Idaho

Ada, Blaine, Boise, Camas, Canyon, Cassia, Elmore, Gem, Gooding, Jerome, Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley and Washington counties.

This benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or visit Medicare.PacificSource.com.

Monthly Premium	MEDICARE ALONE	ESSENTIALS RX 16* (HMO) \$10	EXPLORER RX 2 (PPO) \$36	
	In 2012 the Part B monthly premium was \$99.90	Includes Part D Drug Coverage  *Only available in Ada, Boise, Canyon, Gem, Owyhee, Payette, Twin Falls, Valley and Washington counties.	Includes Part D Drug Coverage	
Services	In-Network Benefits		In-Network Benefits	Out-Of-Network Benefits
	Deductible	\$140 (2012)	\$0	\$0
Out-of-Pocket Max	None	\$3,000	\$2,500 in & out combined	
You Pay		You Pay		You Pay
Inpatient Hospital Service	Deductible per benefit period \$1,156	\$175 copay/day (days 1-7) \$0 copay/day (days 8+)	\$125 copay/day (days 1-5) \$0 copay/day (days 6+)	\$175 copay/day (days 1-6) \$0 copay/day (days 7+)
Inpatient Mental Health	Deductible per benefit period \$1,156	\$175 copay/day (days 1-7) \$0 copay/day (days 8+)	\$125 copay/day (days 1-5) \$0 copay/day (days 6+)	\$175 copay/day (days 1-6) \$0 copay/day (days 7+)
Skilled Nursing Facility	\$0/day (1-20) \$144.50/day (21-100) 100 day limit/benefit period (2012)	\$50 copay/day (days 1-20) \$125 copay/day (days 21-100)	\$0 copay/day (days 1-20) \$125 copay/day (days 21-100)	20%
Home Health	\$0	10%	10%	10%
PCP Doctor Office Visits	20%	\$10	\$10	\$20
Specialist Office Visits	20%	\$30	\$20	\$30
Chiropractic	20%	\$10	\$10	\$20
Podiatry	20%	\$30	\$20	20%
Outpatient Mental Health	40%	\$40	\$40* / \$20**	20%
Outpatient Substance Abuse	20%	\$30	\$20	20%
Outpatient Surgery	20%	\$175	\$150	\$175
Ground/Air Ambulance (worldwide)	20%	\$200	\$150	\$150
Emergency Care (worldwide)	20%	\$65	\$65	\$65
Urgent Care (worldwide)	20%	\$25	\$25	\$25
Outpatient Physical, Occupational, Speech/Language Therapy	20% benefit capped at \$1,880/yr (2012)	\$30	\$20	20%
Durable Medical Equipment, Prosthetics & Supplies	20%	20% up to \$500/yr	20% up to \$500/yr	20%
Diagnostic Tests, Labs & X-rays	20% for diagnostic tests and X-rays, \$0 for labs	\$0-\$10 lab \$10 X-ray \$125 CT \$325 MRI, PET	\$0-\$10 lab \$10 X-ray \$100 CT \$150 MRI \$300 PET	20% lab, X-ray, CT, MRI, PET
Additional Benefits				
Preventive Care	\$0	\$0	\$0	20%
Annual Physical Exams	Not covered	\$0	\$0	20%
Eye Exams	20% Medicare-covered exams only	\$30	\$20	20%
Eyeglasses & Contacts	Not covered except cataract glasses	\$100 benefit/2 yrs	\$100 benefit/2 yrs	\$100 benefit/2 yrs
Part D RX		ESSENTIALS RX 16	EXPLORER RX 2 ONLY	
Deductible		\$0	\$0	
Up to \$2,970 total drug costs (31/93 day supply)	You must purchase a stand alone RX drug plan (PDP) if you want drug coverage	\$5/\$10 generic \$40/\$100 pref brand \$80/\$240 non-pref brand 33% specialty	\$5/\$10 generic \$40/\$100 pref brand \$80/\$240 non-pref brand 33% specialty	
After \$2,970 total drug costs, up to \$4,750 out-of-pocket costs		79% coinsurance generic 47.5% coinsurance brand	79% coinsurance generic 47.5% coinsurance brand	
After \$4,750 out-of-pocket costs		5% all covered drugs	5% all covered drugs	
— Until the end of the calendar year —				
* Explorer RX 2 only ** Explorer 6 only				