

**FreedomBlue PPO (West Virginia)**

	Value	HD	Standard	Deluxe
<b>Premium (By Region)</b>	Region 1:\$35 Region 2: \$70	\$0 - All Regions \$1,000 Deductible	Region 1:\$98 Region 2:\$126	Region 1: \$146 Region 2: \$209
<b>PCP Office Visit</b>	\$15 Per Visit	\$15 per visit	\$15 Per Visit	\$15 Per Visit
<b>Specialist Office Visit</b>	\$35 Per Visit	\$30 per visit	\$30 Per Visit	\$25 Per Visit
<b>Lab &amp; Diagnostic Tests</b>	\$20 copay	5% coinsurance after deductible	\$20 copay	\$20 copay
<b>XRays/Advanced Imaging</b>	\$20 X-Ray/\$50 Advanced Imaging	5% coinsurance after deductible	\$20 X-Ray/\$50 Advanced Imaging	\$20 X-Ray/\$50 Advanced Imaging
<b>Preventive/Screening</b> <i>(Mammograms, PAP Test, Colorectal, Prostate, Immunizations - Flu/Pneumonia)</i>	Covered In Full <i>(Office visit copay may apply)</i>	Covered In Full <i>(Office visit copay may apply)</i>	Covered In Full <i>(Office visit copay may apply)</i>	Covered In Full <i>(Office visit copay may apply)</i>
<b>Outpatient Rehab</b>	\$35 copay	Covered in full after deductible or 5% coinsurance after deductible*	\$30 copay	\$25 copay
<b>Outpatient Surgical</b>	\$250 copay	5% coinsurance after deductible	\$100 copay	\$75 copay
<b>Ambulance</b> <i>(per one way trip)</i>	\$100 copay	\$75 copay	\$75 copay	\$75 copay
<b>Transportation</b> <i>(Wheelchair Van per one way trip)</i>	\$40 copay	\$40 copay	\$40 copay	\$40 copay
<b>Emergency Room</b>	\$50 copay	\$50 copay	\$50 copay	\$50 copay
<b>Inpatient Hospital Stay</b>	\$250/admit	5% coinsurance after ded. (\$1,000 benefit max oop)	\$250/admit	\$200/admit
<b>Skilled Nursing Facility</b> <i>(days 1-100 per benefit period)</i>	\$50/day (Days 16-75)/admit	5% coinsurance after deductible	\$50/day (Days 16-75)/admit	\$35/day (Days 16-75)/admit
<b>Home Health</b>	Covered In Full <i>(when part of approved plan of care)</i>	Covered in full after deductible <i>(when part of approved plan of care)</i>	Covered In Full <i>(when part of approved plan of care)</i>	Covered In Full <i>(when part of approved plan of care)</i>
<b>Durable Medical Equipment</b>	15% Coinsurance	5% coinsurance after deductible	15% Coinsurance	15% Coinsurance
<b>Routine Vision</b> <i>(every 2 years)</i>	<b>Davis Network:</b> Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses . <b>Out-of-Network:</b> \$100 benefit maximum for eyewear.	<b>Davis Network:</b> Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses . <b>Out-of-Network:</b> \$100 benefit maximum for eyewear.	<b>Davis Network:</b> Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses . <b>Out-of-Network:</b> \$100 benefit maximum for eyewear.	<b>Davis Network:</b> Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses . <b>Out-of-Network:</b> \$100 benefit maximum for eyewear.
<b>Routine Hearing</b>	\$500 for hearing aid(s) every 3 years	\$500 for hearing aid(s) every 3 years	\$500 for hearing aid(s) every 3 years	\$500 for hearing aid(s) every 3 years
<b>Routine Dental</b>	Not Covered	30% coinsurance;40% coinsurance for dentures	Not Covered	30% coinsurance / 40% denture coinsurance
<b>Routine Chiro/Podiatry</b>	Not Covered	Not Covered	Not Covered	Routine Podiatry: 10 per calendar year, Routine Chiro: 8 per calendar year.
<b>Out-of-Network</b>	\$500 Ded., 30% OON Coin.	30% OON Coin. after Plan Ded.	\$500 Ded., 30% OON Coin.	\$500 Ded., 20% OON Coin.
<b>Network Maximum OOP</b>	\$3,400 INN OOP Max	\$3,400 INN OOP Max	\$3,400 INN OOP Max	\$3,400 INN OOP Max
<b>Catastrophic OOP</b>	\$5,100 OOP Max	\$5,100 OOP Max	\$5,100 OOP Max	\$5,100 OOP Max
<b>Part D Drugs</b> <i>(Up to 34 Days)</i>				
<b>Initial Coverage</b> <i>(Up to \$2,840 in total Rx Costs)</i>	Not Covered	\$8 Generic, \$45 Preferred Brand, \$90 Non-Pref Brand, 33% Specialty	\$7 Generic, \$42 Preferred Brand, \$80 Non-Pref Brand, 33% Specialty	\$6 Generic, \$40 Preferred Brand, \$80 Non-Pref Brand, 33% Specialty
<b>Coverage Gap</b> <i>(From \$2,840 in total Rx Costs to \$4,550 Member OOP)</i>	Not Covered	Generics (93% coins) Brand Discount (50%) <sup>1</sup>	Generics (93% coins) Brand Discount (50%) <sup>1</sup>	Generics Covered (\$6) Brand Discount (50%) <sup>1</sup>
<b>Catastrophic Coverage</b> <i>(From \$4,550 Member OOP)</i>	Not Covered	Greater of: 5% or \$2.50 Gen/Multi Source or \$6.30 for all others	Greater of: 5% or \$2.50 Gen/Multi Source or \$6.30 for all others	Greater of: 5% or \$2.50 Gen/Multi Source or \$6.30 for all others
<b>Mail Order Drugs</b> <i>(Initial Coverage Period) - Up to 90 Days</i>	Not Covered	\$20 Generic, \$112.50 Preferred Brand, \$225 Non-Pref Brand, 33% Specialty	\$17.50 Generic, \$105 Preferred Brand, \$200 Non-Pref Brand, 33% Specialty	\$15 Generic, \$100 Preferred Brand, \$200 Non-Pref Brand, 33% Specialty

<sup>1</sup> The Medicare Coverage Gap Discount Program will provide manufacturer discounts on brand name drugs to Part D enrollees who have reached the coverage gap and are not already receiving "Extra Help." A 50% discount on the negotiated price (excluding the dispensing fee) will be available for those brand name drugs from manufacturers that have agreed to pay the discount.

\* Cardiac, pulmonary and respiratory therapy are covered in full after the deductible. All other services in this category would continue to take coinsurance.

**West Virginia Medicare Advantage Regions**

**Region 1:** Berkeley, Boone, Braxton, Cabell, Calhoun, Clay, Doddridge, Gilmer, Grant, Hardy, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Mason, Mingo, Nicholas, Ohio, Pendleton, Putnam, Ritchie, Roane, Tucker, Upshur, Wayne and Wirt counties

**Region 2:** Barbour, Brooke, Fayette, Greenbrier, Hampshire, Hancock, Harrison, Marion, Marshall, McDowell, Mercer, Mineral, Monongalia, Monroe, Morgan, Pleasants, Pocahontas, Preston, Raleigh, Randolph, Summers, Taylor, Tyler, Webster, Wetzel, Wood and Wyoming counties

# HHIC FreedomBlue PPO Regions

