

**Williamson County
Medicare Advantage Plans - 2019 Comparison**

	HealthSpring - HMO	HUMANA - PPO
Effective Dates	January 1, 2019 - December 31, 2019	January 1, 2019 - December 31, 2019
Membership Specific to This Plan	In-Network only-State of TN	In Network or Out of Network with Provider accepting Medicare
Pre-Enrollment number for specific questions about covered procedures or prescriptions	1-888-281-7867	1-866-396-8810
MONTHLY PREMIUM	\$29.90 (per person, per month)	\$102.88 (per person, per month)
Service Type		
Plan Deductible	\$0	\$0
Plan OOP Maximum	\$3,000	\$1,500 Combined in and out of network
Inpatient		
Inpatient Acute (including Substance Abuse and Rehab) – copay per admission	\$200 per admission	\$0
Inpatient Acute – Coverage Limit (days)	None	None
Inpatient Psychiatric – copay per admission	\$200 per admission	\$0
Coverage Limit (lifetime days) – Psychiatric Hospital	190	190
Skilled Nursing Facility		
Benefit Period – 1-20 days	\$0	\$0
Benefit Period – 21-100 days	\$50 per day	\$0
Coverage Limit (days)	100	100
Hospital Stay Required?	No	No
Outpatient		
Ambulance	\$50	\$0
Outpatient Surgery	\$100	\$0
Outpatient Non-Surgical	\$20	\$0
Emergency Room (waived if admitted)	\$120	\$65
Urgent Care (PCP/SCP office)	\$20	\$25
PCP Office Visit	\$10	\$15
SCP Office Visit	\$20	\$25
Advanced Imaging & Radiation Therapy	20%	\$0
X-Ray	20%	\$0
Lab Services (Pathology)	\$0	\$0
Short Term Rehabilitation Service	\$20	\$25
DME	20%	10%
Part B Drugs	20%	10%
Medicare covered diagnostic Hearing Exams	\$20	\$25
Medicare covered diagnostic Vision Exams	\$20	\$25
Wellness		
Routine Physical Exams	\$0	\$0
Immunization Coverage (Flu shots, Pneumonia, Hepatitis B)	\$0	\$0
Other HRC Wellness *	\$0	\$0
Part D (Rx) Initial Coverage Level (up to \$3820 of Drug Spend)		
Retail Tier 1 (30 days)	\$10	\$15
Retail Tier 2 (30 days)	\$25	25% (\$25 min, \$100 max)
Retail Tier 3 (30 days)	\$50	40% (\$40 min, \$100 max)
Retail Tier 4 (30 days)	\$50	40% (\$40 min, \$100 max)
Mail Order Tier 1 (90 days)	\$20	\$15
Mail Order Tier 2 (90 days)	\$50	\$45
Mail Order Tier 3 (90 days)	\$100	\$80

** Other HCR Wellness services includes: Abdominal Aortic Aneurysm Screening; Bone Mass Measurement; Cardiovascular Screening; Cervical and Vaginal Cancer Screening; Colorectal Cancer Screening; Diabetes Screening; Diabetes Self-Management Training; Kidney Disease Education Services; HIV Screening (HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.); Breast Cancer Screening (Mammogram); Medical Nutrition Therapy Services; Personalized Prevention Plan Services (Annual Wellness Visits); Prostate Cancer Screening (Prostate Specific Antigen (PSA) Test only); Smoking Cessation (counseling to stop smoking); Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)

For more detailed information, please visit our website at www.williamsoncounty-tn.gov/mybenefits , then select the Retirement link.