

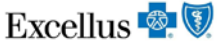




Gates Chili CSD Medical Insurance Comparison

	 MBC HMO LG 3 - 25% 1x Rx		 MB PPO LG 2 - \$10/\$20/\$45 3x Rx		
Benefits	Excellus Medicare Advantage HMO (Plan 12)	Aetna Plan 5	Excellus Medicare Advantage PPO (Plan 17)	Aetna Plan 3	MVP \$10 copay
Deductible	\$0	\$0	\$0	\$0	\$0
OOP (Out of Pocket) Max Medical	\$3,400	\$1,250	\$1,250	\$1,250	\$4,000
Out of Area	No	Yes	Yes	Yes	No Deductible Member pays 30%. \$5000 max annual benefit
Out of Network	Yes	Yes	Yes	Yes	Yes
Primary Care	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$10 copay
Specialist	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay
Chiropractor	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay
Podiatrist	\$15 copay	\$10 copay	\$15 copay	\$10 copay	
Allergy tests/injections	Site of Care	\$10 copay	Site of Care	\$10 copay	\$10 Primary care; \$15 Specialist
Wellness	SilverFit (\$150 Gym) plus Blue 365 Discounts	SilverSneakers Plus Resources (\$150 Gym reimbursement)	SilverFit (\$150 Gym) plus Blue 365 Discounts	SilverSneakers Plus Resources (\$150 Gym reimbursement)	SilverSneakers (Free Participating Gym)
Preventive	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	TruHearing \$499/\$799 Copay Advanced/Premium	\$2,350 allowance Calendar year	TruHearing \$499/\$799 Copay Advanced/Premium	\$2,350 allowance Calendar year	TruHearing Advanced \$699/TruHearing Premium \$999 copay per ear, 2 per year or \$600 allowance per ear, 2 per year through TruHearing catalog
Vision Exam	\$15 copay	\$10 copay (\$0 copay Diabetic Exam)	\$15 copay	\$10 copay (\$0 copay Diabetic Exam)	
Eyewear	\$100 per year Allowance	\$100 per year Reimbursement	\$100 per year Allowance	\$100 per year Reimbursement	\$100 allowance every 2 years
Hospital	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)	\$0 copay
In-Patient Dr.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Anesthesia	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
In-Patient Substance	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)	\$0 copay (190 day lifetime limit)
In-Patient Mental Health	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)	\$250 per admission (limit 3 copays)	\$100 per admission (limit 2 copays)	\$0 copay (190 day lifetime limit)
Skilled Nursing Facility	\$196 copay days 21-100 (limit 100 days)	\$196 copay days 21-100 (limit 100 days)	\$203 copay days 21-100 (limit 100 days)	\$196 copay days 21-100 (limit 100 days)	\$0 copay days 1-100 (limit 100)
Emergency Room	\$65 copay	\$50 copay	\$65 copay	\$50 copay	\$65 copay
Urgent Care	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay
Ambulance	\$65 copay	\$35 copay	\$65 copay	\$35 copay	\$75 (per use)
Outpatient Surgery	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$0 copay
Abulatory Surgicenter	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$0 copay
Observation Stay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$0 copay

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Benefits	Excellus Medicare Advantage HMO (Plan 12)	Aetna Plan 5	Excellus Medicare Advantage PPO (Plan 17)	Aetna Plan 3	MVP \$10 copay
Office Surgery	Site of Care	Site of care	Site of Care	Site of care	\$0 copay
Lab Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
X-Rays	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay
MRI/MRA/CT/PET	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$30 copay
Chemotherapy Office Visit	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay
Outpatient Mental Health	20%	\$15 copay	20%	\$15 copay	\$0 copay
Partial hospitalization	20%	\$15 copay	20%	\$15 copay	\$15 copay
Outpatient Substance	20%	\$15 copay	20%	\$15 copay	\$0 copay
PT/OT/ST	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay
Cardiac Rehabilitation	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Telehealth	\$15 copay	Site of care	\$15 copay	Site of care	\$0 copay 24-Hour Nurse Line
Acupuncture	50% (limit 20 visits lower back plus 10)	50%	50% (limit 20 visits lower back plus 10)	50%	50% (limit 10 visits)
Part B Drugs	20%	20%	20%	20%	\$15 copay
Diabetic Education	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diabetic Supplies	Meter/strips: \$5 copay per 30-days	\$0 copay	Meter/strips: \$5 copay per 30-days	\$0 copay	\$0 copay
Durable Medical Equipment	20%	20%	20%	20%	20%
Prosthetic Devices	20%	20%	20%	20%	20%
Home care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hospice	Original Medicare	Original Medicare	Original Medicare	Original Medicare	Original Medicare
Kidney Dialysis	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Additional Benefits					
Medicare Covered Dental		\$10 copay / Medicare Dental		\$10 copay / Medicare Dental	\$240 per year for routine preventive dental services
Non-Emergency Transportation		24 1-way trip up to 60 miles each		24 1-way trips up to 60 miles each	
Blood		\$0 copay		\$0 copay	
Post-Inpatient Meals		14 meals		14 meals	
Prescription Drug Rider	25%	20% / 25% / 25%	\$10 / \$20 / \$45 (90-day 3x)	\$4 o \$5 / \$20 / \$35 (90-day 3x)	\$0 / \$5 / \$15 / \$30 (90-day 2x)
Best Provision Current Designs					
Potential Design Issues					