

Medical Plan Comparison Chart: Medicare-Eligible Participants/Dependents

Plan Name	Aetna Medicare Plan (PPO)		Keystone/ AmeriHealth 65 Medicare- Advantage (HMO)	IBC 65 Special (Medicare Supplement)	Medigap Security 65 Standard (Medicare Supplement)*	Medigap Security 65 Premium (Medicare Supplement)
	In-Network	Out-of- Network				
Calendar Year Deductible	None	None	None	\$150 individual/\$300 family (major medical)**	\$150 individual/\$300 family (major medical)**	\$150 individual/\$300 family (major medical)**
Out-of-Pocket Maximum	\$3,500 individual	\$3,500 individual	\$6,700 individual	None	None	None
Maximum Lifetime Benefit	None	None	None	None	None	None
Primary Care Office Visits	\$15 copay	20%	\$20 copay	\$0 copay	\$20 copay	\$0 copay
Specialist Office Visits	\$25 copay	20%	\$25 copay	\$0 copay	\$20 copay	\$0 copay
Immunizations	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine Physical	\$0 copay	20%	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine Eye & Hearing Exams	\$0 copay	20%	\$25 copay	Not covered	Not covered	Not covered
Hearing Aid	Reimburse up to \$500, every 36 months	Reimburse up to \$500, every 36 months	Reimburse up to \$500, every 36 months	Not covered	Not covered	Not covered
Prescription Eyeglasses	\$70 allowance per 24 months	\$70 allowance per 24 months	\$100 allowance per 24 months	Not covered	Not covered	Not covered
Routine GYN, Pap Smear, Mammography	\$0 copay	20%	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency Room	\$50 copay (worldwide)	\$50 copay (worldwide)	\$50 copay (waived if admitted)	\$0 copay	\$50 copay (waived if admitted)	\$0 copay
Hospitalization (semi-private room, board)	\$100 copay (per stay)	20%	\$100 per day copay (days 1-5) per calendar year	\$0 copay; 365 additional lifetime days***	\$0 copay; 365 additional lifetime days***	\$0 copay; 365 additional lifetime days***

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In-Hospital Surgeon and Provider Fees	\$0 copay	20%	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Surgery	\$0 copay	\$0 copay	\$50 copay	\$0 copay	\$0 copay	\$0 copay
X-ray and Lab	\$25 copay	20%	\$0 copay (lab); \$25 copay (X-ray)	\$0 copay	\$0 copay	\$0 copay
Physical, Speech, Occupational Therapy	\$25 copay	20%	\$25 copay	\$0 copay	\$20 copay	\$0 copay
Durable Medical Equipment	20%	20%	20%	\$0 copay	\$0 copay	\$0 copay
Immuno- suppressive Drug Therapy	\$0 copay	20%	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Ambulance	\$20 copay	\$20 copay	\$50 copay	\$0 copay	\$0 copay	\$0 copay
Home Health Care/Home IV	\$0 copay	20%	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Skilled Nursing Facility	\$0 (days 1-10), \$25 (days 11- 20), \$50 (days 21-100); max of 100 days	20%; max of 100 days per Medicare period	\$0 (days 1-10), \$25 (days 11- 20), \$50 (days 21-100); max of 100 days per benefit period	\$0 copay; max of 100 days per Medicare period; 365 lifetime days for hospital or skilled nursing facility	\$0 copay; max of 100 days per Medicare period	\$0 copay; max of 100 days per Medicare period
Mental Health/ Substance Abuse Inpatient****	\$100 copay per stay	20%	\$100 copay per day (days 1-5) per calendar year	\$0 copay; subject to Medicare approval & payments; lifetime max of 190 days; additional 30 days to Medicare lifetime	\$20 copay; subject to Medicare approval & payments; lifetime max of 190 days	\$0 copay; subject to Medicare approval & payments; lifetime max of 190 days

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	In-Network	Out-of- Network				
Mental Health/ Substance Abuse Outpatient****	\$25 copay	20%	\$25 copay	\$0 copay; subject to Medicare approval & payments	\$20 copay; subject to Medicare approval & payments	\$0 copay; subject to Medicare approval & payments

* This plan does not reimburse Medicare Part B deductible.

** Applies to medical expenses listed under Major Medical Benefits.

***The lifetime maximum is non-renewable and the plan reimburses the deductible under Medicare during the first 60 days.

****Mental health and substance abuse benefits are available for unlimited days or visits per year under most plans, subject to Medicare rules and medical necessity guidelines.

Legal Disclaimer: This comparison chart provides a brief summary of the key benefits provided through the University of Pennsylvania Health Plan. More details about the Plan can be found in governing Plan documents. In the event of a discrepancy between the applicable Plan documents and this chart, the relevant Plan documents govern. This chart describes the benefits currently available through the Plan; the University reserves the right to modify, amend, or terminate the Plan or any benefits provided through the Plan at any time and for any reason.