

800-458-7805

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Medicare Advantage Plans 2008

NEW YORK *Pearl plan benefits**

OPTION 1

MONTHLY PLAN PREMIUM	\$0
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	\$ 2,500
INPATIENT HOSPITAL CARE (Includes substance abuse and rehabilitation services)	\$ 200 /stay (unlimited days)
INPATIENT MENTAL HEALTH CARE	\$ 200 /stay 190 day lifetime max
SKILLED NURSING FACILITY (DAYS 1-8)	\$0/day
SKILLED NURSING FACILITY (DAYS 9-100)	\$75/day
OUTPATIENT SURGERY	\$75 copayment
OFFICE VISIT, PRIMARY CARE PHYSICIAN	\$ 10 copayment
OFFICE VISIT, SPECIALIST	\$ 20 copayment
PHYSICAL EXAM	\$0 copayment (covered for 1 exam per year)
OUTPATIENT MENTAL HEALTH SERVICES	\$25 copayment
OUTPATIENT SUBSTANCE ABUSE CARE	\$25 copayment
OUTPATIENT REHABILITATION SERVICES (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	\$ 20 copayment
EMERGENCY ROOM VISIT	\$50 copayment
URGENTLY NEEDED CARE	\$30 copayment
AMBULANCE SERVICES	\$ 50 copayment
DIABETES SELF-MONITORING AND SUPPLIES	\$0 copayment Self-monitoring training, 20 % coinsurance Medicare-covered supply item
DIAGNOSTIC TESTS, X-RAYS AND LAB SERVICES	\$0 copayment Clinical/Diagnostic. 20% coinsurance diagnostic radiology services standard x-ray \$15 copay 30% coinsurance for therapeutic radiology services
VISION SERVICES	\$30 copayment for Medicare-covered eye wear, \$15 copayment for Medicare-covered eye exam
PODIATRY	\$ 20 copayment
HEARING EXAMS (Diagnostic hearing exam)	\$ 20 copayment (Medicare-covered)
CHIROPRACTIC SERVICES (Manual manipulation of the spine)	\$15 copayment
IMMUNIZATIONS AND PREVENTIVE SCREENING EXAMS	No copayment for Medicare-covered exams/ office visit copayment may apply
Emergency Travel Services	\$ 50,000 limit for emergency services outside the U.S. \$0 copay
Medicare Home Health Care	