

NEW YORK *Pearl plan benefits**

OPTION 3

MONTHLY PLAN PREMIUM	\$ 59.00
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	\$1,000
INPATIENT HOSPITAL CARE (Includes substance abuse and rehabilitation services)	\$0/stay (unlimited days)
INPATIENT MENTAL HEALTH CARE	\$0/stay 190 day lifetime max
SKILLED NURSING FACILITY (DAYS 1-8)	\$0/day
SKILLED NURSING FACILITY (DAYS 9-100)	\$ 50 /day
OUTPATIENT SURGERY	\$0 copayment
OFFICE VISIT, PRIMARY CARE PHYSICIAN	\$ 5 copay
OFFICE VISIT, SPECIALIST	\$5 copay
PHYSICAL EXAM	\$0 copayment (covered for 1 exam per year)
OUTPATIENT MENTAL HEALTH SERVICES	\$20 copay
OUTPATIENT SUBSTANCE ABUSE CARE	\$20 copay
OUTPATIENT REHABILITATION SERVICES (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	\$0 copayment
EMERGENCY ROOM VISIT	\$50 copayment
URGENTLY NEEDED CARE	\$0 copayment
AMBULANCE SERVICES	\$100 copayment
DIABETES SELF-MONITORING AND SUPPLIES	\$0 copayment Self-monitoring training, 0 % co-insurance Medicare-covered supply item
DIAGNOSTIC TESTS, X-RAYS AND LAB SERVICES	\$0 copayment Clinical/Diagnostic, 0 % co-insurance Radiation, 0 % copay Standard X-Ray 0 % co-insurance complex Radiology
VISION SERVICES	\$30 copayment for Medicare-covered eye wear, \$0 copayment for Medicare-covered eye exam
PODIATRY	\$ 5 copay
HEARING EXAMS (Diagnostic hearing exam)	\$0 copayment (Medicare-covered)
CHIROPRACTIC SERVICES (Manual manipulation of the spine)	\$ 5 copay
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.
Medicare Home Health Care	\$ 0 copay