

## Gundersen Senior Preferred (HMO) 2018 Quick Comparison Guide

This table includes benefit information for 2018.

Please see the Summary of Benefits and Evidence of Coverage documents for detailed benefit information about each of our plan options.

2018 Plan Options	EliteD	Elite	ValueD	Value
<b>Monthly premium</b>	Wisconsin & Iowa: <b>\$173.20</b> Minnesota: <b>\$195.40</b>	Wisconsin & Iowa: <b>\$133</b> Minnesota: <b>\$133</b>	Wisconsin & Iowa: <b>\$66.30</b> Minnesota: <b>\$81.10</b>	Wisconsin & Iowa: <b>\$28</b> Minnesota: <b>\$28</b>
<b>Annual out-of-pocket maximum</b>	\$3,400	\$3,400	\$3,400	\$3,400
<b>Office visit</b>	\$20 copay/visit (Primary Care Provider /Specialist)	\$20 copay/visit (Primary Care Provider/ Specialist)	\$35 copay/visit (Primary Care Provider/ Specialist)	\$35 copay/visit (Primary Care Provider/ Specialist)
<b>Urgent Care (worldwide)</b>	\$20 copay/visit	\$20 copay/visit	\$35 copay/visit	\$35 copay/visit
<b>Emergency (worldwide)</b>	\$100 copay/visit	\$100 copay/visit	\$100 copay/visit	\$100 copay/visit
<b>Lab and X-ray</b>	Covered at 100%	Covered at 100%	You pay up to 10%	You pay up to 10%
<b>Inpatient Hospital</b>	\$500 copay/stay	\$500 copay/stay	Days 1-17: \$200 copay/day Days 18 & beyond: \$0	Days 1-17: \$200 copay/day Days 18 & beyond: \$0
<b>Skilled Nursing (prior 3-day hospital stay required)</b>	Days 1-20: \$0 Days 21-100: \$125 copay/day	Days 1-20: \$0 Days 21-100: \$125 copay/day	Days 1-20: \$0 Days 21-100: \$125 copay/day	Days 1-20: \$0 Days 21-100: \$125 copay/day
<b>Vision</b>	Initial routine eye exam: \$0 Eyewear: \$300 for frames & lenses	Initial routine eye exam: \$0 Eyewear: \$300 for frames & lenses	Initial routine eye exam: \$0 Eyewear: \$100 for frames & lenses	Initial routine eye exam: \$0 Eyewear: \$100 for frames & lenses
<b>Hearing</b> (available through Gundersen Health System Audiology)	Hearing exam: \$0 Hearing aids: \$675-\$2,025 copay/aid Limit: 1 per ear/year	Hearing exam: \$0 Hearing aids: \$675-\$2,025 copay/aid Limit: 1 per ear/year	Hearing exam: \$0 Hearing aids: \$675-\$2,025 copay/aid Limit: 1 per ear/year	Hearing exam: \$0 Hearing aids: \$675-\$2,025 copay per aid Limit: 1 per ear/year
<b>Outpatient Surgery</b>	Covered in Full	Covered in Full	\$0-\$150 copay 10% coinsurance for tests	\$0-\$150 copay 10% coinsurance for tests
<b>Preventive services</b>	Covered in full	Covered in full	Covered in full	Covered in full
<b>Part D Prescription Drug</b> (see the Summary of Benefits for details)	Includes Part D coverage	N/A	Includes Part D coverage	N/A

\*This information is not a complete description of benefits. Contact the plan for more information.

\*\*Limitations, copayments and restrictions may apply. \*\*\*Other plans may be available in the service area.

\*\*\*\* Benefits, premiums copayments and coinsurance may change on January 1 of each year.

## Statement of Nondiscrimination

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**Spanish:** Gundersen Health Plan, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

**Hmong:** Gundersen Health Plan ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeeb cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv.

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