

Gundersen Senior Preferred (HMO) 2019 Quick Comparison Guide

This table includes benefit information for 2019.

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

2019 PLAN OPTIONS	ELITE D	ELITE	VALUE D	VALUE
Monthly premium	Wisconsin & Iowa: \$139.40	Wisconsin & Iowa: \$110	Wisconsin & Iowa: \$34.80	Wisconsin & Iowa: \$20
	Minnesota: \$139.40	Minnesota: \$110	Minnesota: \$37.40	Minnesota: \$20
Annual out-of-pocket maximum	\$3,000	\$3,000	\$3,400	\$3,400
Office visit	\$10 copay/visit (Primary Care Provider /Specialist)	\$10 copay/visit (Primary Care Provider/ Specialist)	\$25 copay/visit (Primary Care Provider/ Specialist)	\$25 copay/visit (Primary Care Provider/ Specialist)
Urgent Care (worldwide)	\$10 copay/visit	\$10 copay/visit	\$25 copay/visit	\$25 copay/visit
Emergency (worldwide)	\$100 copay/visit	\$100 copay/visit	\$100 copay/visit	\$100 copay/visit
Lab and X-ray	Covered at 100%	Covered at 100%	You pay up to 10%	You pay up to 10%
Inpatient Hospital	\$250 copay/stay	\$250 copay/stay	Days 1-17: \$200 copay/day Days 18 & beyond: \$0	Days 1-17: \$200 copay/day Days 18 & beyond: \$0
Skilled Nursing (prior 3-day hospital stay required)	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
Vision	Initial routine eye exam: \$0	Initial routine eye exam: \$0	Initial routine eye exam: \$0	Initial routine eye exam: \$0
	Eyewear: \$300 for frames & lenses	Eyewear: \$300 for frames & lenses	Eyewear: \$100 for frames & lenses	Eyewear: \$100 for frames & lenses
Hearing (available through Gundersen Health System Audiology)	Hearing exam: \$0	Hearing exam: \$0	Hearing exam: \$0	Hearing exam: \$0
	Hearing aids: \$675-\$2,025 copay/aid	Hearing aids: \$675-\$2,025 copay/aid	Hearing aids: \$675-\$2,025 copay/aid	Hearing aids: \$675-\$2,025 copay per aid
	Limit: 1 per ear/year	Limit: 1 per ear/year	Limit: 1 per ear/year	Limit: 1 per ear/year
Outpatient Surgery	Covered in Full	Covered in Full	\$0-\$100 copay 10% coinsurance for tests	\$0-\$100 copay 10% coinsurance for tests

Preventive services	Covered in full	Covered in full	Covered in full	Covered in full
Part D Prescription Drug (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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Hmong: Gundersen Health Plan ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeem cov cai (federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnub nyoog, kev tsis taus, los yog poj niam txiv.