Silver Rx (PPO SNP)

Select Counties Within Iowa

Benefits	What You Pay With Silver Rx	What You Pay With Silver Rx With Medicare And Full Medicaid
Monthly Plan Premium	$36	**$0**
Maximum Out-of-Pocket	$6,700	**$6,700**
Primary Care Physician Visit	20% coinsurance	**$0** copayment
Specialist Visits	20% coinsurance	**$0** copayment
Inpatient Hospital Care	$1,156 deductible Days 1-60: $0 Days 61-90: $289 Days 91-150: $578 (per Lifetime Reserve Day)	**$0**
Emergency Care	20% coinsurance (up to $65)	**$0** copayment
Durable Medical Equipment (DME)	20% coinsurance	**$0** copayment
Prescription Drug Coverage (30-day supply): **Annual Deductible** **Generic** **Preferred Brand** **Non-Preferred Brand** **Specialty**	 $195 $10 $45 $95 28%	 **$0** **$0/$1.10/$2.60** **$0/$3.30/$6.50** **$0/$3.30/$6.50** **$0/$3.30/$6.50**
Preventive Services	$0 copayment	**$0** copayment
Diabetes: • **Self-Monitoring** • **Supplies**	 $0 copayment 20% coinsurance	 **$0** copayment **$0** copayment
Routine Podiatry	$0 copayment (up to 6 visits per year)	**$0** copayment (up to 6 visits per year)
Transportation	$0 copayment (up to 24 one-way trips to plan-approved locations per year)	**$0** copayment (up to 24 one-way trips to plan-approved locations per year)
Vision Services: • **Routine Eye Exam (1) per year**	 0% coinsurance in-network/20% coinsurance out-of-network	 **$0** copayment in-network/20% coinsurance out-of-network
• **Annual Glaucoma Screening**	$0 copayment	**$0** copayment
• **Diagnosis and Treatment for diseases/conditions of the eye**	20% coinsurance	**0%** coinsurance
• **Contact lenses, eyeglasses (lenses and frames)**	$200 yearly allowance	**$200** yearly allowance
Preventive Dental covers: Up to (1) of each of the following • **Office Visit (1) per year** • **Oral Exam (1) per year** • **Cleaning (1) per year** • **Dental x-rays (1) per year**	$15 copayment	**$0** copayment
Dentures – 2 dental plates, full or partial once every 3 years	0% coinsurance/20% coinsurance out-of-network	**0%** coinsurance/20% coinsurance out-of-network
Over-The-Counter Benefits	$19 monthly allowance	**$19** monthly allowance

Cost sharing is the same in and out of network except for dental care (dentures) and routine eye exams. In 2012 the annual Part B deductible amount is $140.