2019 **MEDICAL PLAN** SUMMARY

Arlington County Government/AmWINS Medicare Plan

Out of Pocket Maximum: $1,500
Lifetime Maximum: Unlimited

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD			
SERVICES	**MEDICARE PAYS**	**PLAN PAYS**	**YOU PAY**
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but Part A Deductible	100% after per admission copay	**$150 per admission copay**
Days 61-90	All but Part A Coinsurance	Part A Coinsurance	**$0**
Days 91 and later (while using 60 Lifetime Reserve days)	All but Part A Coinsurance	100%	**$0**
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	$0	100% of Medicare eligible expenses	**$0**
Beyond the additional 365 days	$0	100% of Medicare eligible expenses for additional 365 days	**$0 for additional 365 days, then all costs**
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	100%	**$0**
21st through 100th day	All but Part A Coinsurance	100% after $150 copay per benefit period	**$150 copay per benefit period**
101st day and after	$0	$0	**All costs**
Blood:			
First 3 pints	$0	100%	**$0**
Additional Amounts	100%	$0	**$0**
HOSPICE CARE Pain relief, symptom management and support services for terminally ill.			
Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services	All costs, but limited to costs for out-patient drug and in-patient respite care	Medicare co-payment/co-insurance	**$0**

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MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR			
SERVICES	**MEDICARE PAYS**	**PLAN PAYS**	**YOU PAY**
Office Visits			
Primary Care	80% after Part B Deductible	100% after $20 per visit copay	**$20 per visit**
Specialist	80% after Part B Deductible	100% after $40 per visit copay	**$40 per visit**
Allergy Injections	80% after Part B Deductible	100%	**$0**
Preventative Care Services			
Annual Routine physicals, Welcome to Medicare exam, and immunizations	Generally 100% except certain services may be paid at 80%	100%	**$0**
Early Cancer Detection Screenings: follows Medicare standard guidelines.			
Mammograms, Colorectal Screenings, Pap Tests, and Prostate Screenings	Generally 100% except certain services may be paid at 80%	100%	**$0**
Emergency Services			
Emergency Room	80% after Part B Deductible	100% after $200 per visit copay (1)	**$200 per visit (1)**
Urgent Care Facility	80% after Part B Deductible	100% after $50 per visit copay	**$50 per visit**
Ambulance	80% after Part B Deductible	100%	**$0**
Laboratory and Radiology Services:			
Clinical Laboratory Services	100%	$0	**$0**
Radiology Services	80% after Part B Deductible	100% after $50 per visit copay	**$50 per visit**
Outpatient Hospital Services			
Surgical	80% after Part B Deductible	100% after $50 per visit copay	**$50 per visit**
Non-Surgical (includes services such as x-ray, PET/CAT/MRI, and radiation therapy when done in an outpatient hospital facility).	80% after Part B Deductible	100% after $25 per visit copay	**$25 per visit**
Non-Surgical (includes services such as dialysis, chemotherapy, and laboratory services when done in an outpatient hospital facility.)	80% after Part B Deductible	100%	**$0**

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Inpatient and Outpatient Professional Services			
Medicare approved amounts	80% after Part B Deductible	100%	**$0**
Medical Equipment, External Prosthetics, Part B Prescription Drugs and Supplies			
Medicare approved amounts	80% after Part B Deductible	100%	**$0**
Blood			
First 3 pints	$0	All Costs	**$0**
Remainder of Medicare-approved amounts	80% after Part B Deductible	100%	**$0**

MEDICARE PARTS A & B			
SERVICES	**MEDICARE PAYS**	**PLAN PAYS**	**YOU PAY**
HOME HEALTH CARE: Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	**$0**

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OTHER BENEFITS NOT COVERED BY MEDICARE			
SERVICES	**MEDICARE PAYS**	**PLAN PAYS**	**YOU PAY**
Foreign Travel: Medically necessary emergency services beginning during the first 60 days of each trip outside the USA	$0	80% after deductible to a lifetime maximum benefit of $50,000	**20% after $250 deductible and all amounts over the $50,000 lifetime maximum**
Part B Excess Charges: Above Medicare approved amounts	$0	$0	**All Costs**
Routine Hearing Exam (once per year)	$0	100% after $30 per visit copay up to a maximum of $300	**$30 per visit and all amounts over the plan maximum of $300**
Routine Vision Exam (once per year)	$0	100% of usual and customary charges up to $260 per calendar year per covered individual after $10 per visit copay (member)	**$10 copay per visit; all costs over $260**
Vision Hardware (per calendar year per person)	$0	100% up to a total of $75 toward lenses, frames and contacts	**All costs over $75**

**A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled nursing care in any other facility for 60 days in a row.*

***Once you have been billed $183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.*

(1) The Emergency Room per visit copay is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.

The summary of benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

2019 Prescription Drug Benefit Medicare Part D Arlington County

January 1, 2019 – December 31, 2019

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Prescription Drug Benefits
Deductible and Limits on How Much You Pay for Covered Services

Annual Deductible

There is no deductible for Retiree RxCare (PDP). You begin in the Initial Coverage Stage when you fill your first prescription of the year.

Initial Coverage

You pay the following until your total yearly drug costs reach $3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Tier	30 Day Retail Pharmacy Copay	90 Day Retail Pharmacy Copay*	90 Day Mail Order Copay*
Tier 1	$10.00	$30.00	$20.00
Tier 2	$30.00	$90.00	$60.00
Tier 3	$55.00	$165.00	$110.00
Tier 4*	$55.00	A long-term supply is not available for drugs in Tier 4. *(Limited to 30 day supply only.)*	A long-term supply is not available for drugs in Tier 4. *(Limited to 30 day supply only.)*

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there may be a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $3,820.

With Retiree RxCare, after you enter the coverage gap, you will continue to pay your Initial Coverage Stage copayment amount for covered drugs until your costs total $5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $5,100

- **You pay the greater of:**
  - 5% of the cost, or
  - $3.40 copay for generic (including brand drugs treated as generic) and a $8.50 copay for all other drugs.
  - **But not more than the copay amount for the drug tier**
- **Our plan pays the rest** of the cost of covered drugs.