



CITY OF NORTHAMPTON

HNE Medicare Advantage Premium

Inpatient Hospital Care	\$200 per admission
Skilled Nursing Facility	Days 1 - 10; \$0 copayment Days 11 - 100; \$25 copayment
Doctor's Office Visits	\$10 copayment
Specialist Office Visit	\$10 copayment
Chiropractic Services	\$10 copayment
Podiatry Services	\$10 copayment
Outpatient Mental Health Care	\$10 copayment for each individual or group visit
Outpatient Substance Abuse Care	\$10 copayment for each individual or group visit
Outpatient Services/Surgical	\$100 copay for each ambulatory surgical center visit \$10 copay for each outpatient hospital facility visit
Ambulance Services	\$50 copayment
Emergency <i>(Waived if admitted directly from ER)</i>	\$50 copayment
Outpatient Rehabilitation Services	\$10 copayment
Vision/Hearing Exams	\$10 copayment \$100 allowance for prescription eyeglasses every two years Hearing aids not covered
Dental Services	\$0 copay for the following preventive dental benefits: oral exams, cleanings, fluoride treatments & dental X-rays \$150 limit for dental benefits every year
Diagnostic Tests, Xrays, and Lab Services	\$0 copayment
Durable Medical Equipment & Prosthetics	\$0 copayment
Out-of-Pocket Maximum	\$3,350
Prescription Drugs <i>(Listed as Generic, Formulary, and Non-Formulary)</i>	\$10/\$25/\$45 Mail Order \$20/\$50/\$90 Copayments for prescriptions filled at a Plan Pharmacy reflect up to a 30-day supply. Copayments for prescriptions filled through mail order reflect up to a 90-day supply of maintenance medication.