

Compare the HealthSpring Medicare Advantage PPO and HMO

HealthSpring True Choice (PPO)

HealthSpring Preferred (HMO)

Monthly premium (Medical and Rx)	\$69.56/member	\$70.71/member
Medical coverage	In-network	In-network
Lifetime maximum benefit	Unlimited	Unlimited
Annual medical deductible	\$150 (applies to Part B services)	\$0
Annual out-of-pocket maximum	\$2,000	\$1,500
Preventive/office/routine care	You pay...	You pay...
Preventive care/immunizations	\$0	\$0
MNPS Employee & Family Health Care Center visits	Primary: \$0 Specialist: \$30	\$5
Primary care visits	Office visit: \$0 • In-office lab: \$0	\$5
Mental health/substance use visits	\$0	\$0
Specialist visits	Office visit: \$30 • In-office lab: \$0	\$10
Urgent care	\$30	\$10
Telehealth services via MDLIVE	\$0	\$0
Lab services (diagnostic)	\$0	\$0
X-ray services	Primary: \$0 • Specialist and other: \$30	\$0
Dialysis, chemo, radiation therapy	\$30	Up to 10%
Durable medical equipment	\$20	10%
Hospital care		
Inpatient - facility services	\$100/admission	\$0 (unlimited days)
Emergency (waived if admitted)	\$100	\$120
Ambulance	\$0	\$0
Outpatient surgery	\$100	\$0
Outpatient non-surgical services	\$30	\$10
Outpatient observation	\$30	\$0
Advanced imaging	\$30	10%
Skilled nursing facility	\$0 (day 1-20); \$92/day (day 21-100)	\$0 (day 1-100)
Home health care	\$0	\$0
Mental health/substance use disorder		
Inpatient	\$100/admission	\$0
Outpatient visits	\$0	\$0
Coverage features		
Primary care provider (PCP) required	No	Yes
Out-of-network coverage	Yes	No, except in an emergency
Emergency worldwide coverage	\$100 copay, up to \$50,000 annual benefit maximum	\$120 copay, up to \$50,000 annual benefit maximum
Included wellness programs	No-cost health coaching at MNPS Health Care Centers	
	HealthSpring wellness incentives (up to \$200/year)	
	Silver&Fit \$0 copay fitness membership	
	No-cost meal delivery after hospital stay	
	Transportation benefit: up to 50 one-way trips per year	
	Caregiver support	

Continued

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Prescription drug coverage

Annual prescription deductible	\$200	None
Annual prescription out-of-pocket maximum	\$1,500	\$2,100 ¹

Kroger

Other

Kroger

Other

Certain preventive drugs				
Generic and brand	\$0	\$0	See retail copays below	

Network retail (30-day supply)

Tier 1: generic	\$2	\$5	\$2	\$5
Tier 2: preferred brand	\$30	\$35	\$5	\$10
Tier 3: non-preferred brand	\$80	\$85	\$20	\$25
Tier 4: high-cost specialty ²	\$80	\$85	\$20	\$25
Out-of-network	N/A	See note below ³	N/A	See note below ³

Network retail (60-day or 90-day supply)

Tier 1: generic	\$4	\$10	\$4	\$10
Tier 2: preferred brand	\$60	\$70	\$10	\$20
Tier 3: non-preferred brand	\$160	\$170	\$40	\$50
Tier 4: high-cost specialty ²	N/A	N/A	N/A	N/A
Out-of-network	N/A	N/A	N/A	N/A

Mail order (30-day supply)

Tier 1: generic	N/A	\$5	N/A	\$5
Tier 2: preferred brand	N/A	\$35	N/A	\$10
Tier 3: non-preferred brand	N/A	\$85	N/A	\$25
Tier 4: high-cost specialty ²	N/A	\$85	N/A	\$25
Out-of-network	N/A	See note below ³	N/A	See note below ³

Mail order (60-day or 90-day supply)

Tier 1: generic	N/A	\$10	N/A	\$10
Tier 2: preferred brand	N/A	\$70	N/A	\$20
Tier 3: non-preferred brand	N/A	\$170	N/A	\$50
Tier 4: high-cost specialty ²	N/A	N/A	N/A	N/A
Out-of-network	N/A	N/A	N/A	N/A

¹ If you spend \$2,100 in CMS-defined True Out-of-Pocket prescription costs, you will have entered the Catastrophic Coverage phase of Medicare coverage, and you'll pay \$0 for generic and brand name drugs for the rest of the year.

² Specialty drugs are limited to a 30-day supply per fill.

³ Prescriptions purchased out-of-network are paid at the in-network level, but you're responsible for any difference between the out-of-network pharmacy billed charge and the actual in-network allowable amount. Limited to 30-day supply.

